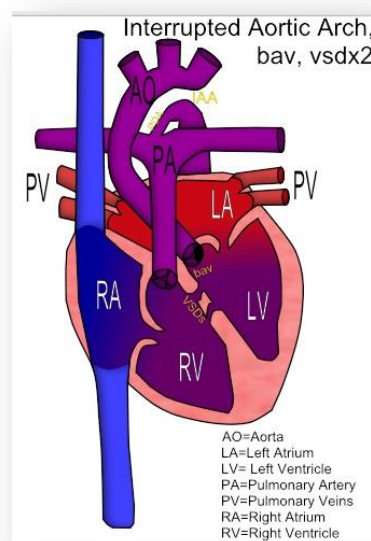
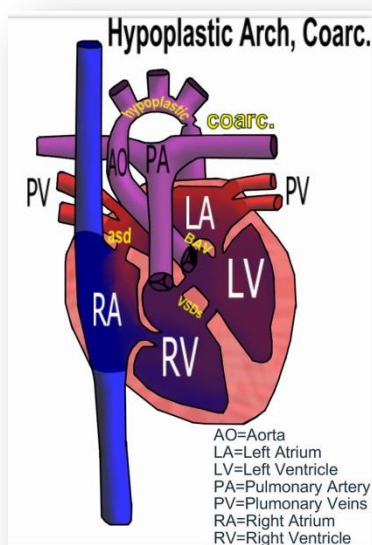


# Neonatal Arch Obstruction

## Clinical Pathway

Expected length of stay 14 days



Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <li>Arch Obstruction</li> </ul>	<ul style="list-style-type: none"> <li>Single ventricle</li> </ul>
Pathway Instructions	
<b>Pathway</b>	<ul style="list-style-type: none"> <li>If the baby meets the inclusion criteria, please document 'Commenced on the Clinical Pathway' in clinical notes.</li> <li>Keep the pathway in the front of the clinical notes at all times</li> <li>Handover the pathway between shifts to ensure everyone is following it</li> <li>Discuss the pathway at ward rounds</li> <li><b>Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A.</b></li> </ul>
<b>Care Goals and Clinical Management</b>	<ul style="list-style-type: none"> <li><b>Document when a decision was made not to follow the recommended action or intervention.</b></li> <li><b>Use the provided space to briefly document details of any treatment not in line with the pathway to enable ongoing review of the pathways</b></li> <li>If the baby diverts off the pathway briefly document why</li> <li>If the baby diverted off the pathway when stable they may resume the pathway in discussion with the treating clinician as per the pathway</li> </ul>

### NICU Admission – Day 1 of life until surgery

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.


	Pre-op Goals of Care	AM	PM	Reason Goal not Met
Initial Clinical management	<ul style="list-style-type: none"> <li>• Notify PICU immediately following the delivery of the infant to organise transfer to PICU</li> <li>• A stable infant should be transferred to PICU within the first 24-48 hours (contact cardiology SMO to discuss)</li> <li>• Unstable infant to be transferred to PICU immediately following delivery</li> <li>• Continue to follow this pathway for preparation for surgery in both PICU and NICU</li> <li>• <b>Stable Infant – Yes/No (circle)</b></li> <li>• <b>Transferred to PICU Date: ____/____/____ Time: ____:____</b></li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	
Clinical Care	<ul style="list-style-type: none"> <li>• Refer to Starship Clinical Guidelines '<b>Cardiac - management of antenatally diagnosed major congenital heart disease at delivery and in NICU</b>'</li> <li>• Double lumen umbilical venous line inserted by neonatologists at birth. *</li> <li>• ECG monitoring</li> <li>• BP</li> <li>• Pre and post ductal saturations               <ul style="list-style-type: none"> <li>• Call cardiology team if SpO2 &lt;90% or if there is a difference between the pre and post ductal saturations</li> </ul> </li> <li>• 4hourly femoral pulses to confirm the duct is patent</li> <li>• Refer to cardiology for a management plan</li> <li>• Monitor for signs of Necrotizing enterocolitis (NEC) and sepsis</li> <li>• Capillary blood gas/lactate (if intubated or unwell)</li> </ul> <p><b>*Call the on call cardiology SMO/fellow if unable to obtain IV access as above - they will then notify the cardiac surgery team</b></p>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	
Medication management	<ul style="list-style-type: none"> <li>• Commence prostaglandin E1 at 10 nanograms/kg/minute as per Newborn Services 'Prostaglandin E1 Drug' Protocol</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition	<ul style="list-style-type: none"> <li>• NBM – commence TPN</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

