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|---|--|---|--|
| <b>Patient:</b><br><b>Clinical Pathway:</b> Elective Coronary Artery Bypass Graft (CABG)<br><b>DRG:</b><br><b>Expected LOS:</b> |  | <b>Staff CT Surgeon:</b><br><br><b>PCM:</b>                                   | <b>Staff Cardiologist:</b>   |
| <b>Allergies:</b>   |  |   |  |
| <b>Level of Care</b> →  | <b>Pre Operative</b>   | <b>Pre Op-&gt;OR</b>  | <b>OR-&gt;Extubation</b>   |
| <b>Location</b> →   | <b>CT Clinic/ SSC</b>  | <b>SSC/ OR</b>  | <b>ICU-W</b>   |
| <b>Consults</b>   | <input type="checkbox"/> CATH conference:<br>film/cath results available<br><input type="checkbox"/> SWS for complicated DC needs<br><input type="checkbox"/> PULMONARY CLINIC<br><input type="checkbox"/> PFTs on selected patients<br><input type="checkbox"/> ABGs<br><input type="checkbox"/> DENTAL consult for valve pts<br><input type="checkbox"/> NUTRITION CARE for preop assessment<br><input type="checkbox"/> Consider autologous blood<br><br><b>CONSULTS COMPLETED PRIOR TO SURGERY DATE</b>  | <input type="checkbox"/> Placed on VSI list<br><br><b>Valve patients: TEE</b> |  |
| <b>Tests</b>  | <input type="checkbox"/> LABS: CBC, CHEM-7, PT, PTT, ALK PHOS, SGOT BILI, UA<br><input type="checkbox"/> Chest Xray (with in 30 days of surgery)<br><input type="checkbox"/> EKG (within one week of surgery)<br><input type="checkbox"/> T&C X 2units RBCs<br><br><b>RESULTS AVAILABLE FOR PROVIDER REVIEW PRE OP</b>   | <input type="checkbox"/> Labs per Cardio-Thoracic OR protocol                 | <input type="checkbox"/> STAT labs per protocol<br><input type="checkbox"/> STAT Chest Xray, EKG<br><input type="checkbox"/> HCT q. 6 hrs and after PRBC transfusion<br><input type="checkbox"/> K+ q. 4 hrs X 3 and after PRBC transfusion<br><input type="checkbox"/> STAT serum K+ at least q. 1 hr if urine output >400cc / hr<br><input type="checkbox"/> ABG as needed<br><input type="checkbox"/> Diabetics: STAT Accucheck repeat q. 4 & 8 hrs then q. 8 hrs<br><br><b>LABS , EKG, XRAYS WITHIN EXPECTED LIMITS</b><br><b>DIABETICS : Glucose controlled</b>   |
| <b>Assessment</b>   | <input type="checkbox"/> Nursing-- DA 3888 History and Assessment<br><input type="checkbox"/> Cardiac risk factors with appropriate referrals (smoking cessation, nutrition)<br><input type="checkbox"/> Physician--History and Physical<br><input type="checkbox"/> Advance Directives inquiry<br><input type="checkbox"/> Surgical consent signed/witnessed<br><input type="checkbox"/> Anesthesia—Pre-anesthetic evaluation<br><input type="checkbox"/> Pre-surgical multidisciplinary patient education<br><br><b>ASSESSMENTS COMPLETED PRE-OP PATIENT/FAMILY VERBALIZE MANAGEABLE ANXIETY CARDIAC SURGERY PRE-OP CHECKLIST COMPLETED AND REVIEWED</b> | <input type="checkbox"/> Physical assessment per intra-operative protocol     | <input type="checkbox"/> Hemodynamic monitoring:<br>Swan Ganz, EKG, A-line<br><input type="checkbox"/> Temporary pacemaker available<br><input type="checkbox"/> VS q 15 min X 8, then q 1 hr<br><input type="checkbox"/> Cardiac output:<br><input type="checkbox"/> q ½ hr X 4, then<br><input type="checkbox"/> q 1 hr X 6, then<br><input type="checkbox"/> q 2 hr X 6, then<br><input type="checkbox"/> PRN until SGC dc'd<br><input type="checkbox"/> Pulse oximetry continuous<br><input type="checkbox"/> Systems assessment q shift and PRN<br><input type="checkbox"/> Wound assessment<br><br><b>NORMAL THERMIC</b><br><b>NO EVIDENCE EXCESSIVE BLEEDING</b><br><b>HEMODYNAMICALLY STABLE</b><br><b>ADEQUATE RESPIRATORY</b><br><b>WEANING PERAMETERS</b> |

