

**Infections** (especially wound, pneumonia, otitis media, and sepsis):  
Antibiotics

## Hematologic

**Anemia:** Iron supplementation, possible transfusion

**Postoperative bleeding:** Initially, clotting factors, blood products;  
may need repeat surgery to locate and ligate source of bleeding

## Other

**Postpericardiotomy syndrome** (syndrome of fever, leukocytosis, friction rub, pericardial and pleural effusions, and lethargy seen about 7 to 21 days after cardiac surgery; possible viral or autoimmune etiologies): Antipyretics, diuretics, antiinflammatory medications

## Observe Vital Signs

Vital signs and BP are recorded frequently until stable. Heart rate and respirations are counted for 1 full minute, compared with the ECG monitor, and recorded with activity. The heart rate is normally increased after surgery. The nurse observes cardiac rhythm and notifies the practitioner of any changes in regularity. Dysrhythmias may occur postoperatively secondary to anesthetics, acid-base and electrolyte imbalance, hypoxia, surgical intervention, or trauma to conduction pathways.

At least hourly, the lungs are auscultated for breath sounds. Diminished or absent sounds may indicate an area of atelectasis or a pleural effusion or pneumothorax, which necessitates further medical assessment. Temperature changes are typical during the early postoperative period. Hypothermia is expected immediately after surgery from hypothermia procedures, effects of anesthesia, and loss of body heat to the cool environment. During this period, the child is kept warm to prevent additional heat loss. Infants may be placed under radiant heat warmers. During the next 24 to 48 hours the body temperature may rise to 37.7° C (100° F) or slightly