

SGH and POW Cardiothoracic Surgery Admission Checklist

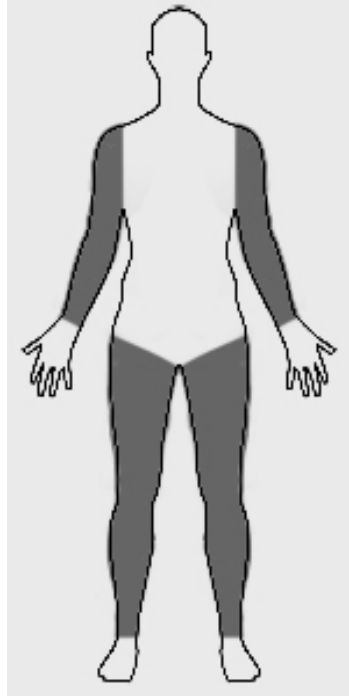
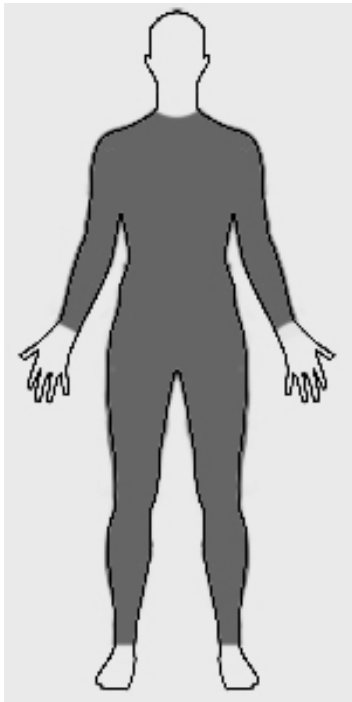
Pre-operative Requirement	Date Completed	Print & Sign Name + Designation when completed
1. Height + Weight + BMI + Vital signs + BSL		
2. Nursing Admission + Assessment <ul style="list-style-type: none"> • Adult admission Assessment and nursing care plan • Check patients, GP & NOK details are correct on front sheet/labels, attach ID/allergy bands. 		
3. Check angiogram site if applicable		
4. ECG – within 24 hours of surgery		
5. CXR – PA + lateral		
6. Physiotherapy Consult – education and spirometry		
7. Consent		
8. Anaesthetic Consult & Premedication		
9. Anti-platelet and anti-coagulant therapy date ceased – e.g. aspirin, clexane, clopidogrel, warfarin, fish oil, glucosamine, NSAID's, NOAC, ginseng, ginko, garlic If on heparin – time to cease infusion _____		
10. Urinalysis 10. MRSA & MSSA Swabs – nose & groin (Request “Staphylococcus aureus screening”) Results if available: _____		
11. Load Reduction commenced or completed: Please specify if patient has completed 5 days of load reduction by verbally asking patient or checking completed instruction form. Document number of days completed and continue with load reduction if <5 days. Notify ICU if 5 days have not been completed		
12. Bloods - UEC, CMP, LFT, FBC, Coags, HbA1c Hep B/C and HIV tests		
13. Group & Hold Valid Until: _____		
14. VTE assessment / Prophylaxis		
15. Pre-Operative ECHO –		
16. Other as per surgeons request: e.g. Endocrine review, Carotid Doppler, Vein Mapping, CT Chest, ABG		
17. Dental check +/- OPG Valve Surgery		
17. Hair clipped – as per cardiothoracic surgery clipping guide (1ST case clip at 0500hrs 2nd case clip at 0900hrs SGH only)		
18. Shower in Antiseptic Wash – the night before and morning of surgery (hospital antiseptic wash)	PM:	
	AM:	
19. Inform CT Theatres and ICU of any Alerts e.g. Bariatric (>100kg), Infectious, Cytotoxic Precautions (SGH notify OT nurse #111 if needed)		
20. Education - Booklet & DVD		
21. Does patient fit criteria for wearing Vest post op (See ** paged 2)	Size:	

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Coronary artery bypass surgery guide for removal of body hair:

Front

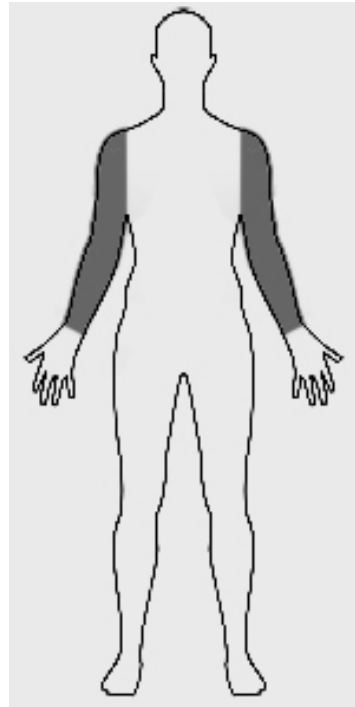
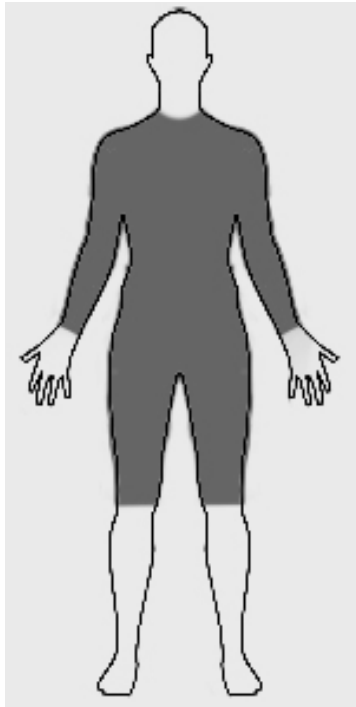
Back



Valve surgery guide for removal of body hair:

Front

Back



To Be Clipped * Please Check with Nurse following clipping

**** Vest Criteria**

Preoperative Patient Risk Factors ^{12, 35}	Intraoperative Risk Factors	Postoperative Patient Risk Factors (identified Post-op)
BMI >30% Diabetes Mellitus Ongoing steroid therapy Redo medial sternotomy Respiratory Disease (COPD) Severe osteoporosis Renal insufficiency Female (breast size) Advanced age Current smoker Previous mediastinal irradiation	Use of bilateral internal mammary arteries Prolonged bypass Use of an intra-aortic balloon pump Re-operation Sternal rewiring	Post-operative non-union Confusion /agitation Clicky sternum Severe Cough Postoperative bleeding