### Post-op Day 0 (or until chest closure) – PICU

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal not Met
<b>Status</b>	Returned from operating room with an open chest?  <b>Yes/No</b> <i>(Please circle)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clinical Care</b>	Refer to the Starship Clinical Guideline ‘ <b>Post-Operative Care of the Cardiac Child in PICU</b> ’  <ul style="list-style-type: none"> <li>• Remain ventilated overnight or as instructed</li> <li>• Maintain NIRS monitoring at &gt;55</li> <li>• Continuous haemodynamic monitoring</li> <li>• Chest drains on suction</li> <li>• Atrial pacing if HR&lt;140bpm</li> </ul>	<input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     	<input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     	
<b>Medication management</b>	<ul style="list-style-type: none"> <li>• Inotropes management as per PICU consultant</li> <li>• Commence low dose heparin 4 hours post-operatively</li> <li>• Continue antibiotics as prescribed</li> <li>• Maintain sedation until post chest closure</li> <li>• Maintain IV morphine infusion to maintain MAPS pain score of &lt;4</li> </ul>	<input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     	<input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     	
<b>Nutrition and fluid management</b>	<ul style="list-style-type: none"> <li>• Continue IV maintenance fluids at 50% of standard rate (including infusions)</li> <li>• Maintain an accurate fluid balance</li> <li>• PD as prescribed</li> <li>• NBM until post chest closure</li> </ul>	<input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     	<input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     	
<b>Diagnostic Tests</b>	<ul style="list-style-type: none"> <li>• CXR on return to PICU</li> <li>• ECG post-op night 0 if the chest if the chest is closed</li> <li>• FBC, coags, U&amp;E</li> </ul>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   	
<b>Clinical management</b>	<ul style="list-style-type: none"> <li>• Complications such as severe ventricular dysfunction/dilatation, critically unstable post-operatively - the patient will divert off the pathway and recommence on the clinical pathway once extubated and stable in agreement with medical team on day 1-2 cares.</li> </ul> <p><b>NB: A stable neonate with an open chest can continue on the clinical pathway</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Diverted from the pathway</b>  

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

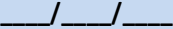
### PICU Cares Post Chest closure (Goal Post-op day 1)

PICU

**Actual Post-op Day:** \_\_\_\_\_

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal not Met
<b>Complete this day of the pathway only if the infant requires a chest closure, otherwise continue on the pathway to PICU Post-operative Cares (Goal day 1-2 post-op)</b>				
<b>Clinical Care</b>	Refer to the Starship Clinical Guideline ‘ <b>Post-Operative Care of the Cardiac Child in PICU</b> ’ <ul style="list-style-type: none"> <li>Wean ventilation as instructed</li> <li>Continue NIRS monitoring for 24hours</li> <li>Continuous haemodynamic monitoring</li> <li>Chest drains on suction</li> <li>Maintain baby in the same direction in the heater tray post chest closure (head out)</li> <li>Atrial pacing if HR&lt;140bpm</li> </ul>	<input type="checkbox"/>     <input type="checkbox"/>	<input type="checkbox"/>     <input type="checkbox"/>	
<b>Medication management</b>	<ul style="list-style-type: none"> <li>Inotropes management as per PICU consultant</li> <li>Commence low dose heparin 4 hours post chest closure</li> <li>Continue antibiotics as prescribed</li> <li>Stop continuous sedation infusion</li> <li>Consider starting IV diuretics</li> </ul>	<input type="checkbox"/>    <input type="checkbox"/>	<input type="checkbox"/>    <input type="checkbox"/>	
<b>Nutrition and fluid management</b>	<ul style="list-style-type: none"> <li>Continue IV maintenance fluids at 50% of standard rate (including infusions)</li> <li>Maintain an accurate fluid balance</li> <li>PD as prescribed</li> <li>Consider trophic feeds</li> </ul>	<input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>	
<b>Diagnostic Tests</b>	<ul style="list-style-type: none"> <li>CXR post chest closure</li> <li>ECG post chest closure</li> <li>Daily U&amp;Es, coags, +/- FBC</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	
<b>Clinical management</b>	<ul style="list-style-type: none"> <li>Complications such as severe ventricular dysfunction/dilatation, critically unstable post chest closure - the patient will divert off the pathway and recommence on the clinical pathway once extubated and stable in agreement with medical team on day 1-2 cares.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Diverted from the pathway</b>  

