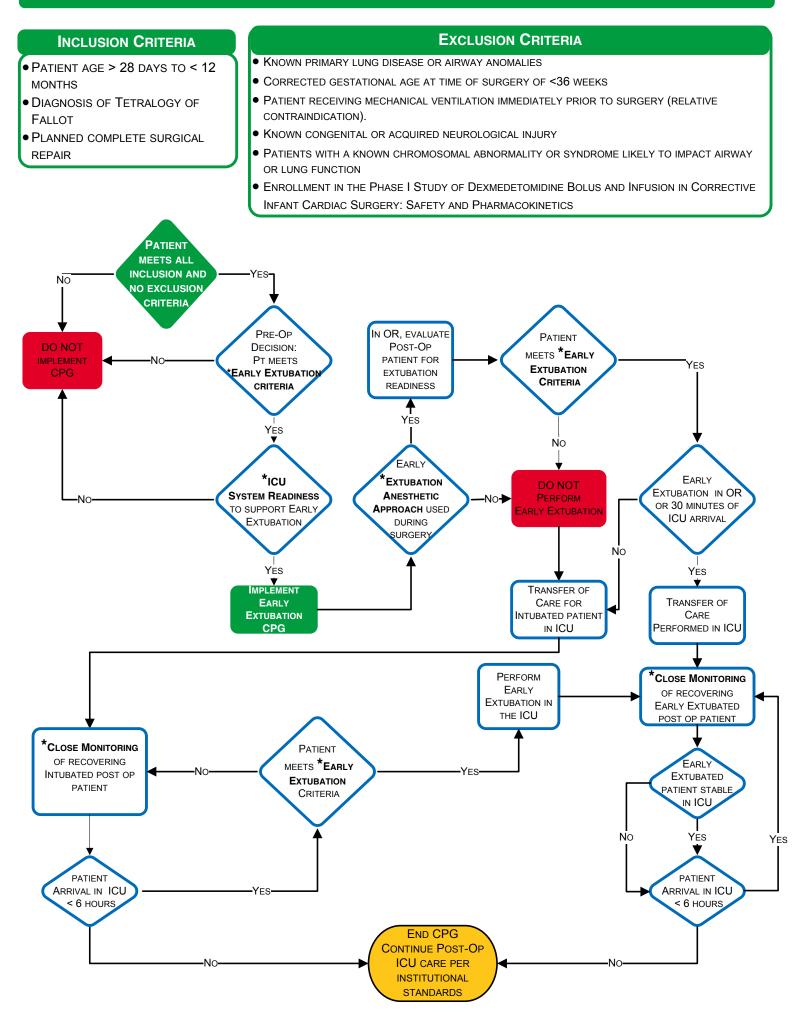
EARLY EXTUBATION OF A PEDIATRIC CARDIAC POST-OP PATIENT CPG TETRALOGY OF FALLOT

A PHN COLLABORATIVE PROJECT



EARLY EXTUBATION OF A PEDIATRIC POST-OP PATIENT CPG A PHN COLLABORATIVE PROJECT

Patient Sticker

Early Extubation Anesthetic Approach

- Low to moderate dose opioid (Fentanyl or other opioid < 10 mcg/kg/hr with induction no more than 10 mcg/kg or alternatively, use of Remifentanil)
- Use of sevoflurane, isoflurane, desflurane

ICU System Readiness

Anesthesiologist checked with ICU regarding ability to receive potential early extubation patient Staffing Data

ICU census on day of surgery

Number of ICU nurses scheduled on day of surgery Time a 2nd nurse assisted with ICU admission,

either direct care or documentation time

Need for a 3rd nurse to assist with admission (yes/no)

Early Extubation Readiness

Stable HR and blood pressures measured by: use of vasoactive drugs absence of arrhythmias requiring therapy absence of significant active bleeding Spontaneous respiratory rate Acceptable blood gases (for subjects extubated after hand-off in ICU) pH >7.30 PaCO₂ < 55 mmHg SaO₂ > 90% Base between -8 and +8 meq/L

Lactic acid < 5 mmol/L

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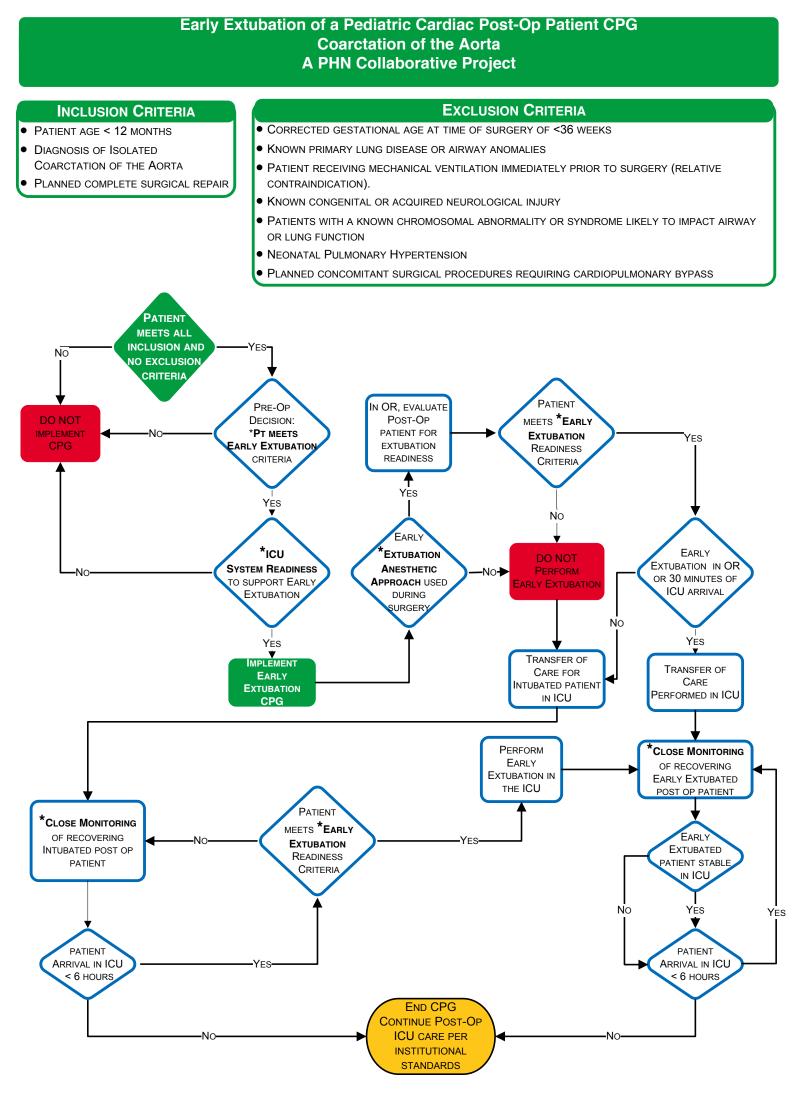
Coordinator Contact Information

Close Monitoring Vital signs

Documentation of the following at least every hour: Heart rate **Respiratory rate Blood pressure** Temperature Pain assessment for intubated patients OR Pain score using FLACC for extubated patients **Respiratory Support** Documentation of one or more of the following at least twice within 6 hours after arrival to ICU: Blood gas Pulse oximetry ETCO2 Ventilator settings Oxygen

- Medication
- Documentation of use

Anesthesia to Complete								
Staffing assessed to support early extubation	Time	(24 hr_clock)	Initials					
Documentation of a pre-op early extubation plan	Time	(24 hr clock)	Initials					
Documentation of a post-op early extubation plan	Time	(24 hr clock)	Initials					
Time patient admitted to ICU bed space	Time	(24 hr clock)	Initials					
Hand-off complete to ICU attending	Time	(24 hr clock)	Initials					
Nursing to Complete								
ICU Nurse and RRT informed of extubation plan	Yes	No	Initials					
How long was a second nurse at the bedside to assist with the admission including documentation and/or direct patient care? (Please check one below and initial)								
None< 30 min	_ 30-60 min	> 60 min	Initials					
Was a third nurse required at the bedside during the initial admission to assist with documentation and/or patient								
care?	Vee	Νο	Initials					



EARLY EXTUBATION OF A PEDIATRIC POST-OP PATIENT CPG **A PHN COLLABORATIVE PROJECT**

This is a project source document and must not be filed Patient Sticker in the medical record. Do not discard **Early Extubation Anesthetic Approach** Low to moderate dose opioid (Fentanyl or other opioid < 10 mcg/kg/hr with induction no more than 10 mcg/kg or alternatively, use of Remifentanil) Use of sevoflurane, isoflurane **ICU System Readiness** Anesthesiologist checked with ICU regarding ability to receive potential early extubation patient Staffing Data **Close Monitoring** ICU census on day of surgery Vital signs Number of ICU nurses scheduled on day of surgery Documentation of the following at least Time a 2nd nurse assisted with ICU admission, every hour: either direct care or documentation time Heart rate Need for a 3rd nurse to assist with admission (yes/no) **Respiratory rate Blood pressure** Temperature **Early Extubation Readiness** Pain assessment for intubated patients OR Stable HR and blood pressures measured by: Pain score using FLACC for extubated patients use of vasoactive drugs **Respiratory Support** absence of arrhythmias requiring therapy Documentation of one or more of the following at absence of significant active bleeding least twice within 6 hours after arrival to ICU: Spontaneous respiratory rate Blood gas Acceptable blood gases (for subjects extubated after hand-off in ICU) Pulse oximetry pH >7.30 ETCO2 $PaCO_2 < 55 \text{ mmHg}$ Ventilator settings $SaO_2 > 90\%$ Oxygen Base between -8 and +8 Medication Lactic acid \leq 5 mmol/L Documentation of use

Staffing assessed to support early extubation

Time ___

(24 hr clock)

Initials

Anesthesia to Complete					
CU Nurse and RRT informed of extubation plan	Time	(24 hr clock)	Initials		
Time patient admitted to ICU bed space	Time	(24 hr clock)	Initials		
land-off complete to ICU attending	Time	(24 hr clock)	Initials		

	Nursing to Complete							
How long was a second nurse at the bedside to assist with the admission including documentation and/or direct patient care? (Please check one below and initial)								
	None	_< 30 min	30-60 min	> 60 min	Initials			
Was a third nurse required at the bedside during the initial admission to assist with documentation and/or patient care?								
		No	Initials					