(A) Policy Statement

The specific services provided in the CVU shall facilitate the safe and effective care of patients.

(B) Purpose of Policy

To outline and define specific services provided in the CVU.

(C) Procedure

The specific services provided in the CVU shall include bedside monitoring of essential life functions, intermediate or intensive nursing care, respiratory care, and special procedures.

1. Unit Description:

A. CVU is a 47-bed unit located on the third floor A, B, C and D wings of the hospital building.

B. The CVU consists of 47 private rooms with hardwire monitors.

C. Patients on the Cardiothoracic Surgery and CCU Service will be placed on 3AB for care.

D. All patients requiring an intensive level of care will be placed on 3AB.

E. All patients on cardiac monitor will be monitored directly by nursing staff via central monitors at the nurses’ stations and indirectly by the RCMS.

F. An intercom system is located at the nurses’ station and a call light at the patient’s bedside is provided to facilitate communication. In case of an emergency, the call button will be pulled from the wall and an alarm will sound for additional personnel. There is a Code Blue button in each patient room.

2. Staffing:

A. Registered Nurses in the CVU will be oriented to the CVU and complete appropriate education in Basic Cardiac Arrhythmias and Critical Care.

B. Staffing of CVU will be determined according to severity of illness and complexity of care by the Nursing Director/Operational Supervisor/Lead Nurse/Charge Nurse.

3. Monitoring of Essential Functions:

A. Each bedside will have the capacity for constant ECG monitoring and multiple pressure monitoring via hardwire monitor.

B. All beds will be monitored at the P/C Station in the hallway in addition to that at the bedside. Continuous Cardiac Monitoring is also provided, according to protocol, by RCMS. All cardiac alarms
and other necessary alarms will be functional at all times when an RN is not at the patient’s immediate bedside.

C. After a Swan Ganz Pulmonary Artery Catheter has been inserted, baseline readings will be obtained by the RN. Readings (including CVP, PA, BSA, CO, CI, and SVR) will be obtained as ordered by the physician.

D. Central venous pressure may be monitored at the bedside with an order from the physician.

E. Continuous arterial pressure will be monitored on those patients with arterial lines as ordered by the physician. The RN will draw all lab specimens from the arterial line unless otherwise ordered by the physician.

F. Registered nurses share the responsibility for pressure line maintenance, calibration of transducers and trouble shooting the modules at the bedside and central station.

G. In the event of mechanical difficulty, Technology Support is to be notified through the Technology Support department or by the House Supervisor after 5:00 pm Monday -Friday.

4. Intermediate Care Nursing:

Registered nurses working in the CVU who have been oriented and educated in intermediate care nursing may initiate and maintain the following routines.

A. Guidelines

1) Regulate intravenous drip infusions within given parameters according to patient response, as ordered. Vasopressors, antiarrhythmics and other fast acting medications whose dosage must be maintained at specific levels will be calculated and documented for each patient as to established standards or physician orders. See Nursing Service Policy 3364-110-05-02 “Administration of Intravenous Medications”. The nurse may discontinue an ordered drip medication if the patient exhibits sudden and possible life threatening adverse reactions or effects.

2) Nursing assessments will be performed and documented every twelve hours minimally and more frequently as needed. Any significant or abnormal findings should be reported to the responsible physician.

3) Continuous cardiac monitoring will be performed on CVU with the assistance of RCMS.

4) Vital signs are routinely done every four hours unless ordered more frequently by physician.

5) I & O will be obtained and recorded every twelve hours unless ordered more frequently by the physician.

6) Daily weights will be recorded on every patient every day.

7) Respiratory care such as suctioning, blood gas monitoring and pulse oximetry will be a shared effort between nursing and respiratory.

8) Respiratory care is responsible for set-up, maintenance and proper functioning of the ventilator. All ventilator changes will be done by Respiratory Therapists(RT), as ordered by the physician.

9) Patients being transported out of the area for diagnostic procedures, therapies, etc. will be accompanied by an RN if patient condition warrants. The decision to accompany the patient will be the responsibility of the primary physician and/or the nurse caring for the patient.(RT is included in decision when trach/vent involved)

5. Intensive Care Nursing:
Registered nurses working in the CVU, who have been oriented and educated in intensive care nursing, may initiate and maintain the following routines.

A. Guidelines:

1) Regulate intravenous drip infusions within given parameters according to patient response, as ordered. Vasopressors, antiarrhythmics and other fast acting medications whose dosage must be maintained at specific levels will be calculated and documented for each patient as to established standards or physician orders. See Nursing Service Policy 3364-110-05-02 “Administration of Intravenous Medications”. The nurse may discontinue an ordered drip medication if the patient exhibits sudden and possible life threatening adverse reactions or effects.

2) Complete head-to-toe nursing assessments will be performed and documented every four hours minimally with focused assessments more frequently as needed. Any significant or abnormal findings should be reported to the responsible physician.

3) Continuous cardiac monitoring will be performed directly by the CVU-ICU RN.

4) Vital signs are completed each hour.

5) I & O will be obtained minimally and recorded each hour.

6) Daily weights will be recorded on every patient every day.

7) Respiratory care such as suctioning, blood gas monitoring and pulse oximetry will be a shared effort between nursing and respiratory.

8) Respiratory care is responsible for set-up, maintenance and proper functioning of the ventilator. All ventilator changes will be done by Respiratory Therapists, as ordered by the physician.

9) RNs and Respiratory Therapists share the responsibility for discontinuing percutaneous arterial lines.

10) Patients being transported out of the area for diagnostic procedures, therapies, etc. will be accompanied by an RN.

6. Special Procedures:

A. CVU RNs are responsible for assistance and patient monitoring during and after the following procedures. These special procedures are performed by an attending physician or resident with demonstrated ability in these procedures: insertion of pulmonary artery catheters, temporary pacing catheters, central intravenous lines, mechanical ventilator therapy, insertion of arterial lines and chest tubes, emergency tracheostomy, and other bedside procedures.
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<td>Revision Completed By: Greg Shannon, MSN, RN</td>
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<td>Dustin Ballinger MSN, RN Date 6.29.2016</td>
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