

## Cardiac surgery: Care in the PICU

### What will happen after surgery?

When surgery is over, the surgeon will talk with you in the family waiting room. Your child will be moved to the pediatric intensive care unit (PICU) at that time. We understand you want to be with your child as soon as possible, and we want that too. When children are first moved into the PICU, they have special medical needs that require the complete attention of the nursing staff. It will take about one hour before a nurse will bring you to your child, explain what is happening, and answer any questions you may have.

A quiet and calm environment with low stimulation allows rest and healing after surgery. While in the PICU please limit visitors to two at a time.

Many parents are anxious or worried. Please feel free to ask any questions you may have. We are here to help both your child and you. We also can connect you with resources and services such as social work, chaplains, child life specialists, and the Family Resource Center. Staff will help with concerns you may have during your child's hospital stay; making sure you are at ease as much as possible will help create a calm, healing environment for your child.

### What can I expect after my child has heart surgery?

There will be several tubes, wires, and machines attached to your child. While these can be scary to parents, each one

serves an important purpose: to help your child. Your child will be on a large bed with safety rails on the sides. These rails must be all the way up whenever someone is not directly next to the bed providing care.

At first, no clothes or blankets will be used; this is so that the doctors and nurses can observe your child very closely. Heating lamps may be used to help keep your child warm.

A breathing tube goes into the mouth or nose. It is connected to a **ventilator**, which breathes for and gives oxygen to your child. Your child will be sedated most of the time he or she is on a ventilator. The breathing tube goes through the voice box, so your child cannot make sounds or talk. The nurses will suction the breathing tube at times to clean out the mucus.

There will be an incision, covered by a bandage, on the chest where the doctor did the surgery. Bruises on the chest are normal. One or two **chest tubes** will be just below the incision. These tubes drain air, fluid, and blood from around the heart. You may see the nurses squeeze the tubes to keep them from getting plugged.

**Pacer wires** may be inserted during surgery. These are thin wires that are attached to the heart and run to the outside of the chest. A pacemaker can be attached to these wires to help the heart beat if needed. These wires are temporary and will be removed at the bedside by the surgeon, when they are no longer needed.

A **catheter** (small tube) in the bladder drains the urine. The nurse will empty the collection bag often to measure the urine.

Your child will not be able to eat or drink while on the ventilator. A **nasogastric tube** (NG tube) is in the nose and down into the stomach to keep it empty of air and fluids. If the ventilator is used for more than 3 days, the tube will be used to give liquid food.

**Intravenous lines (IVs)** will be in the neck, hand, and foot to give fluids and medicines. Antibiotics will be given to help prevent infections. Pain relievers, such as morphine, will be given for comfort.

A **central line (CVP)** is an IV that the doctor puts in a neck vein for monitoring important information, and also for giving continuous IV medicine(s). As your child's heart recovers from the surgery, these medicines will be tapered off.

An **arterial line** ("art-line") is a small tube in an artery that allows the nurses to take blood samples for testing without having to use a needle. These blood samples give information to help the doctors and nurses adjust your child's care and treatments.

A **cardiac monitor** will be used to help watch for any changes in the heart rhythm. The nurses will check the vital signs (pulse, breathing rate, blood pressure) often in the first few days after surgery.

When the doctor decides your child is ready, the ventilator will be turned down, allowing your child to breathe more on his or her own. When breathing is stable, the breathing tube will be taken out, and oxygen will be given with a mask. Your child will be able to talk, but may have a hoarse voice and sore throat for a while; this is normal

## How will my child eat?

Your child will not be able to eat or drink until the breathing tube has been removed. Nutrition is given through the IV or through the NG tube into the stomach. We will moisten your child's mouth at times.

## When will my child be moved out of PICU?

As your child gets better, the doctor or nurses will remove the tubes, machines, and IVs. Your child will be moved from the PICU to another patient care unit in the hospital, to be cared for until ready to go home. This will happen when:

- the breathing tube is no longer needed.
- continuous IV medicines are no longer needed.
- the cardiologist decides that your child is stable.

The PICU staff will share information about your child with the new patient care unit. You are our partners in this transition. Please see the education sheet, "A step closer to home: Transferring out of the PICU."

The new unit may be unfamiliar to you and your child. If you have a concern or question, or information that would help the staff to care for your child in the best way, please discuss it with the doctor or nurse.

The health care team will teach you how to care for your child at home. See the education sheet, "Cardiac surgery: Care at home."

## Questions?

This sheet is not specific to your child, but provides general information. If you have any questions, please ask the doctors or nurses.