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

### PICU Post-Operative Cares (Goal Post-op day 1-2)

PICU

**Actual Post-op Day:** \_\_\_\_\_

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>Remove mediastinal and pleural drains post ward round as instructed</li> <li>Wean ventilation and progress towards extubation (maintain a min 0.25lpm post extubation)</li> <li>Post ward round unless otherwise directed remove               <ul style="list-style-type: none"> <li>Peripheral IV (leave x1 )</li> <li>PD catheter</li> </ul> </li> <li>Atrial pacing if HR&lt;140bpm</li> <li>Complete CLAB and Glamorgan bundle of care</li> </ul>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/>	
<b>Medication management</b>	<ul style="list-style-type: none"> <li>IV Frusemide twice daily</li> <li>Consider starting potassium sparing diuretic</li> <li>Continue milrinone</li> <li>Continue low dose heparin whilst CVC in situ</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Pain management</b>	<ul style="list-style-type: none"> <li>Follow PICU sedation and analgesia algorithm</li> <li>6 hourly paracetamol</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Mobilisation</b>	<ul style="list-style-type: none"> <li>Support the family to hold the baby</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Nutrition and fluid management</b>	<ul style="list-style-type: none"> <li>IV maintenance at 50% of standard rate</li> <li>Continue trophic feeds and increase once extubated (included in the fluid restriction)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Diagnostic tests</b>	<ul style="list-style-type: none"> <li>Post-operative ECG prior to surgical ward round</li> <li>CXR</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

### Post-Operative Cares continued (Goal Post-op day 1-2) PICU

**Actual Post-op Day:** \_\_\_\_\_

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
PICU discharge documentation and patient handover	<ul style="list-style-type: none"> <li>PICU transfer documentation commenced.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical management	<ul style="list-style-type: none"> <li>If the baby has progressed well and is deemed as stable for transfer to the ward, transfer to IOA and continue on Post-operative Day 1-2 cares in IOA.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical status stable and ready for transfer to 23b on: ____/____/____
	<ul style="list-style-type: none"> <li>If the baby was diverted off the pathway post-operatively and is now stable, resume the pathway on Post-operative Day 1-2 care goals.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	Pathway resumed on: ____/____/____
	<ul style="list-style-type: none"> <li>If the baby remains ventilated, continue care as per PICU guidelines and recommence the pathway on day 1-2 cares once extubated</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

**Day of Transfer to Ward (Goal Post-op Day 3)**
**PICU**
**Actual Post-op day: \_\_\_\_\_**
**Date: \_\_\_\_\_**

Instructions: Tick the boxes corresponding to your shift, **ONLY** if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>Continue O<sub>2</sub> today (min 0.25lpm)</li> <li>Stop atrial pacing if tolerated</li> <li>Continue telemetry</li> <li>Consider stopping milrinone</li> <li>Remove the arterial Line</li> <li>Remove urinary catheter post ward round</li> </ul>	<input type="checkbox"/>       	<input type="checkbox"/>       	
<b>Medication</b>	<ul style="list-style-type: none"> <li>Continue twice daily IV frusemide</li> <li>consider starting potassium sparing diuretic</li> <li>Continue low dose heparin whilst CVC in situ</li> </ul>	<input type="checkbox"/>   	<input type="checkbox"/>   	
<b>Pain management</b>	<ul style="list-style-type: none"> <li>6 hourly paracetamol</li> <li>Wean from continuous IV morphine to PRN IV/oral morphine</li> </ul>	<input type="checkbox"/>  	<input type="checkbox"/>  	
<b>Mobilisation</b>	<ul style="list-style-type: none"> <li>Caregiver to hold the baby for all enteral feeding</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Nutrition and fluid management</b>	<ul style="list-style-type: none"> <li>Fluid restrict to 70-90mls/kg/day</li> <li>Discontinue IV fluids</li> <li>Encourage breast/oral feeding</li> <li>Accurate fluid balance</li> <li>Weight prior to transfer to the ward</li> </ul>	<input type="checkbox"/>     	<input type="checkbox"/>     	
<b>Diagnostic Tests</b>	<ul style="list-style-type: none"> <li>Bloods as indicated for heparin management</li> <li>Daily U&amp;Es</li> </ul>	<input type="checkbox"/>  	<input type="checkbox"/>  	
<b>Daily needs bundle of care</b>	<ul style="list-style-type: none"> <li>Glamorgan bundle of care</li> <li>Hygiene needs/oral care</li> </ul>	<input type="checkbox"/>  	<input type="checkbox"/>  	
<b>Family/whānau support</b>	<ul style="list-style-type: none"> <li>Support family/whānau to participate in baby's care</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PICU discharge documentation and patient handover</b>	<ul style="list-style-type: none"> <li>Transfer documentation completed including PEWS score, pain team and PaR team referral if required.</li> <li>PICU medical staff to call 23b admission phone to handover to Registrar/NP prior to transfer</li> </ul>	<input type="checkbox"/>  	<input type="checkbox"/>  	



