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| **Overall Trajectory** | |
| Improving |  |
| Same |  |
| Worse |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bundle Pt #: |  | Start Date: |  | Date Last Updated: |  |
|  |  | End Date: |  | 24 hrs post extubation date: |  |

**High Risk due to:**

1. Postop admission from neonatal CPB surgery (duration: 24 hrs after extubation; max 7days)
2. Postoperative BT shunt, PA band (duration: 24 hrs after extubation; max 7 days)
3. Admitted for active medical problem and intubated w/in first 4 hrs (max 72 hrs)
4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Etiology of clinical decompensation/cardiac arrest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Specific Notification** **Parameters / Warning Signs:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Preventative Measures**  □ Prostaglandin checks q2 hours  □ PRE-SEDATE with all noxious stimuli  □ No Bath □ CHG bath only  □ No Weighing □ Bed scale only  □ PRE-SEDATE with all suctioning  □ 3 person suctioning protocol  □ DO NOT break circuit - Inline suction only  □ High risk drip change  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Medications**  □ Epi Spritzer (10:1 in NS)/Code dose Epi  □ Calcium Chloride (20 mg/kg)  □ Sodium Bicarbonate (2 meq/kg)  □ Albumin (10 cc/kg)  □ Narcotic/Neuromuscular blockade  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Equipment**  □ External Pacemaker at BS  □ Zoll pads at BS  □ Defibrillator\_\_\_ ­joules (2/kg)  □ NIRS: set to baseline  and lower limits w alarm  □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Code Med Access**  Venous: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Draws □ Flushes | **ECMO Plan**  □ ***NOT*** *ECMO candidate* □ ***YES*** activate ECMO |

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| **Crucial First Steps:** If acute episode occurs, immediately: | | | |
| **Bedside RN**   1. Call for help/Crash Cart 2. Turn on lights/NIBP cuff 3. Start CPR 4. Place Zoll Pads | **Respiratory Therapist:**   1. Bag-mask Ventilation 2. Manage airway 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Charge RN:**   1. Identify roles (med RN, etc.) 2. Activate ECMO 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Other:**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Parameter | AM Goals | Alarm Limits | PM Goals | Alarm Limits |
| HR |  |  |  |  |
| SBP ART/NBP |  |  |  |  |
| MAP |  |  |  |  |
| O2 Sat |  |  |  |  |
| CVP/RA |  |  |  |  |
| NIRS (C/R) |  |  |  |  |
| ETCO2 |  |  |  |  |
| Temp |  |  |  |  |
| Other \_\_\_\_\_\_\_\_ |  |  |  |  |

**Vital Sign Parameters:**

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| --- | --- |
| AM MD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PM MD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AM RN Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PM RN Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |