CLINICAL PRACTICE GUIDELINE
Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Post-Operative Cardiac Handover

This document should be read in conjunction with the Disclaimer

Most babies undergoing cardiac surgery will have their immediate post-op care in PICU with most returning to NICU as early as 24 hours later. This Guideline applies whether the baby returns from PICU or directly from Theatre.

Prior to Arrival

Set up the bed space with appropriate monitoring equipment and drug infusions and ventilator settings as notified by theatre.

Handover

Handover must follow the **iSoBAR** format.

The anaesthetist and NICU consultant and/or senior registrar, registrar and appropriate neonatal nurses should be present. All non-essential staff should move away and everyone should listen carefully and quietly to the handover.

Identity	Patient name and UMRN.
Situation	Describe the reason for handover.
Observations	TPR, BP, CVP, blood gas and haemoglobin. Ventilation settings and current infusions.
Background	Brief salient pre op status. **Surgery** • Intra/post op echo details (if done). • Details of procedure. • Intra-operative surgical problems/complications. **Anaesthesia** • Itemise any ETT, vascular and surgical drain manipulations and difficulties. • Analgesia. • Blood losses and Fluid/blood product administration. • Any arrhythmia details.
Agree a plan	Given the situation agree what needs to happen.
Read back	Confirm shared understanding.

Following Handover

- Patient is transferred onto a NICU ventilator with immediate assessment of chest movement, air entry, end-tidal CO_2 and SaO_2.
- Chest drains should be connected to suction (15-20cm H_2O).

- Transfer transport monitoring to bedside monitoring. Invasive systemic BP and CVP monitoring is recommended.
- Review infusions concentrations. If changing inotrope infusion use the 'double pumped', i.e. the original infusion should only be stopped once the new infusion has 'hit'. You will be able to tell this when the BP rises.
- Medical and nursing staff should thoroughly examine the patient.
- ABG should be taken within 10-15 minutes of admission.
- FBC/ U+E/ Ca/ Mg/ coagulation profile should be checked.
- X-ray to check ETT, NGT, drain and line positions and lung and heart status.
- An ECG should be considered.

Parents

Once surgeon has spoken to the parents and if patient is stable enough parents should be encouraged to see their child as soon as possible.

Registrar or senior registrar should write all the above details in notes.

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