

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

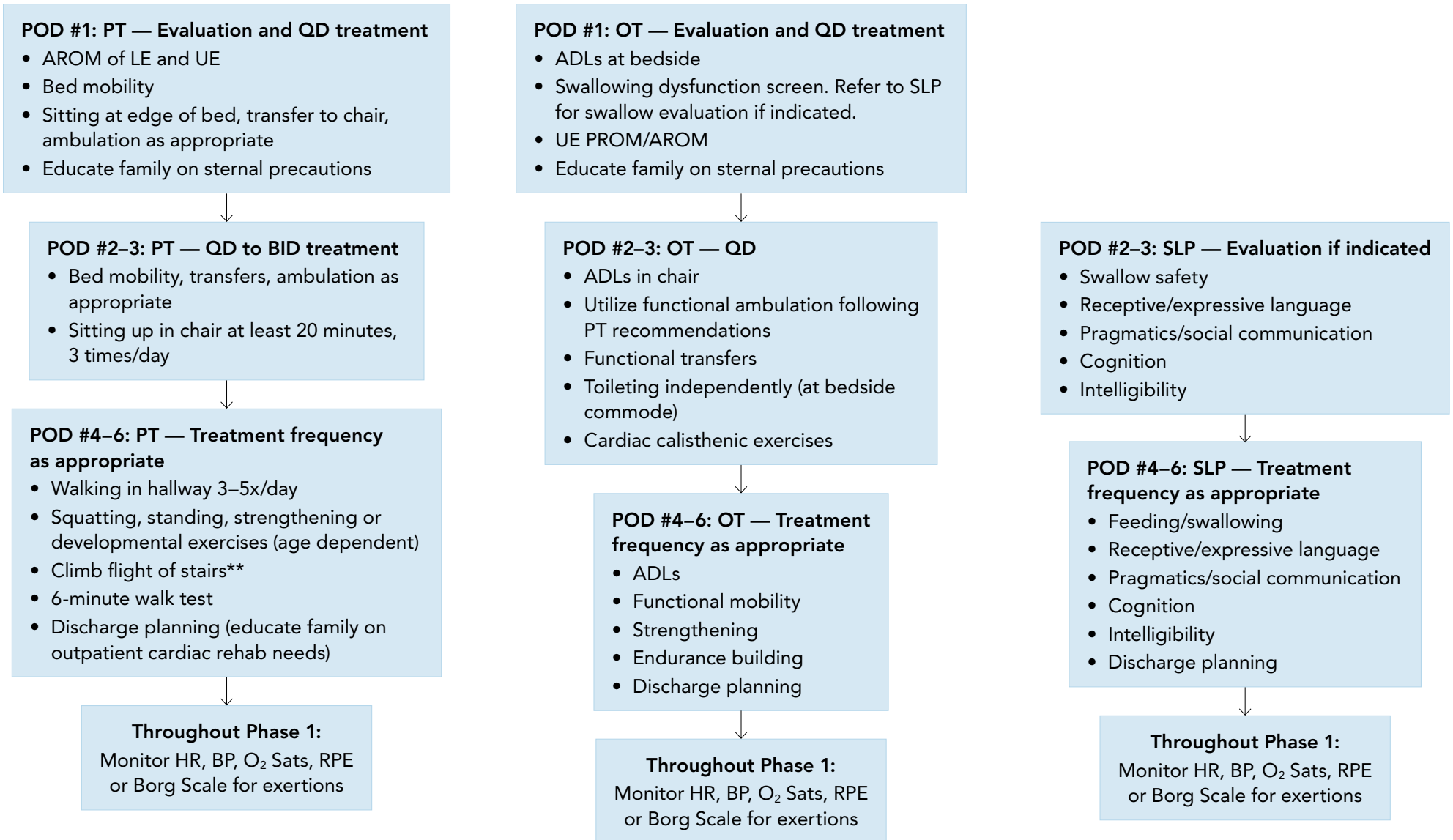
Assumptions:

- **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, O₂ 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 tensile 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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**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.

Disclaimer: This guideline is designed for general use with most patients; each clinician should use their own independent judgment to meet the needs of each individual patient. This guideline is not a substitute for professional medical advice, diagnosis or treatment.