(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

**Day of Transfer to Ward (Goal Post-op Day 3)**
**Ward 23B IOA**
**Actual Post-op day: \_\_\_\_\_**
**Date: \_\_\_\_\_**

Instructions: Tick the boxes corresponding to your shift, **ONLY** if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>Medical admission, review diagnostics</li> <li>Continue 24 hour telemetry</li> <li>Continue O<sub>2</sub> today (min 0.25lpm)</li> <li>Commence lactulose once daily if BNO</li> <li>If present, drains to remain in situ on suction at 1kpa</li> <li>Continue milrinone if present on admission to IOA</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Medication Management</b>	<ul style="list-style-type: none"> <li>Continue twice daily IV frusemide and consider potassium sparing diuretic</li> <li>Continue low dose heparin whilst CVC in situ</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Pain management</b>	<ul style="list-style-type: none"> <li>6 hourly paracetamol</li> <li>Continue PRN IV/oral Morphine</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Mobilisation</b>	<ul style="list-style-type: none"> <li>Caregiver to hold the baby for all enteral feeding</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Nutrition and fluid management</b>	<ul style="list-style-type: none"> <li>Fluid restrict to 70-90mls/kg/day</li> <li>Encourage breast/oral feeding</li> <li>Maintain an accurate fluid balance</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Diagnostic tests</b>	<ul style="list-style-type: none"> <li>Review morning blood results and recheck U+Es if needed and FBC if platelets &lt;100</li> <li>ECG</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Daily needs bundle of care</b>	<ul style="list-style-type: none"> <li>Bath and oral hygiene</li> <li>Glamorgan bundle of care</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

Clinical management	<ul style="list-style-type: none"> <li>If the <b>baby failed to discharge from PICU due to ward capacity and continued on the pathway in PHDU, admission to the IOA can be bypassed if all Day of Transfer to Ward post-op care goals are achieved (PICU and IOA).</b></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	Admitted to IOA?  <b>Yes/No</b> (circle)
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[illegible]

## Day 1 Ward cares (Goal Post-op Day 4)

## Ward 23B

**Actual Post-op day: \_\_\_\_\_**

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
Interventions	<ul style="list-style-type: none"> <li>Discontinue milrinone</li> <li>Continue telemetry</li> <li>Discuss on the ward round and remove if appropriate:               <ul style="list-style-type: none"> <li>Central line (leave if no PIV present)</li> </ul> </li> <li>Remove drain site dressing 48hours after drain removal if dry</li> <li>Wean O<sub>2</sub></li> </ul>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>	
Medication management	<ul style="list-style-type: none"> <li>Stop low dose heparin post CVC removal</li> <li>Continue twice daily frusemide and potassium sparing diuretic</li> <li>Consider transitioning to oral diuretics*</li> </ul> <p>*consider remaining on IV frusemide if weight is still 5% above pre-op weight</p>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   	
Pain management	<ul style="list-style-type: none"> <li>6 hourly paracetamol</li> <li>Discontinue IV/oral morphine</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/> 	<input type="checkbox"/>  <input type="checkbox"/> 	
Mobilisation	<ul style="list-style-type: none"> <li>Caregiver to hold the baby for all enteral feeding</li> </ul>	<input type="checkbox"/> 	<input type="checkbox"/> 	
Nutrition and fluid management	<ul style="list-style-type: none"> <li>Fluid restrict at 70-90mls/kg/day*</li> <li>Encourage breast/oral feeding</li> <li>Accurate fluid balance</li> <li>Daily weight</li> </ul> <p>*consider a tighter fluid restriction if weight remains 5% above pre-op weight and drains remain in situ</p>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/> 	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/> 	
Diagnostic tests	<ul style="list-style-type: none"> <li>Check blood results in preparation for pacing wire removal the following day</li> </ul>	<input type="checkbox"/> 	<input type="checkbox"/> 	
Infection surveillance	<ul style="list-style-type: none"> <li>Patient afebrile (q4 hourly temps)</li> </ul>	<input type="checkbox"/> 	<input type="checkbox"/> 	

[illegible]

