

Cardiac Device Implant, Post Procedure - Adult (NH-03010-5) **Draft August 2021**

General

Admission

Place patient in

- Inpatient bed
- Extended outpatient stay
- Observation

Code Status

- Full Code Blue
- NO Code Blue with intubation PRN distress
- NO Code Blue with NO intubation PRN distress
- NO Code Blue with comfort measures prioritized

Patient Safety Precautions

- Fall Precautions (per nursing assessments)
 - Neutropenia precautions
- Aspiration Precautions
- Seizure Precautions
- Suicide Precautions
- Other Precautions: _____

Vital Signs

- Vital signs every 15 minutes x 4, every 30 minutes x 2, every 60 minutes x 4, then every 4 hours or until discharged

Notify physician

- If patient receives a shock
- With any change in rhythm
- No heparin products including subcutaneous or IV, including lovenox, to be administered for 48 hours post implant. If ordered, please contact implanting physician**

Activity

- Bedrest for a total of ___ hours. Keep affected arm immobile for ___ hours -may move arm (chest high only) for chest X-ray**
- Keep arm in sling for 12 hours post procedure**

Diet

- NPO time specified
 - Clear liquid
 - Full liquid
 - Advance diet as tolerated to _____
 - Diet GI soft
 - Regular diet
 - Cardiac
- Consistent carbohydrate
 - Pureed 4
 - Mechanical altered ground/soft & bite sized 6
 - Mechanical soft/easy to chew 7
- Clear liquid diet until sheath(s) pulled, if applicable

Nursing Assessments

- Assess peripheral vascular and neurovascular status of affected extremity every 15 minutes x 4, every 30 minutes x 2, every 60 minutes x 4, then every 4 hours
- Assess incision every 15 minutes x 4, every 30 minutes x 2, every 60 minutes x 4, then every 4 hours

Nursing Interventions

- Cardiac / Telemetry Monitoring/ Initiate cardiac/bedside/remote telemetry monitoring order set
- Keep head of bed elevated at least 45 degrees until bedtime

Dressing changes

- Ice pack to incision site x ____ hours
- Apply 4 x 4 gauze dressing open to air
- Compression dressing applied in the EP lab: 60cc of air inflated. Please remove 20cc of air every 30 minutes until empty, then remove compression dressing."

Labs

- Hemoglobin A1c (per NH standard)

Coagulation

- PT / INR
- PTT

Imaging

Chest

- Chest x-ray portable STAT post procedure, REASON: post procedure device implant
- Chest x-ray PA and Lateral post procedure, REASON: post procedure device implant
 - STAT
 - Routine
- Chest x-ray full inspiration PA and Lateral in AM, REASON: post procedure device implant

Other Tests

Cardiac Studies

- EKG in am with and without magnet; REASON: post device implant; READER: _____
- EKG in am without magnet; REASON: post device implant; READER: _____

Other Tests

- Carelink express at 0500

IV Fluids

- sodium chloride 0.9% at 50 mL/hour until taking fluids well, then discontinue

General Purpose Medications

Pain Management

Pain level 1-3

acetaminophen (Tylenol)

- 650 mg orally every 6 hours as needed for pain level 1-3 or temperature greater than 101 degrees F. (First choice if able to take oral medications.)
- 650 mg rectally every 6 hours as needed for pain level 1-3 or temperature greater than 101 degrees F. (Give only if unable to take oral medications.)

Pain Level 4-6

- HYDROcodone-acetaminophen 5 mg-325 mg (Norco) 1 tablet orally every 4 hours as needed for pain level 4-6 (first choice if can tolerate oral medications)
- morphine 2 mg IV push every 4 hours as needed for pain level 4-6 (if cannot tolerate oral medications)

Pain level 7-10

- HYDROcodone-acetaminophen 10 mg-325 mg (Norco) 1 tablet orally every 4 hours as needed for pain level 7-10 (first choice if can tolerate oral medications)

- morphine 4 mg IV push every 4 hours as needed for pain level 7-10 (if cannot tolerate oral medications)

Chest Pain

- nitroglycerin 0.4 mg sublingual tablet every 5 minutes up to 3 doses as needed for chest pain. Hold for SBP less than 90 mm Hg. Get STAT EKG and notify physician. Do not give if patient is receiving sildenafil (Viagra / Revatio), or vardenafil (Levitra), or tadalafil (Cialis).
- morphine 2 mg IV push every 5 minutes as needed for chest pain unrelieved by nitroglycerin (maximum dose = 20 mg per 4 hours).

Antihypertensives: Choose no more than 1

- amlODIPine (Norvasc) 5 mg orally daily as needed for SBP greater than 160 mm Hg, if patient tolerating oral intake
- enalaprilat (Vasotec) 1.25 mg IV every 6 hours as needed for SBP greater than 160 mm Hg, if patient NPO and serum creatinine is less than 2 mg/dL
- labetalol (Normodyne / Trandate) 20 mg IV push every 10 minutes as needed for SBP greater than 160 mm Hg, if patient NPO and serum creatinine is greater than or equal to 2 mg/dL. Hold if HR is less than 60 beats/min. Do not exceed 300 mg per 24 hour period.

Antacids

- Magnesium hydroxide / Aluminum hydroxide / Simethicone (Maalox Plus) 30 mL orally every 6 hours as needed for indigestion. Avoid with ESRD or serum creatinine greater than 2 mg/dL

Laxatives: Choose no more than 1

- magnesium hydroxide (Milk of Magnesia) 30 mL orally daily as needed for constipation. Avoid with ESRD or serum creatinine greater than 2 mg/dL
- senna concentrate / docusate (Senokot S) 1 tablet orally 2 times a day as needed for constipation if magnesium hydroxide ineffective

Sedative/Hypnotics

- ALPRAZolam (Xanax) 0.25 mg orally every 6 hours as needed for anxiety
- zolpidem (Ambien) 5 mg orally at bedtime as needed for insomnia. May give x1 additional dose if first dose not effective within 1 hour; may repeat dose only for male patients less than 65 years old

Antiemetics

- metoclopramide (Reglan) 10 mg IV every 6 hours as needed for nausea / vomiting or hiccups

Antipruritics

- diphenhydrAMINE (Benadryl) 25 mg orally every 6 hours as needed for itching