SARASOTA MEMORIAL HOSPITAL
NURSING DEPARTMENT POLICY

TITLE: ADMISSION/DISCHARGE CRITERIA: OPEN HEART RECOVERY UNIT (OHR)

POLICY #: 126.475 (Special Care)
EFFECTIVE DATE: 04/85
REVISED DATE: 10/03, 3/06
POLICY TYPE: ☒ DEPARTMENTAL ☐ INTERDEPARTMENTAL ☐ DEPARTMENTS PROVIDING NURSING CARE
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Job Title of Reviewer: Director, OHR

PURPOSE:

To determine criteria and priorities for admission to Open Heart Recovery (OHR). To determine criteria for discharge out of the OHR.

POLICY STATEMENT:

The following criteria will be used by the medical and nursing staff in making decisions regarding the admission and/or discharge of patients from OHR.

ADMISSION CRITERIA:

The criteria for patient admission and discharge may include, but not be limited to, the following:

1. Seriously or critically ill/injured patients will be admitted to the OHR Unit according to the established criteria and bed availability. In the event a very critical patient needs to be admitted to the OHR and all beds are occupied, an attempt will be made to transfer the most stable patient in that unit. The attending physician in collaboration with the clinical coordinator or director will make decisions. Critically ill patients may be admitted or transferred to other appropriate special care units with an available bed.

2. Patients are received in OHR unrecovered from anesthesia. Priority will be given to the adult postoperative cardiac surgery patient with at least one of the following conditions:

   a. Coronary artery bypass graft surgery.
   b. Valve repair/replacement.
   c. Thoracic aortic aneurysm repair.
   d. Thoracotomies.
   e. Ventricular assist devices.
   f. Ventricular septal defect.
   g. Atrial septal defect.
   h. Myxoma.
   i. Transmyocardial revascularization.

ADMISSION

3. In the event there is no other special care bed available, clean

CRITERIA: (cont'd)

vascular cases and pre-op open-heart surgery patients can be admitted to the OHR. Clean is defined as no open and/or draining wounds or positive cultures from any source within the last 48 hours. The care required by these patients must be within the competency levels of the OHR nursing staff. These patients will be transferred from OHR as soon as appropriate beds are available.

4. The OHR patient population includes patients 14 years of age or older.

DISCHARGE CRITERIA:

1. Patients will be transferred from the OHR upon the determination and written order of the cardiac surgeon, in concurrence with the primary physician. Patients will be categorized into one of two groups, depending on the level of care needed.

   a. **Group I**
   Patients eligible for discharge from OHR to Cardiac Progressive 3 (the designated Open Heart step-down unit) or to one of the other telemetry units will meet the following criteria:
      1) Patient will be extubated and exhibit satisfactory pulmonary function. Satisfactory pulmonary function will be defined as a $Sp0_2$>92% supplemental O_2.
      2) Evidence of hemodynamic stability demonstrated through either termination or non-titration vasoactive medications according to Nursing Department Policy (126.155) Administration and Nursing Care of Adult Patients Receiving Cardiovascular and/or Vasoactive Medications.
      3) Patient's who are actively pacing with a temporary pacemaker, but are not pacer dependent, can transfer to 5ET or 7ET.

   b. **Group II**
   Patients requiring a more intensive level of care will be transferred to the unit deemed appropriate by the physician and according to the individual's specific needs. The following units are included in this category:
      1) Cardiac Intensive Care (CIC): for patients requiring continuous intra-aortic balloon pumping, continued hemodynamic monitoring with vasoactive drip titration, unstable cardiac status, or requiring continuous mechanical ventilation.
      2) Intensive Care Unit (ICU): for patients requiring continuous mechanical ventilation, continued assessment of neurological status, and continued assessment of renal status and dialysis in acute stages. Patients requiring continued hemodynamic monitoring with use of a pulmonary artery catheter and continued use of vasoactive drip medications may also be transferred to this

DISCHARGE CRITERIA:

(cont'd)

unit.

3) Patients requiring a continued need for frequent (Q 2-4 hour) pulmonary toileting, $FI0_2 \geq 60\%$ and for patients requiring continuous pacing with nonviable underlying cardiac rhythms may go to ICU or CIC per physician discretion and bed availability.

EXCEPTIONS: As defined in the content.

DEFINITIONS: Hemodynamically stable is evidenced by:

1. Heart rate between 50-120.
2. Systolic blood pressure is >80 mmHg and diastolic BP is <100mmHg.
3. Absence of life-threatening arrhythmias.
4. Arterial blood gases with a PC02 that reflects pH of 7.35-7.45, $Pa0_2 \geq 60$ with supplemental oxygen, respiratory rate is >10, and <25 per minute without signs of distress.
5. Hemoglobin is > 8 and Hct is > 26 and/or absence of signs of active bleeding for eight (8) hours.
6. Urinary output is 30 ml/hr or greater (renal failure patients are excluded).
7. Vasopressors have been discontinued (exception: see Nursing Policy #126.155).
8. Invasive monitoring lines have been discontinued (exception: CIC, ICU).

RESPONSIBILITY:

1. It will be the responsibility of the Patient Care Director to inform the staff of this department policy and ensure compliance.

2. It will be the responsibility of the Director to keep the medical staff informed of this department policy and to ensure compliance.

REFERENCES:

Joint Commission on Accreditation of Healthcare Organizations (2006). *Accreditation manual for hospitals.* (PE.1). Oakbrook Terrace, IL: Author.

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APPROVALS:

Signatures indicate approval of the new or reviewed/revised policy	**Date**
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Committee/Sections (*if applicable*):	
Nursing Standards and Practice	3/2/06
Vice President/Administrative Director (*if applicable*): **Signature:** **Name and Title:**	
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