| Level of Care→            | Pre Operative   | Pre Op->OR  | OR->Extubation  |
|---------------------------|---|---|---|
| Location→                 | CT Clinic/ SSC  | SSC/ OR   | ICU-W   |
| <b>Treatments</b>         | <input type="checkbox"/> Hibiclens shower :<br><input type="checkbox"/> night prior to surgery<br><input type="checkbox"/> morning of surgery<br><br><b>PATIENT VERBALIZES ABILITY TO COMPLETE PRE-OPERATIVE SKIN PREP</b>  | <input type="checkbox"/> Weight recorded: ICU-W and 2S<br><input type="checkbox"/> I & O documented:<br><input type="checkbox"/> Cardiopulmonary Bypass fluids<br><input type="checkbox"/> Anesthesia totals<br><input type="checkbox"/> Surgical bra applied for female patients   | <input type="checkbox"/> Foley cath<br><input type="checkbox"/> Oral/gastric tube to low cont suction<br><input type="checkbox"/> Chest tube to 20 cm suction and care per protocol<br><input type="checkbox"/> I & O q. 1 hr- include urine, chest tubes<br><input type="checkbox"/> Initiate early extubation protocol<br><input type="checkbox"/> Endotracheal suction PRN<br><input type="checkbox"/> O <sub>2</sub><br><input type="checkbox"/> Soft wrist restraints while pt is intubated per protocol<br><input type="checkbox"/> Dressing changes per protocol<br><input type="checkbox"/> Pacer wire care per protocol<br><input type="checkbox"/> Pacemaker standby<br><input type="checkbox"/> Observe for bleeding: CT output, wounds, lab values<br><input type="checkbox"/> Heat lamp/Bear Hugger to core temp 37 <sup>0</sup> C<br><br><b>MINIMAL CHEST TUBE OUTPUT SUCCESSFULLY WEANED FROM VENT</b> |
| <b>Medications</b>        | <input type="checkbox"/> Continue patient's normal medications<br><input type="checkbox"/> Discontinue NSAIDS, ASA, Coumadin per order<br><input type="checkbox"/> Pre-operative medications per anesthesia orders<br><br><b>PATIENT VERBALIZES UNDERSTANDING OF MEDICATION INSTRUCTIONS</b>  | <input type="checkbox"/> Ancef 1 GM IVPB with patient to OR (if PCN allergy, substitute Vancomycin 1 GM IVPB)<br><input type="checkbox"/> For valve pts: Vancomycin 1 GM. IVPB with patient to OR<br><input type="checkbox"/> Pre-op meds per anesthesia orders<br><input type="checkbox"/> Anesthesia per Rapid Extubation protocol          | <input type="checkbox"/> D5NS @ 20cc/hr via cordis<br><input type="checkbox"/> Levophed 4mg/ 250cc D5W o/c<br><input type="checkbox"/> Nitroglycerin 50mg/ 250cc D5W o/c<br><input type="checkbox"/> Sodium Nitroprusside 50mg/250cc D5W o/c<br><input type="checkbox"/> Antibiotic IV per orders<br><input type="checkbox"/> Analgesia IV per orders<br><input type="checkbox"/> Pepcid 20mg IVPB q. 12 hrs<br><input type="checkbox"/> KCL replacement per orders<br><input type="checkbox"/> MgSO <sub>4</sub> replacement per orders<br><input type="checkbox"/> Acetaminophen suppos. for T>38.4C<br><input type="checkbox"/> Plasmanate / Albumin/ Hespan for volume replacement and notify House Officer<br><input type="checkbox"/> Sedation per protocol<br><input type="checkbox"/> Auto transfusion per protocol<br><br><b>MAINTAIN HEMODYNAMIC STABILITY WITH MEDS AS NEEDED</b>                          |
| <b>Diet/ Nutrition</b>    | <input type="checkbox"/> Continue normal diet<br><input type="checkbox"/> NPO AFTER MIDNIGHT _____(date)<br><br><b>PATIENT VERBALIZES UNDERSTANDING OF DIET ORDERS</b>  | <input type="checkbox"/> NPO  | <input type="checkbox"/> NPO<br><input type="checkbox"/> Oral/gastric tube to low suction   |