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

## Day 2 Ward cares (Goal Post-op Day 5)

**Actual Post-op day: \_\_\_\_\_**

## Ward 23B

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
Interventions	<ul style="list-style-type: none"> <li>Remove pacing wires as per the ‘Removal of Pacing Wires’ guideline unless otherwise instructed post the ward round</li> <li>Discuss on the ward round and remove if appropriate:               <ul style="list-style-type: none"> <li>remaining IV access (unless on IV medications)</li> </ul> </li> <li>Discontinue telemetry if patient meets the following criteria               <ul style="list-style-type: none"> <li>Alert</li> <li>Electrolytes within normal levels</li> <li>Sinus rhythm within the last 24 hours</li> <li>Clinically stable and progressing as expected</li> </ul> </li> <li>Continue with continuous pulse oximetry monitoring for another 24 hours</li> <li>Review wounds</li> <li>Transfer out of IOA, if clinically stable and progressing as expected</li> </ul>	<input type="checkbox"/>       <input type="checkbox"/>       <input type="checkbox"/>       <input type="checkbox"/>       <input type="checkbox"/>       <input type="checkbox"/>       <input type="checkbox"/>       	<input type="checkbox"/>       <input type="checkbox"/>       <input type="checkbox"/>       <input type="checkbox"/>       <input type="checkbox"/>       <input type="checkbox"/>       <input type="checkbox"/>       	
Medication management	<ul style="list-style-type: none"> <li>Continue twice daily frusemide and potassium sparing diuretic</li> <li>Consider transitioning to oral diuretics*</li> </ul> <p>*consider remaining on IV frusemide if weight is still 5% above pre-op weight weight</p>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	
Pain management	<ul style="list-style-type: none"> <li>6 hourly paracetamol</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobilisation	<ul style="list-style-type: none"> <li>Caregiver to hold the baby for all enteral feeding</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition and fluid management	<ul style="list-style-type: none"> <li>Fluid restrict at 90-100mls/kg/day*</li> <li>Encourage breast/oral feeding</li> <li>Accurate fluid balance</li> <li>Daily weight</li> </ul> <p>*consider a tighter fluid restriction if weight remains 5% above pre-op weight and drains remain in situ</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

### Day 3 Ward cares (Goal Post-op Days 6)

## Ward 23B

**Actual Post-op day: \_\_\_\_\_**

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
<b>Intervention</b>	<ul style="list-style-type: none"> <li>Review wounds</li> <li>Remove remaining IV access</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Medication management</b>	<ul style="list-style-type: none"> <li>Continue twice daily oral frusemide and potassium sparing diuretic</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pain management</b>	<ul style="list-style-type: none"> <li>6 hourly paracetamol</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mobilisation</b>	<ul style="list-style-type: none"> <li>Encourage as much normal handling as possible</li> <li>Support family to hold the baby independently</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Nutrition and fluid management</b>	<ul style="list-style-type: none"> <li>Fluid restrict at 90-100mls/kg/day</li> <li>Encourage breast/oral feeding</li> <li>Accurate fluid balance</li> <li>Daily weight</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Diagnostic tests</b>	<ul style="list-style-type: none"> <li>Echocardiogram prior to discharge</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Infection surveillance</b>	<ul style="list-style-type: none"> <li>Patient afebrile (q4 hourly temps)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Daily needs bundle of care</b>	<ul style="list-style-type: none"> <li>Bath and oral hygiene</li> <li>Glamorgan bundle of care</li> <li>Bowel care if bowels not opened since surgery</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Discharge education</b>	<ul style="list-style-type: none"> <li>Medication /Wound care and suture removal education</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

(Additional space for documenting why goals are not achieved below)



	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
Clinical management	<b>Arrhythmias Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Consult with Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	
	• Delay pacing wire removal	<input type="checkbox"/>	<input type="checkbox"/>	
	• Continue ECG monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
	• Check electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Oxygen requirement Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination	<input type="checkbox"/>	<input type="checkbox"/>	
	• Review last chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	
	• Consider fluid overload	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Temperature &gt; 38.5°C Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination, wound review	<input type="checkbox"/>	<input type="checkbox"/>	
	• FBC and urine (blood cultures and chest x-ray not routinely required)	<input type="checkbox"/>	<input type="checkbox"/>	
	• Inform surgical team	<input type="checkbox"/>	<input type="checkbox"/>	

