

higher as part of the inflammatory response to tissue trauma. After this period, an elevated temperature is most likely a sign of infection and warrants immediate investigation for probable cause.

Intraarterial monitoring of BP is commonly done after open-heart surgery. A catheter is passed into the radial artery or other artery, and the other end is attached to an electronic monitoring system, which provides a continuous recording of the BP. The intraarterial line is maintained with a low-rate, constant infusion of heparinized saline to prevent clotting.

Several IV lines are inserted preoperatively, including a peripheral IV to give fluids and medications and a central venous line, usually in a large vessel in the neck, to measure CVP. Additional, intracardiac monitoring lines are sometimes placed intraoperatively in the right atrium, left atrium, or pulmonary artery. Intracardiac lines allow assessment of pressures inside the cardiac chambers, providing vital information about volume status, cardiac output, and ventricular function. All lines must be cared for using strict aseptic technique, and patients must be carefully assessed for bleeding at the time of line removal.

Maintain Respiratory Status

Infants usually require mechanical ventilation in the immediate postoperative period. Early extubation in the operating room or early postoperative period is becoming more common. Children, especially those not requiring cardiopulmonary bypass, may be extubated in the operating room or in the first few postoperative hours. Suctioning is performed only as needed and performed carefully to avoid vagal stimulation (which can trigger cardiac dysrhythmias) and laryngospasm, especially in infants. Suctioning is intermittent and maintained for no more than 5 seconds at a time to avoid depleting the oxygen supply. Supplemental oxygen is administered with a manual resuscitation bag before and after the procedure to prevent hypoxia. The heart rate is monitored after suctioning to detect changes in rhythm or rate, especially bradycardia. The child should always be positioned facing the nurse to permit assessment of the child's color and tolerance of the procedure.

When weaning and extubation are completed, humidified oxygen is delivered by mask, hood, or nasal cannula to prevent