# **CARDIAC REHABILITATION**



Aim: To standardize the rehabilitation steps of patients post cardiac surgery.

### **Assumptions:**

- This guideline is intended for children post cardiac surgery in the inpatient setting.
- RN available in cardiac environment.
- Standing provider orders for OT, PT and SLP for newborns.
  Standing orders for OT and PT post-operative with SLP as needed.
- Monitoring of patient will be ongoing, telemetry while in patient room, hallway, as well as heart rate, blood pressure, O<sub>2</sub> sats, Borg Scale, pain scales, perceived exertion scale and patient demeanor/presentation.
- Cleared by all medical team involved (cardiology, surgery, etc.).

#### **Precautions:**

- Median sternotomy (4–6 weeks or when approved by cardiologist) — no lifting greater than 10 lbs., no tensive force across chest (i.e., gait belts across the chest), no crutches, no walker (can walk with hand held assist), no lifting the patient via pulling on arms (i.e., scoop infant/toddler), no riding or climbing toys (i.e., exersaucer, tricycle, etc.), and no submerging incision.
- No driving until cleared by cardiologist; seatbelts used normally.
- Infants can be prone 10 days after sternal closure.
- Post-transplant/immune-compromised do not see patient if you are sick (even if wearing a mask), thorough hand hygiene, etc. In the outpatient setting, have treatment room ready so patient spends little to no time in a crowded waiting room.

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#### POD #1: PT — Evaluation and QD treatment

- AROM of LE and UE
- Bed mobility
- Sitting at edge of bed, transfer to chair, ambulation as appropriate
- Educate family on sternal precautions

#### POD #2-3: PT — QD to BID treatment

- Bed mobility, transfers, ambulation as appropriate
- Sitting up in chair at least 20 minutes, 3 times/day

# POD #4-6: PT — Treatment frequency as appropriate

- Walking in hallway 3–5x/day
- Squatting, standing, strengthening or developmental exercises (age dependent)
- Climb flight of stairs\*\*
- 6-minute walk test
- Discharge planning (educate family on outpatient cardiac rehab needs)

### **Throughout Phase 1:**

Monitor HR, BP, O<sub>2</sub> Sats, RPE or Borg Scale for exertions

#### POD #1: OT — Evaluation and QD treatment

- ADLs at bedside
- Swallowing dysfunction screen. Refer to SLP for swallow evaluation if indicated.
- UE PROM/AROM
- Educate family on sternal precautions

#### POD #2-3: OT — QD

- ADLs in chair
- Utilize functional ambulation following PT recommendations
- Functional transfers
- Toileting independently (at bedside commode)
- Cardiac calisthenic exercises

# POD #4-6: OT — Treatment frequency as appropriate

- ADLs
- Functional mobility
- Strengthening
- Endurance building
- Discharge planning

### **Throughout Phase 1:**

Monitor HR, BP, O<sub>2</sub> Sats, RPE or Borg Scale for exertions

#### POD #2-3: SLP — Evaluation if indicated

- Swallow safety
- Receptive/expressive language
- Pragmatics/social communication
- Cognition
- Intelligibility

# POD #4-6: SLP — Treatment frequency as appropriate

- Feeding/swallowing
- Receptive/expressive language
- Pragmatics/social communication
- Cognition
- Intelligibility
- Discharge planning

## Throughout Phase 1:

Monitor HR, BP, O<sub>2</sub> Sats, RPE or Borg Scale for exertions

<sup>\*\*</sup>Stairs: Policy is to bring a staff member with the first time PT and patient work on stairs (usually the RN) and then have another person present (typically parent(s)) after the first time. CISCO phones typically do not work in the stairwells.