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

### Day 4 Ward cares (Goal Post-op Day 7)

## Ward 23B

**Actual Post-op day: \_\_\_\_\_**

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>Wound review and removal of chest drain sutures day 7-10 following drain removal</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medication management</b>	<ul style="list-style-type: none"> <li>Continue twice daily <b>oral</b> frusemide and potassium sparing diuretic</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pain management</b>	<ul style="list-style-type: none"> <li>6 hourly paracetamol (PRN)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mobilisation</b>	<ul style="list-style-type: none"> <li>Encourage as much normal handling as possible</li> <li>Support family to hold the baby independently</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Nutrition and fluid management</b>	<ul style="list-style-type: none"> <li>No fluid restriction required</li> <li>Daily weight</li> <li>Oral feeding established</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Diagnostic tests</b>	<ul style="list-style-type: none"> <li>Echocardiogram prior to discharge</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Infection surveillance</b>	<ul style="list-style-type: none"> <li>Patient afebrile (q4 hourly temps)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Daily needs bundle of care</b>	<ul style="list-style-type: none"> <li>Bath and oral hygiene</li> <li>Glamorgan bundle of care</li> <li>Bowel care if bowels not opened since surgery</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

(Additional space for documenting why goals are not achieved below)

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
Clinical management	<b>Arrhythmias Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Consult with Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	
	• Delay pacing wire removal	<input type="checkbox"/>	<input type="checkbox"/>	
	• Continue ECG monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
	• Check electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Oxygen requirement Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination	<input type="checkbox"/>	<input type="checkbox"/>	
	• Review last chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	
	• Consider fluid overload	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Temperature &gt; 38.5°C Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination, wound review	<input type="checkbox"/>	<input type="checkbox"/>	
	• FBC and urine (blood cultures and chest x-ray not routinely required)	<input type="checkbox"/>	<input type="checkbox"/>	
• Inform surgical team	<input type="checkbox"/>	<input type="checkbox"/>		

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

**Day 5 Ward cares (Goal Post-op Day 8)**
**Ward 23B**
**Actual Post-op day: \_\_\_\_\_**
**Date: \_\_\_\_\_**

Instructions: Tick the boxes corresponding to your shift, **ONLY** if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>Wound review and removal of chest drain sutures day 7-10 following drain removal</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medication management</b>	<ul style="list-style-type: none"> <li>Review twice daily oral frusemide</li> <li>Continue potassium sparing diuretic</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Pain management</b>	<ul style="list-style-type: none"> <li>6 hourly paracetamol (PRN)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mobilisation</b>	<ul style="list-style-type: none"> <li>Encourage as much normal handling as possible</li> <li>Support family to hold the baby independently</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Nutrition and fluid management</b>	<ul style="list-style-type: none"> <li>No fluid restriction required</li> <li>Daily weight</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Diagnostic tests</b>	<ul style="list-style-type: none"> <li>Echocardiogram prior to discharge</li> <li>Consider a repeat CXR if clinically indicated before discharge</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Infection surveillance</b>	<ul style="list-style-type: none"> <li>Patient afebrile (q4 hourly temps)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Daily needs bundle of care</b>	<ul style="list-style-type: none"> <li>Bath and oral hygiene</li> <li>Glamorgan bundle of care</li> <li>Confirm bowels have opened post-surgery</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Discharge education</b>	<ul style="list-style-type: none"> <li>Commence discharge education (see Taking your Child Home from ward 23b booklet)</li> <li>Medication education</li> <li>Wound education</li> <li>Signs of when to seek medical review</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

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	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
Clinical management	<b>Arrhythmias Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Consult with Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	
	• Delay pacing wire removal	<input type="checkbox"/>	<input type="checkbox"/>	
	• Continue ECG monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
	• Check electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Oxygen requirement Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination	<input type="checkbox"/>	<input type="checkbox"/>	
	• Review last chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	
	• Consider fluid overload	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Temperature &gt; 38.5°C Yes/No (circle)</b>			
	<b>Recommended action</b>			
• Clinical examination, wound review	<input type="checkbox"/>	<input type="checkbox"/>		
• FBC and urine (blood cultures and chest x-ray not routinely required)	<input type="checkbox"/>	<input type="checkbox"/>		
• Inform surgical team	<input type="checkbox"/>	<input type="checkbox"/>		

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

### Day 6 Ward cares (Goal Post-op Day 9)

## Ward 23B

**Actual Post-op day: \_\_\_\_\_**

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
Interventions	<ul style="list-style-type: none"> <li>Wound review and removal of chest drain sutures day 7-10 following drain removal</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication management	<ul style="list-style-type: none"> <li>Review twice daily oral frusemide</li> <li>Continue potassium sparing diuretic</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Pain management	<ul style="list-style-type: none"> <li>6 hourly paracetamol (PRN)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobilisation	<ul style="list-style-type: none"> <li>Encourage as much normal handling as possible</li> <li>Support family to hold the baby independently</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Nutrition	<ul style="list-style-type: none"> <li>No fluid restriction required</li> <li>Daily weight</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Diagnostic tests	<ul style="list-style-type: none"> <li>Echocardiogram prior to discharge</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection surveillance	<ul style="list-style-type: none"> <li>Patient afebrile (q4 hourly temps)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Daily needs bundle of care	<ul style="list-style-type: none"> <li>Bath and oral hygiene</li> <li>Glamorgan bundle of care</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Discharge education	<ul style="list-style-type: none"> <li>Commence discharge education (see Taking your Child Home from ward 23b booklet)</li> <li>Medication education</li> <li>Wound education</li> <li>Signs of when to seek medical review</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

