

## POST OPERATIVE CARE PROTOCOL HEART SURGERY:

### STEPS:

1. **Immediate Post-Operative Care Patient Identification and Initial Assessment** Verify patient identity using two identifiers (e.g., name and date of birth). Perform a full assessment upon arrival in the recovery room or ICU, including vital signs (blood pressure, heart rate, respiratory rate, temperature, oxygen saturation). **Monitoring and Vital Signs** Monitor vital signs every 15 minutes for the first hour, then every 30 minutes for the next two hours, and hourly thereafter if stable. Continuously monitor ECG for cardiac rhythm and rate. Monitor oxygen saturation continuously using a pulse oximeter. **Pain Management** Assess pain using an appropriate pain scale (e.g., Numeric Rating Scale). Administer prescribed analgesics (e.g., IV opioids, non-opioid analgesics) and document the effectiveness. Implement non-pharmacological pain relief methods (e.g., positioning, relaxation techniques).
2. **Respiratory Care Airway Management** Ensure patency of the airway; suction as needed. If intubated, monitor ventilator settings and alarms. **Oxygen Therapy** Administer oxygen as prescribed to maintain oxygen saturation above 94%. **Respiratory Exercises** Encourage deep breathing exercises and use of incentive spirometry every 1-2 hours while awake to prevent atelectasis.
3. **Cardiovascular Care Hemodynamic Monitoring** Continuously monitor ECG for arrhythmias and ischemic changes. Monitor central venous pressure (CVP), pulmonary artery pressure (if a pulmonary artery catheter is in place), and arterial blood pressure. **Fluid Management** Administer IV fluids as prescribed to maintain hemodynamic stability. Monitor intake and output hourly, including urine output via Foley catheter. **Medications** Administer cardiac medications as prescribed, including antiarrhythmics, inotropes, and vasopressors. Monitor and adjust anticoagulants as prescribed, checking INR/PTT as needed.
4. **Wound Care Surgical Site Monitoring** Inspect the surgical site for signs of infection, bleeding, or dehiscence. Maintain a sterile dressing over the surgical site and change it as prescribed or when soiled. **Drain Management** Monitor and document the output from chest tubes and other surgical drains. Ensure chest tubes are patent and functioning properly; notify the provider of excessive drainage or air leaks.
5. **Neurological Care Neurological Assessment** Perform regular neurological assessments, including level of consciousness, pupil response, and motor/sensory function. Report any changes in neurological status immediately.
6. **Gastrointestinal and Nutritional Care Gastrointestinal Assessment** Monitor for return of bowel sounds and flatus. Manage nausea and vomiting with prescribed medications. **Nutritional Support** Begin with clear liquids as tolerated, progressing to a heart-healthy diet. Provide nutritional supplements as prescribed.
7. **Renal and Electrolyte Management Fluid Balance** Monitor fluid intake and output meticulously. Assess for signs of fluid overload or deficit. **Electrolyte Monitoring** Regularly check electrolytes and correct imbalances as prescribed.
8. **Mobility and Activity Early Mobilization** Encourage and assist with gradual mobilization as soon as the patient is stable, starting with sitting up in bed and progressing to walking. Use compression devices or stockings to prevent deep vein thrombosis (DVT). **Activity Restrictions** Educate the patient on activity restrictions and gradually increase activity levels as tolerated and prescribed.
9. **Patient Education and Discharge Planning Patient and Family Education** Educate the patient and family about post-operative care, medication regimen, signs of complications, and activity restrictions. Provide written materials and resources for home care. **Follow-Up Care Schedule** follow-up appointments with the surgeon and cardiologist. Arrange for home health care services if necessary.