| <b>Activity</b>           | <input type="checkbox"/> Activity as tolerated /as ordered pre- op<br><br><b>PRE-OP ACTIVITY LEVEL DOCUMENTED</b>   | <input type="checkbox"/> Ambulatory →bedrest  | <input type="checkbox"/> Cardiac position until weaned for extubation<br><br><b>MEETS WEANING PROTOCOL:</b><br><input type="checkbox"/> Hold head up x 5 seconds<br><input type="checkbox"/> Follow simple commands<br><input type="checkbox"/> Move extremities x 4  |
| <b>Education</b>          | <input type="checkbox"/> Advance Directive information provided<br><input type="checkbox"/> Pre-op teaching completed (Surgeon, nursing, Anesthesia, SSC)<br><input type="checkbox"/> Cardiac risk factors discussed<br><input type="checkbox"/> Explain patient calendar/ care pathway<br><br><b>PATIENT/ FAMILY PARTICIPATE IN IDENTIFYING LEARNING NEEDS</b> | <input type="checkbox"/> Surgical consent signed and witnessed<br><input type="checkbox"/> Reinforce pre-op teaching<br><input type="checkbox"/> Initiate Patient Plan<br><input type="checkbox"/> Family OR updates prn per CT Nurse Specialist<br><br><b>PATIENT/HOME CARE PROVIDER VERBALIZE UNDERSTANDING OF POST PROCEDURE CARE PLAN</b> | <input type="checkbox"/> Reinforce teaching<br><input type="checkbox"/> Review patient progress using Patient Plan  |
| <b>Discharge Planning</b> | <input type="checkbox"/> Home care needs assessed: support system, home care provider home care plan<br><input type="checkbox"/> Identify Primary Care Physician- refer to Tricare Service Center for PCM selection<br><br><b>PATIENT/FAMILY PARTICIPATE IN DISCHARGE PLAN</b>  | <input type="checkbox"/> ICU and RT notified of pending patient transfer from OR<br><br><b>ADDITIONAL DISCHARGE PLANNING NEEDS IDENTIFIED</b>   | <input type="checkbox"/> SWS Discharge Planning screening   |

This clinical pathway serves as a guideline. Variations based on the patient's individual needs will be documented in the patient record.

| Level of Care→ | Extubation  | 1 POD  | 2 POD  | 3 POD→Discharge  |
|----------------|---|--|--|--|
| Location→      | ICU-W(→2S)  | (2S)   | 2S   | 2S   |
| Consults       | <input type="checkbox"/> Remove from VSI list   |  |  |  |
| Tests          | <input type="checkbox"/> CBC, Chem 10, a.m. after surgery<br><input type="checkbox"/> PT, PTT if bleeding<br><input type="checkbox"/> Chest Xray, EKG in a.m. and PRN<br><input type="checkbox"/> Diabetics: STAT Accucheck q. 6 hrs until on diet<br><br><b>LABS, EKG, XRAYS WITHIN EXPECTED LIMITS</b><br><b>DIABETICS : Glucose controlled</b>   | <input type="checkbox"/> Chest Xray , EKG in a.m. X 1<br><input type="checkbox"/> Diabetics: Accucheck 30 min before meals and h.s.<br><input type="checkbox"/> Coumadin patients: PT q. a.m.<br><br><b>LABS, EKG, XRAYS, WITHIN EXPECTED LIMITS</b><br><b>DIABETICS : Glucose controlled</b>  | <input type="checkbox"/> Chem 7 in am<br><input type="checkbox"/> Chest Xray, EKG in a.m. and PRN<br><input type="checkbox"/> Diabetics: Accucheck 30 min before meals and h.s.<br><input type="checkbox"/> Coumadin patients: PT q. a.m.<br><br><b>LABS, EKG, XRAYS, WITHIN EXPECTED LIMITS</b><br><b>DIABETICS : Glucose controlled</b>  | <input type="checkbox"/> CBC, Chem 7 third day after transfer to 2S<br><input type="checkbox"/> Diabetics: Accucheck 30 min before meals and h.s.<br><input type="checkbox"/> Coumadin patients—PT q. a.m.<br><br><b>LABS, EKG, XRAYS, WITHIN EXPECTED LIMITS</b><br><b>DIABETICS : Glucose controlled</b>   |