(Additional space for documenting why goals are not achieved below)

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
Clinical management	<b>Arrhythmias Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Consult with Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	
	• Delay pacing wire removal	<input type="checkbox"/>	<input type="checkbox"/>	
	• Continue ECG monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
	• Check electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Oxygen requirement Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination	<input type="checkbox"/>	<input type="checkbox"/>	
	• Review last chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	
	• Consider fluid overload	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Temperature &gt; 38.5°C Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination, wound review	<input type="checkbox"/>	<input type="checkbox"/>	
	• FBC and urine (blood cultures and chest x-ray not routinely required)	<input type="checkbox"/>	<input type="checkbox"/>	
• Inform surgical team	<input type="checkbox"/>	<input type="checkbox"/>		

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

### Day 7 Ward cares (Goal Post-op Day 10)

## Ward 23B

**Actual Post-op day: \_\_\_\_\_**

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>Wound review and removal of chest drain sutures day 7-10 following drain removal and interrupted sutures day 10-14 post chest closure</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medication management</b>	<ul style="list-style-type: none"> <li>Consider transitioning to once daily diuretics</li> <li>Continue potassium sparing diuretics</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Pain management</b>	<ul style="list-style-type: none"> <li>6 hourly paracetamol (PRN)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mobilisation</b>	<ul style="list-style-type: none"> <li>Encourage as much normal handling as possible</li> <li>Support family to hold the baby independently</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Nutrition and fluid management</b>	<ul style="list-style-type: none"> <li>No fluid restriction required</li> <li>Daily weight</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Diagnostic tests</b>	<ul style="list-style-type: none"> <li>Echocardiogram prior to discharge</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Infection surveillance</b>	<ul style="list-style-type: none"> <li>Patient afebrile (q4 hourly temps)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Daily needs bundle of care</b>	<ul style="list-style-type: none"> <li>Bath and oral hygiene</li> <li>Glamorgan bundle of care</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Discharge education</b>	<ul style="list-style-type: none"> <li>Commence discharge education (see Taking your Child Home from ward 23b booklet)</li> <li>Medication education</li> <li>Wound education</li> <li>Signs of when to seek medical review</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

(Additional space for documenting why goals are not achieved below)



	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
Clinical management	<b>Arrhythmias Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Consult with Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	
	• Delay pacing wire removal	<input type="checkbox"/>	<input type="checkbox"/>	
	• Continue ECG monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
	• Check electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Oxygen requirement Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination	<input type="checkbox"/>	<input type="checkbox"/>	
	• Review last chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	
	• Consider fluid overload	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Temperature &gt; 38.5°C Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination, wound review	<input type="checkbox"/>	<input type="checkbox"/>	
	• FBC and urine (blood cultures and chest x-ray not routinely required)	<input type="checkbox"/>	<input type="checkbox"/>	
	• Inform surgical team	<input type="checkbox"/>	<input type="checkbox"/>	

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

### Day 8 Ward cares (Goal Post-op Day 11)

## Ward 23B

**Actual Post-op day: \_\_\_\_\_**

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>Wound review and removal of interrupted sutures day 10-14 post chest closure</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medication management</b>	<ul style="list-style-type: none"> <li>Transition to once daily diuretics</li> <li>Continue potassium sparing diuretics</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Pain management</b>	<ul style="list-style-type: none"> <li>6 hourly paracetamol (PRN)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mobilisation</b>	<ul style="list-style-type: none"> <li>Encourage as much normal handling as possible</li> <li>Support family to hold the baby independently</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Nutrition and fluid management</b>	<ul style="list-style-type: none"> <li>No fluid restriction required</li> <li>Daily weight</li> <li>Oral feeding established</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Diagnostic tests</b>	<ul style="list-style-type: none"> <li>Echocardiogram prior to discharge</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Infection surveillance</b>	<ul style="list-style-type: none"> <li>Patient afebrile (q4 hourly temps)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Daily needs bundle of care</b>	<ul style="list-style-type: none"> <li>Bath and oral hygiene</li> <li>Glamorgan bundle of care</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Discharge education</b>	<ul style="list-style-type: none"> <li>Commence discharge education (see Taking your Child Home from ward 23b booklet)</li> <li>Medication education</li> <li>Wound education</li> <li>Signs of when to seek medical review</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

(Additional space for documenting why goals are not achieved below)

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
Clinical management	<b>Arrhythmias Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Consult with Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	
	• Delay pacing wire removal	<input type="checkbox"/>	<input type="checkbox"/>	
	• Continue ECG monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
	• Check electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Oxygen requirement Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination	<input type="checkbox"/>	<input type="checkbox"/>	
	• Review last chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	
	• Consider fluid overload	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Temperature &gt; 38.5°C Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination, wound review	<input type="checkbox"/>	<input type="checkbox"/>	
	• FBC and urine (blood cultures and chest x-ray not routinely required)	<input type="checkbox"/>	<input type="checkbox"/>	
	• Inform surgical team	<input type="checkbox"/>	<input type="checkbox"/>	

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

**Day 9 Ward cares (Goal Post-op Day 12)**
**Ward 23B**
**Actual Post-op day: \_\_\_\_\_**
**Date: \_\_\_\_\_**

Instructions: Tick the boxes corresponding to your shift, **ONLY** if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>Wound review and removal of interrupted sutures day 10-14 post chest closure</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medication management</b>	<ul style="list-style-type: none"> <li>Continue once daily diuretics and potassium sparing diuretics</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pain management</b>	<ul style="list-style-type: none"> <li>6 hourly paracetamol (PRN)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mobilisation</b>	<ul style="list-style-type: none"> <li>Encourage as much normal handling as possible</li> <li>Support family to hold the baby independently</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Nutrition and fluid management</b>	<ul style="list-style-type: none"> <li>No fluid restriction required</li> <li>Daily weight</li> <li>Oral feeding established</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Diagnostic tests</b>	<ul style="list-style-type: none"> <li>Echocardiogram prior to discharge</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Infection surveillance</b>	<ul style="list-style-type: none"> <li>Patient afebrile (q4 hourly temps)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Daily needs bundle of care</b>	<ul style="list-style-type: none"> <li>Bath and oral hygiene</li> <li>Glamorgan bundle of care</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Discharge education</b>	<ul style="list-style-type: none"> <li>Commence discharge education (see Taking your Child Home from ward 23b booklet)</li> <li>Medication education</li> <li>Wound education</li> <li>Signs of when to seek medical review</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

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	Goals of Care	AM	PM	Reason Goal <u>NOT MET</u>
Clinical management	<b>Arrhythmias Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Consult with Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	
	• Delay pacing wire removal	<input type="checkbox"/>	<input type="checkbox"/>	
	• Continue ECG monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
	• Check electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Oxygen requirement Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination	<input type="checkbox"/>	<input type="checkbox"/>	
	• Review last chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	
	• Consider fluid overload	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Temperature &gt; 38.5°C Yes/No (circle)</b>			
	<b>Recommended action</b>			
	• Clinical examination, wound review	<input type="checkbox"/>	<input type="checkbox"/>	
	• FBC and urine (blood cultures and chest x-ray not routinely required)	<input type="checkbox"/>	<input type="checkbox"/>	
• Inform surgical team	<input type="checkbox"/>	<input type="checkbox"/>		

(Additional space for documenting why goals are not achieved or additional care/treatments/medications were required):

### Day 10 Ward cares (Goal Post-op Day 13)

## Ward 23B

**Actual Post-op day: \_\_\_\_\_**

Date:

Instructions: Tick the boxes corresponding to your shift, ONLY if the goals are achieved. If not applicable write N/A. If the goal is not achieved provide the reason the goal is not achieved in the far column.

**Goals:** Family/whānau is confident caring for the baby on discharge

Baby meets the discharge criteria

Discharge referrals completed

[illegible]

## Post Discharge Management

Discharge management	<ul style="list-style-type: none"> <li>Refer to the 'Follow up after Cardiac Surgery' guideline</li> <li>Consider early discharge follow-up in discussion with the cardiologist* (<b>circle the outcome below</b>)</li> </ul> <p><i>*e.g. to exclude pulmonary effusions</i></p>
	<p><b>Follow-up with:</b>      <b>Cardiologist</b>                      <b>OR</b>                      <b>Paediatrician</b></p> <p><b>in:</b>                      <b>Early Follow-up (&lt;4 weeks)</b>      <b>OR</b>      <b>Routine follow-up (approx 4 weeks)</b></p>