**After recent Cardiac Surgery with Sternotomy (Adult) Client Education - Nursing Resource**

Recommends arrange to see client and family within 1 week of discharge & see GP within 2-3 days;

**Discharge date:** ……………….. **Date of first RN visit:** ……………….. **Date of GP visit:** ………………..

<table>
<thead>
<tr>
<th>Client Education</th>
<th>Information</th>
<th>Rationale</th>
<th>Sign &amp; date</th>
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</thead>
</table>
| **Discharge Diagnosis** | • Review hospital discharge letter together.  
• Establish what education material has already been provided eg ‘A guide to CABG surgery’, ‘Going home after coronary heart surgery’ or ‘Going home after heart valve surgery’. | To establish the client, family and carer’s understanding of surgery, anticipated recovery & follow-up plan | |
| **Panadol use (Paracetamol)** | • Confirm paracetamol is prescribed & available.  
• Explain rationale for regular simple analgesia.  
• Provide clear instruction on use of paracetamol: 2 tabs x 4 daily for 2 weeks, 2 tabs x 3 daily for 2 weeks, 2 tabs x 2 daily, then stop if no longer required. | To ensure optimum sustained pain relief at home, after discharge. This supports a progressive recovery by enabling thoracic healing, progressive walking regime and aiding rest/sleep. | |
| **Warfarin (if prescribed eg for heart valve replacement, cardiac thrombus, or atrial fibrillation)** | • Assess if the client understands the reason why it is prescribed.  
• Confirm the planned length of time warfarin anticoagulation will be required.  
• Review the warfarin record book & the therapeutic dose they require.  
• Ensure the client understands the reasons to have INR checked regularly, with rationale. | To promote understanding of medications, duration of therapy & ‘buy-in’.  
To prevent complications of haemorrhage or embolism.  
To check follow up has been made with medical practice for INR monitoring. | |
| **Other Medications** | • Check prescribed medications from the discharge letter with the client’s supply.  
• Establish the client/carer’s knowledge of reason why each medication has been prescribed.  
• Review client has a safe strategy to self-administer.  
• Investigate if any barriers to obtaining future medications (financial/access/high user).  
• Post heart valve surgery will require antibiotic cover for dental work, surgery & any infections. | To ensure medication reconciliation & client safety.  
To promote understanding of intended effect of medications and clarify expected length of duration.  
To ensure access to medications.  
To prevent infective endocarditis. | |
| **Complications** | • Complications of surgery may occur but to a few people only.  
• Observe all wounds for any sign of infection eg ↑heat, pain, redness, ooze, or stitch abscesses, ↑temp. **Act quickly to f/u sternal wound complications**.  
• SOB needs to be taken seriously. See GP +/- CXR.  
• Palpitations/dizziness may indicate atrial fibrillation & prompt GP review. | To raise awareness of important signs & symptoms, to promote prompt action, minimise complications, morbidity & mortality.  
♥ Sternal wound complications are a serious event & require urgent intervention.  
♥ Leg wound site complications can be common: early intervention recommended.  
♥ Radial wound site risk (felodipine 6/52). | |
| **Physical activity guideline** | • Begin with short ‘snacks’ of activity eg 5-10 mins. Gradually increase to 30mins minimum most days; 2x15mins or 3x10mins if preferred.  
• Walk on the flat for 2/52, then attempt hills/inclines and stairs gradually.  
• Listen to body, if overtired or feeling the need to rest, then do so.  
• Avoid prolonged or intense activity eg hosting an event, lifting weight (use 2 hands to lift max 2kg). | To promote safe return to normal daily life.  
To reduce complications of delayed healing of sternum. It takes about 3/12 for the sternum to heal. | |
### Sleep & mood swings
- Can return to sexual activity when feels comfortable (avoid supporting weight through arms for 6 weeks)
- Can refer to ‘Activity Guidelines’ in Going home after heart surgery resource
- For invitation to a 7 week exercise programme at the gym with individual training programme, refer to cardiac rehab (Whangarei district only)

### Anxiety & depression
- Can be common after a cardiac event. Usually resolves with time
- Consider strategy to regain emotional balance
- If overwhelming recommend discuss with nurse or doctor. Use validated tool to assess eg PHQ9, HADS, Kessler 10
- Discuss use of self-management plan (found on website www.healthnavigator.org.nz)

### Social determinants (affecting self-management)
- Engage with client and family to identify current issues causing additional stress, for example:
  - Transport
  - Food security
  - Housing
  - Drug & ETOH issues
  - Impending law & order issues

### Return to work
- Identify occupation …………………
- Discuss with the client, their plan to return to work and advise about likely limitations eg physically, or compromised decision making abilities, or driving

### Cardiac Rehabilitation programme
- Cardiac rehab is beneficial, if the client is able to attend. Discuss local options/alternatives in Northland

### Follow up
- Check they have visited their GP (ideally within 2-3 days of discharge)
- Will have cardiology OPA in 6 weeks

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**Cardiology OPA 6/52 post discharge** - date booked …………………….. if not heard by 4/52 post discharge

Contact Cardiac rehab nurse phone 09 430 4101 x 7124 or 021 470124

**Driving** New Zealand Transport Association (NZTA) website, ‘Medical Aspects of Fitness to Drive’

*If client employed as commercial driver, will need stress treadmill +/- ECHO at 3 months post discharge to determine if safe to return to driving commercially. Advise client to inform employer – insurance considerations.*

Phone Cardiac Rehab nurse to check appointment made & fast track where possible
### Cardiac Risk Factor Assessment

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>NZ Recommendations</th>
<th>Client’s current</th>
<th>At 3/12 follow up</th>
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<tbody>
<tr>
<td>Smoking</td>
<td>Smokefree</td>
<td></td>
<td></td>
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<tr>
<td>↓ level of exercise</td>
<td>30mins most days</td>
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<tr>
<td>Hypertension</td>
<td>&lt;130/80</td>
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<tr>
<td>Overweight</td>
<td>Waist line: &lt; 100cm men</td>
<td></td>
<td>Ht:</td>
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<tr>
<td></td>
<td>&lt; 90cm women</td>
<td></td>
<td>Wt:</td>
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<tr>
<td></td>
<td>BMI: &lt; 25</td>
<td></td>
<td>BMI:</td>
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<td></td>
<td></td>
<td></td>
<td>Waist:</td>
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<tr>
<td>Diabetes</td>
<td>HbA1c 5.0–5.5 mmol/L</td>
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<td>↑ alcohol</td>
<td>Reduce excessive alcohol intake ≤2–3 pub measures daily for men ≤1–2 pub measures daily for women (don’t start for health reasons)</td>
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<td>Harmful stress</td>
<td>Identify ‘ugly’ stress eg at work, home, financial, traumatic life events. Determine support needed</td>
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<tr>
<td>Medications post cardiac surgery</td>
<td>Statin</td>
<td></td>
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<td>individualised as per discharge summary</td>
<td>Aspirin</td>
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<td>(tick if prescribed)</td>
<td>Betablocker</td>
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<tr>
<td></td>
<td>Warfarin: short term</td>
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<tr>
<td></td>
<td>Warfarin: long term</td>
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<tr>
<td></td>
<td>Other cardiac specific:</td>
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<tr>
<td>Dyslipidaemia</td>
<td>Total cholesterol &lt; 4.0</td>
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<tr>
<td></td>
<td>HDL ‘good’ ≥ 1.0</td>
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<td></td>
<td>LDL ‘bad’ &lt; 1.6</td>
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<td></td>
<td>Triglyceride &lt; 1.7</td>
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<td>(STEMI guidelines NZ 2013)</td>
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<tr>
<td></td>
<td>Total/HDL ratio &lt; 4.0</td>
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<tr>
<td>Family history of premature IHD, ie first degree relative &lt;55yrs man, &lt;65yrs women, or of Maori, Pacific Island or Indian descent</td>
<td>CVD risk assessment for family members: Men &gt; 35yrs</td>
<td>Names &amp; relationship:</td>
<td></td>
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<tr>
<td></td>
<td>Women &gt; 45yrs</td>
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<tr>
<td>Food choices</td>
<td>Increase fibre</td>
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<td>Assess. Identify a change</td>
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<td>Reduce fat, sugar, salt</td>
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</table>

**Recommended Client Resources:**
- from the Heart Foundation ‘A guide to coronary artery bypass graft surgery’
- Or resources from Auckland City Hospital: ‘Going home after coronary heart surgery’ or ‘Going home after heart valve surgery’

Reference: New Zealand Primary Care Handbook 2012