| Assessment     | <input type="checkbox"/> D/C all central lines<br><input type="checkbox"/> VS q. 1 hour<br><input type="checkbox"/> Cardiac monitoring<br><input type="checkbox"/> Pulse oximetry continuous<br><input type="checkbox"/> Systems assessment q. shift and PRN<br><input type="checkbox"/> Pacer wire removal per protocol<br><input type="checkbox"/> Wound assessment<br><br><b>HEMODYNAMICALLY STABLE</b><br><b>MANAGEABLE PAIN/ DISCOMFORT</b>  | <input type="checkbox"/> Cardiac/telemetry monitoring<br><input type="checkbox"/> VS + pulse oximetry q. 4 hrs<br><input type="checkbox"/> Systems assessment q. shift and PRN<br><input type="checkbox"/> Wound assessment  | <input type="checkbox"/> Telemetry monitoring<br><input type="checkbox"/> VS + pulse oximetry q. 4 hrs<br><input type="checkbox"/> Systems assessment q. shift and PRN<br><input type="checkbox"/> Wound assessment  | <input type="checkbox"/> Telemetry monitoring<br><input type="checkbox"/> VS + pulse oximetry q. 4 hrs<br><input type="checkbox"/> Systems assessment q. shift and PRN<br><input type="checkbox"/> Wound assessment<br><br><b>HEMODYNAMICALLY STABLE</b><br><b>NO DYSRHYTHMIAS</b><br><b>AFEBRILE</b><br><b>+ BM</b><br><b>ADEQUATE COMFORT LEVEL WITH ORAL ANALGESIA</b><br><b>ADEQUATE ANTICOAGULATION FOR VALVE PATIENTS</b><br><b>WOUND CLEAN, DRY , INTACT</b>  |
| Treatments     | <input type="checkbox"/> Foley cath until 2200 eve of transfer<br><input type="checkbox"/> Daily weight by 0500<br><input type="checkbox"/> I & O q. 1 hour<br><input type="checkbox"/> CT – D/C as per MD orders<br><input type="checkbox"/> Dressing changes per protocol<br><input type="checkbox"/> Pacer wire removal / care per protocol<br><input type="checkbox"/> Incentive spirometer supervised q. 1 hr while awake<br><input type="checkbox"/> C & DB<br><input type="checkbox"/> O <sub>2</sub> @ 4L/NP. Wean as tolerated to maintain SAO <sub>2</sub> > 90%<br><input type="checkbox"/> Wound care per protocol<br><br><b>MAINTAINS SAO<sub>2</sub> &gt;90% ON NASAL CANNULA</b><br><b>NO EVIDENCE OF BLEEDING S/P PACER WIRE AND CHEST TUBE REMOVAL</b> | <input type="checkbox"/> Daily weight by 0500<br><input type="checkbox"/> Dressing changes per protocol<br><input type="checkbox"/> Foley catheter removed at 2200 hrs<br><input type="checkbox"/> Incentive spirometer q. 1 hr while awake<br><input type="checkbox"/> C & DB<br><input type="checkbox"/> O <sub>2</sub> @ 4L/NP. Wean as tolerated to maintain SAO <sub>2</sub> > 90%<br><input type="checkbox"/> Wound care per protocol<br><br><b>VOIDS QS</b> | <input type="checkbox"/> Daily weight by 0500<br><input type="checkbox"/> Shower daily after CT removed (cover pacer wires)<br><input type="checkbox"/> D/C chest and leg dressing<br><input type="checkbox"/> Paint incisions with Betadine q. day<br><input type="checkbox"/> If wound is draining, continue dressing changes using sterile technique q shift and prn<br><input type="checkbox"/> Replace Foley catheter if no void by 0600 hrs<br><input type="checkbox"/> Incentive spirometer q. 1 hr while awake<br><input type="checkbox"/> C & DB<br><input type="checkbox"/> O <sub>2</sub> @ 4L/NP. Wean as tolerated to maintain SAO <sub>2</sub> > 90%<br><input type="checkbox"/> Wound care per protocol | <input type="checkbox"/> Daily weight by 0500<br><input type="checkbox"/> Shower daily (cover pacer wires)<br><input type="checkbox"/> Paint chest and leg incisions with Betadine q. day<br><input type="checkbox"/> If wound is draining, continue dressing changes using sterile technique q. shift and PRN<br><input type="checkbox"/> Incentive spirometer q. 1 hr while awake<br><input type="checkbox"/> C & DB<br><input type="checkbox"/> O <sub>2</sub> @ 4L/NP. Wean as tolerated to maintain SAO <sub>2</sub> > 90%<br><input type="checkbox"/> Wound care per protocol<br><br><b>WEIGHT = PREOP LEVEL</b><br><b>PATIENT/HOME CARE PROVIDER DEMONSTRATE APPROPRIATE WOUND CARE</b> |

