

Name:

NHI:

DOB:

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

Recommend 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:

Client Education	Information	Rationale	Sign & date
Discharge Diagnosis	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Confirm panadol is prescribed & available Explain rationale for regular simple analgesia Provide clear instruction on use of panadol: <i>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</i> 	To ensure optimal 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)	<ul style="list-style-type: none"> 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 	<p>To promote understanding of medications, duration of therapy & 'buy-in'</p> <p>To prevent complications of haemorrhage or embolism</p> <p>To check follow up has been made with medical practice for INR monitoring</p>	
Other Medications	<ul style="list-style-type: none"> 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 	<p>To ensure medication reconciliation & client safety</p> <p>To promote understanding of intended effect of medications and clarify expected length of duration</p> <p>To ensure access to medications</p> <p>To prevent infective endocarditis</p>	
Complications	<ul style="list-style-type: none"> 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 	<p>To raise awareness of important signs & symptoms, to promote prompt action, minimise complications, morbidity & mortality</p> <ul style="list-style-type: none"> ❖ 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	<ul style="list-style-type: none"> 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 	<p>To promote safe return to normal daily life</p> <p>To reduce complications of delayed healing of sternum. It takes about 3/12 for the sternum to heal</p>	

NORTHLAND DISTRICT HEALTH BOARD in partnership with Manaia & Te Tai Tokerau PHOS

TITLE: After recent cardiac surgery with sternotomy (adult) client education – nursing resource

Page 1 of 3

FIRST ISSUED: March 2015

REVISION DATE: March 2018

ISSUE : 1

REVISED BY: NDHB Nurse Educator, Cardiac July 2014

REVIEWED BY: Cardiology Nurse teams NDHB & ADHB, Manaaki Manawa,

Acknowledge ADHB for original resource

Community nurses & Dr Stephen Jennison

AUTHORISED BY: Mary Carthew: Associate Director of Nursing: primary health care. Manaia Health PHO

Name:

NHI:

DOB:

	<ul style="list-style-type: none"> for first 6/52) Can return to sexual activity when feels comfortable (avoid supporting weight through arms for 6 weeks) Refer to 'Activity Guidelines' in <i>Going home after heart surgery</i> resource For invitation to a 7 week exercise programme at the gym with individual training programme, refer to cardiac rehab (Whangarei district only) 		
Sleep & mood swings	<ul style="list-style-type: none"> Explain emotional upset, disturbed sleep & vivid dreams are common post-op, but gradually improve Surgery has an impact on the whole family Structure rest for 2 hours a day. Unhook the phone & discourage visitors for first 2 weeks Ongoing sleep problems – see GP 	<p>To acknowledge & normalise mood swings during recovery</p> <p>To recognise the importance of sleep/rest for recovery</p>	
Anxiety & depression	<ul style="list-style-type: none"> 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) 	Client & family have information & support to cope	
Social determinants (affecting self-management)	<ul style="list-style-type: none"> Engage with client and family to identify current issues causing additional stress, for example: <ul style="list-style-type: none"> Transport Food security Housing Drug & ETOH issues Impending law & order issues 	To determine if support measures +/- referrals (whanau ora) could reduce stress and enable effective self-management	
Return to work	<ul style="list-style-type: none"> 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 	To promote safe and timely return to employment	
Return to driving	<p>Clarify if driving on a private +/- commercial licence (see ** below)</p> <ul style="list-style-type: none"> Refer to NZTA website 'Medical aspects of fitness to drive'. All licences specified. (Car licence – if well, usually no driving x 4 weeks from discharge) Clients are advised about driving restrictions prior to hospital discharge 	<p>To promote safe recovery for individual and community</p> <p><i>Driving insurance is not valid</i></p>	
Cardiac Rehabilitation programme	<ul style="list-style-type: none"> Cardiac rehab is beneficial, if the client is able to attend. Discuss local options/alternatives in Northland 	To support recovery & promote lifestyle choices to reduce future cardiac problems	
Follow up	<ul style="list-style-type: none"> Check they have visited their GP (ideally within 2-3 days of discharge) Will have cardiology OPA in 6 weeks 	To facilitate baseline review of client, review wound sites and establish ongoing wellness plan	

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**

NORTHLAND DISTRICT HEALTH BOARD in partnership with Manaia & Te Tai Tokerau PHOs		
TITLE: After recent cardiac surgery with sternotomy (adult) client education – nursing resource		Page 2 of 3
FIRST ISSUED: March 2015	REVISION DATE: March 2018	ISSUE : 1
REVISED BY: NDHB Nurse Educator, Cardiac July 2014 Acknowledge ADHB for original resource		REVIEWED BY: Cardiology Nurse teams NDHB & ADHB, Manaaki Manawa, Community nurses & Dr Stephen Jennison
AUTHORISED BY: Mary Carthew: Associate Director of Nursing: primary health care. Manaia Health PHO		

Name:

NHI:

DOB:

Cardiac Risk Factor Assessment

Risk Factor	NZ Recommendations	Client's current	At 3/12 follow up
		Date:	Date:
Smoking	Smokefree		
↓level of exercise	30mins most days		
Hypertension	<130/80		
Overweight	Waist line: < 100cm men < 90cm women BMI: < 25	Ht: Wt: BMI: Waist:	
Diabetes	HbA1c 50- 55mmol/L		
↑alcohol	Reduce excessive alcohol intake ≤2-3 pub measures daily for men ≤1-2 pub measures daily for women (don't start for health reasons)		
Harmful stress	Identify 'ugly' stress eg at work, home, financial, traumatic life events. Determine support needed		
Medications post cardiac surgery individualised as per discharge summary (tick if prescribed)	Statin		
	Aspirin		
	Betablocker		
	Warfarin: short term		
	Warfarin: long term		
Dyslipidaemia	Other cardiac specific:		
	Total cholesterol < 4.0		
	HDL 'good' ≥ 1.0		
	LDL 'bad' < 1.6		
	Triglyceride < 1.7 (STEMI guidelines NZ 2013)		
Total/HDL ratio < 4.0			
Family history of premature IHD, ie first degree relative <55yrs man, <65yrs women, or of Maori, Pacific Island or Indian descent	CVD risk assessment for family members: Men > 35yrs Women > 45yrs	Names & relationship:	
Food choices	Increase fibre Reduce fat, sugar, salt	Assess. Identify a change	
Signature			

Reference: New Zealand Primary Care Handbook 2012

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'