

Ventilator

Do not tape OG tube to your patients ETT

- PA Cath/Transducers**
- Check/Level and Zero Lines
 - Lock PA-Cath and note depth
 - Set up Thermo kit and 'shoot' CO/CI
 - Label MAC Dressing
 - Put on transducer holder
 - Hook up VAMP to art line, draw ABG and ordered labs

- Major Assessments:**
- Pupils
 - Pulses
 - CXR
 - 12- Lead EKG (Without Pacing!)
 - Breath Sounds
 - Bowel Sounds
 - Auscultate to check OG Placement

- Computer Work**
- Add Lines and Chest Tubes
 - Verify gtt initial dose
 - Strict I/O
 - Admission Assessment
 - Pt. Education

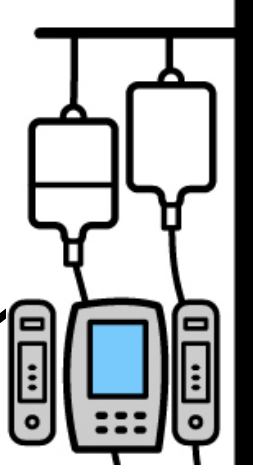
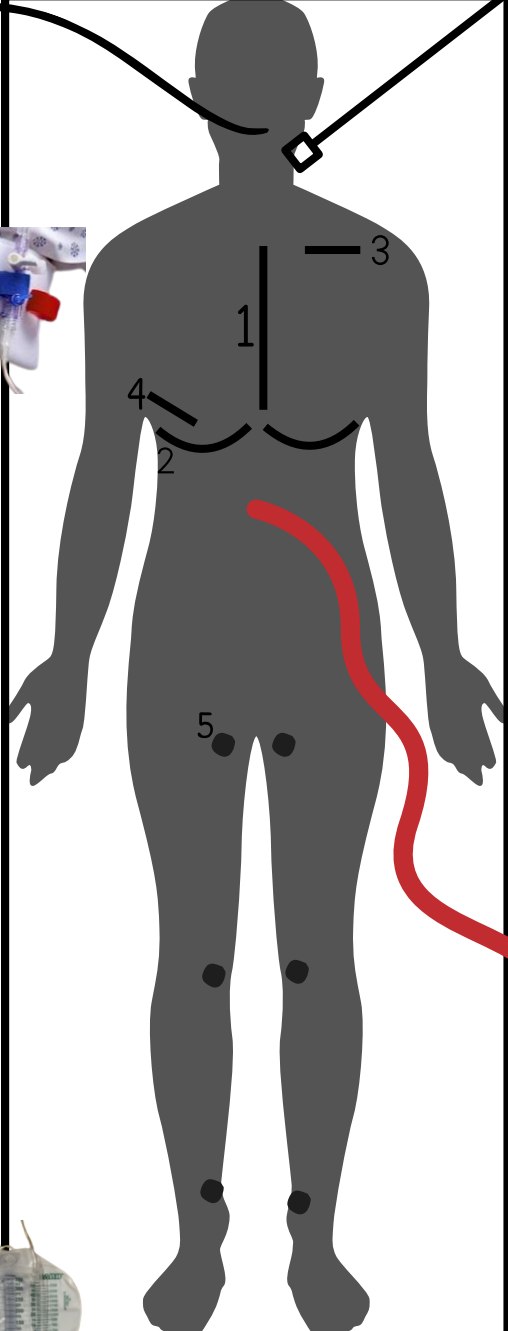
- Foley:**
- Mark Initial Urine
 - Place stat lock on thigh

SKIN Check!
 Turn Patient, Place on new TAPS system, remove donut and place regular pillow, check under dressings and apply mepilex as needed
DOCUMENT any skin problems with pictures
Wipe down any visibly soiled areas!!

Landing a Case

- Set up Fluid Line (leave up for 4 hours)
- Set up Secondary infusion in pump
- Place Claves on lines

PLUG IN THE BED (BLUE OUTLET)



- Plug in Pumps
- Take OUT of anesthesia mode
- **CHECK MEDS** concentration, dose, volumes, and pt. weight
- Trace Pump to Patient
- CHG Caps and Date Stickers

Pacemaker



Keep close to the PT

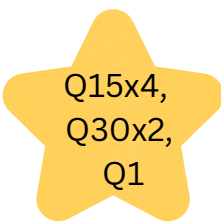
- Pacing issues in the OR?
- Wires (A/V) and Label
- Setting (No DOO)
- Connections
- Thresholds
- Underlying Rhythm

Incisions

1. Midsternal
2. Clamshell
3. ICD Explant
4. Thoracotomy
5. Vein Harvesting

Chest Tubes

- Hook to suction
- ZipTie
- Connections
- Orange Box!!
- Mark initial level
- Label dressing



If bleeding, stay Q15!

Place Bair Hugger if <36°C

Anesthesia Report

Listen For

- Bleeding or complications
- Estimated blood loss (EBL)
- Cardiac Function/Echo



Are They Reversed??

Set initial Goals

- Map Goals
- Titratable infusions
- Resuscitation plan (Crystalloid vs Colloid)