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MADIGAN ARMY MEDICAL CENTER  
TACOMA, WASHINGTON 98431  
CLINICAL PATHWAY

| Level of Care→            | Extubation   | 1 POD   | 3 POD→Discharge   |
|---------------------------|--|---|---|
| Location→                 | ICU-W (→2S)  | (2S)  | 2S  |
| <b>Medications</b>        | <input type="checkbox"/> Hep lock IV for transfer to 2S<br><input type="checkbox"/> No IV drips<br><input type="checkbox"/> Analgesia P.O. per orders<br><input type="checkbox"/> BP and AFIB management per orders<br><input type="checkbox"/> Antibiotics per orders- DC when CT removed<br><input type="checkbox"/> MSO4/ Tylox/ Tylenol #3 for analgesia per orders<br><input type="checkbox"/> ECASA 325 mg P.O. q. day<br><br><b>NO VASOACTIVE DRIPS</b> | <input type="checkbox"/> Enteric coated ASA 325mg P.O. q. day for patients not receiving Coumadin<br><input type="checkbox"/> Tylenol #3/ Tylox 1-2 tabs P.O. q. 4hr PRN pain (with food)<br><input type="checkbox"/> Colace 250mg P.O. BID<br><input type="checkbox"/> MOM 30cc P.O. PRN constipation<br><input type="checkbox"/> Restoril 15mg P.O. PRN sleep -may repeat X 1<br><input type="checkbox"/> Beta Blocker:<br><input type="checkbox"/> Kdur:<br><input type="checkbox"/> Lasix | <input type="checkbox"/> Enteric coated ASA 325mg P.O. q. day for patients not receiving Coumadin<br><input type="checkbox"/> Tylenol #3 /Tylox 1-2 tabs P.O. q. 4hr PRN pain (with food)<br><input type="checkbox"/> Colace 250mg P.O. BID<br><input type="checkbox"/> MOM 30cc P.O. prn constipation<br><input type="checkbox"/> Restoril 15mg P.O. PRN sleep -may repeat X 1<br><input type="checkbox"/> Beta Blocker:<br><input type="checkbox"/> Kdur:<br><input type="checkbox"/> Lasix:<br><br><b>NO MEDICATION ADJUSTMENTS REQUIRED</b><br><b>TAKING MEDICATIONS APPROPRIATE FOR OUTPATIENT SETTING</b> |
| <b>Diet/Nutrition</b>     | <input type="checkbox"/> NPO→advance to ice chips, to<br><input type="checkbox"/> Clear Liquids, to<br><input type="checkbox"/> Post CABG diet as tolerated<br><br><b>CLEAR LIQ DIET TOLERATED</b>   | <input type="checkbox"/> Post CABG diet as tolerated<br><input type="checkbox"/> Attend dietary class on ward<br><br><b>POST CABG DIET TOLERATED</b>  | <input type="checkbox"/> Post CABG diet as tolerated<br><br><b>POST CABG DIET TOLERATED</b>   |
| <b>Activity</b>           | <input type="checkbox"/> OOB to chair<br><input type="checkbox"/> Ambulate PRN<br><input type="checkbox"/> HOB up 30 <sup>0</sup> - advance as tolerated<br><br><b>MAINTAINS STERNAL PRECAUTIONS</b><br><b>TOLERATES ACTIVITY WITH STABLE VS</b>   | <input type="checkbox"/> Stand to weigh<br><input type="checkbox"/> OOB to chair BID<br><input type="checkbox"/> Ambulate with assistance   | <input type="checkbox"/> Supervised ambulation in hallway at least QID<br><br><b>INDEPENDENT /MINIMAL ASSIST FOR ADLs</b><br><b>AMBULATING IN HALLWAYS AD LIB</b>   |
