Admit to CVICU

POD #0
- **Sedation**
  - Intermittent fentanyl (1mcg/kg IV q 1 hour PRN pain)
  - Dexmedetomidine infusion (0.5 mcg/kg/hour IV)
- **Respiratory**
  - PEEP 5
  - Ventilator mode
    - SIMV-PRVC
    - SIMV-PC
  - Early extubation
  - Utilize extubation readiness testing
- **Cardiac**
  - Vital sign goals
    - HR < 150
    - Oxygen saturation > 92%
    - Blood pressure per age normal
    - Temperature control/avoidance of fever
    - CVP 5-10 mmHg
  - Monitor for low cardiac output syndrome
  - Consider milrinone infusion
  - Consider epinephrine infusion
  - Monitor CVP
  - Consider maintaining higher CVP
  - Continuous atrial ECG monitoring for 6 hours and then PRN
  - Monitor and trend Etioometry T3 data
- **Renal**
  - Consider gentle diuresis 6-8 hours post-admission
- **GI**
  - Start clears 2 hours after successful extubation
- **Heme**
  - Monitor for bleeding

POD #1
- **Evaluate RV function**
  - Consider echocardiogram
  - Wean milrinone infusion to off
  - Consider mild IV diuresis
- **Advance diet**
  - Minimize positive pressure ventilation
    - Wean HFNC
- **Discontinue arterial line**
- **Discontinue bladder catheter**
- **Analgesia and anxiolysis**
  - Consider ketorolac in consultation with surgeon
  - Wean off dexmedetomidine
  - Mobilize/ambulate per developmental normal
  - Establish normal sleep-wake cycle

POD #2
- **Consider removal of chest tubes**
- **Discuss possible need for aspirin with surgeon and cardiologist**
- **Change to oral diuretic regimen**
- **Transition to oral pain medication PRN**
- **Complete discharge teaching**

Common Complications
- **Tamponade**
  - Consider fluid bolus
  - Consider echocardiogram
  - Notify cardiologist
  - Notify surgeon
  - Consider bedside/catheterization lab drainage
- **Junctional ectopic tachycardia**
  - Refer to Junctional Ectopic Tachycardia Guideline
- **Right ventricular diastolic heart failure**
  - Consider echocardiogram
  - Evaluate RVOT, RV function, residual VSD
  - Minimize positive pressure
  - Consider NO (Refer to Patient Care Policy I-1004 Inhaled Nitric Oxide (iNO) Protocol)
  - Monitor urine output
  - Monitor lactate
  - Consider milrinone infusion
  - CVP goal 7-12 mmHg
- **Heart block**
  - Consider A-V temporary pacing
  - Minimize dexmedetomidine use
- **Oral feeding difficulty**
  - Consult Feeding Team
  - Refer to CVICU Feeding Protocol
- **Bleeding**
  - Consider checking CBC
  - Consider PRBC transfusion
  - Measure coagulation panel and replace factors as indicated
    - Consider Factor 7 administration
  - Perform TEG
  - Call surgeon

Discharge Criteria
- Discharge teaching complete
- Discharge echocardiogram complete
- Pain controlled on oral medication
- Clear chest radiograph
- Ambulatory (per age normal)
- Normal sinus rhythm unless cleared by EP, cardiologist and surgeon

Patient Education
- Refer to CVICU unit specific education

Clinical Practice Guideline Created By:
Robert B. Kelly, MD, FAAP – CVICU Medical Director

Reassess the appropriateness of Care Guidelines as condition changes and 24 hrs after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates.
Tetralogy of Fallot Repair

References


Approved by The Evidence Based Medicine Committee –11/20/2019