| <b>Education</b>          | <input type="checkbox"/> Reinforce pulmonary toilet, activity, pain management plans   | →   | <input type="checkbox"/> Medications reviewed<br><input type="checkbox"/> Follow-up appointments reviewed<br><input type="checkbox"/> Printed Open Heart discharge instructions reviewed with patient home care provider per CT Nurse Specialist<br><input type="checkbox"/> Wound care instructions reviewed<br><input type="checkbox"/> Multidisciplinary Patient Education Form reviewed<br><br><b>PATIENT/HOME CARE PROVIDER</b><br><b>VERBALIZE UNDERSTANDING OF D/C INSTRUCTIONS</b>  |
| <b>Discharge Planning</b> | <input type="checkbox"/> Ongoing SWS assessment as needed  | <input type="checkbox"/> Ongoing SWS assessment as needed<br><input type="checkbox"/> Physical Therapy/OT per protocol  | <input type="checkbox"/> Ongoing SWS assessment as needed<br><br><b>PATIENT/CARE PROVIDER</b><br><b>VERBALIZE/DEMONSTRATE ABILITY TO PROVIDE CARE AT HOME</b><br><br><b>PATIENT VERBALIZES UNDERSTANDING OF POST OP CLINIC APPOINTMENTS:</b><br><input type="checkbox"/> 5-10 days to Cardio/Thoracic- (scheduled by C/T clinic)<br><input type="checkbox"/> 2-4 weeks to Cardiology- (scheduled by TRAC)<br><input type="checkbox"/> <b>PCM appointment</b> for ongoing health promotion<br><input type="checkbox"/> <b>Specialty clinic appointments</b> as ordered on Multidisciplinary discharge form       |

| Level of Care→                | Post Op Follow Up<br>(5-10 days)   | Post Op Follow Up<br>(2-4 weeks)   | Health Maintenance<br>(ongoing)  |
|-------------------------------|--|--|--|
| Location→                     | Cardio Thoracic Clinic   | Cardiology Clinic  | Primary Care Manager   |
| <b>Consults</b>               | <input type="checkbox"/> Consider consult to Nutrition Clinic<br><input type="checkbox"/> Make referral to outpatient Cardiac Rehab Program when appropriate   | <input type="checkbox"/> Seen by MD who scheduled surgery  |  |
| <b>Tests</b>                  | <input type="checkbox"/> Labs as indicated<br><input type="checkbox"/> Chest x-ray   | <input type="checkbox"/> Echocardiogram-for valve patients<br><input type="checkbox"/> Treadmill scheduled | <input type="checkbox"/> Periodic surveillance for:                            |
| <b>Assessments</b>            | <input type="checkbox"/> Follow up phone consult by Cardio Thoracic Nurse Specialist 2-5 days post discharge<br><input type="checkbox"/> Evaluate understanding of D/C instructions and medications<br><input type="checkbox"/> Assess activity level<br><input type="checkbox"/> Assess wound status and wound care |  |  |
| <b>Treatments</b>             | <input type="checkbox"/> Suture/staple removal if required   |  |  |
| <b>Medications</b>            | <input type="checkbox"/> Review medications  |  |  |
| <b>Diet/<br/>Nutrition</b>    |  |  | <input type="checkbox"/> Periodic surveillance of Heart Healthy eating plan    |
| <b>Activity</b>               | <input type="checkbox"/> Evaluate activity tolerance<br><input type="checkbox"/> Reinforce no driving X 6 wks post op  |  | <input type="checkbox"/> Periodic surveillance of Heart Healthy activity level |
| <b>Education</b>              | <input type="checkbox"/> Reinforce sternal precautions<br><input type="checkbox"/> Review wound care<br><input type="checkbox"/> Review medication instructions  |  |  |
| <b>Discharge<br/>Planning</b> | <input type="checkbox"/> Referred back to Cardiology Clinic  | <input type="checkbox"/> Referred back to PCM for ongoing health promotion and follow up                   |  |

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