Post-admission checklist for Thoracic Patients

Routine tests

These tests are routine investigations. They are NOT the whole plan! (see below)

FBP
U&E - must include K^+ and Mg^{++}
Liver profile
CXR
ECG
Coagulation screen
Xmatch

Plan

Not all patients will need all the following investigations. Some will already have been done. In that case the results and films will need to be obtained.

Treat the main condition

- Surgery planned (which list?).
  - It might sound obvious but, on a surgical ward, **surgery is the main feature of the plan**. Writing down the planned surgery will focus your mind on what investigations need to be requested and what orders are to be written.
- Trauma patients
  - Oxygenation
  - Pain relief
  - Secretion management
  - Chest drains
- Palliative patients
  - What procedure?
  - What support services?
  - What discharge arrangements?
  - What resuscitation?

Surgical/Anaesthetic requirements

- Theatre List
  - Is the patient booked for theatre? If not, why not?
- Stop Aspirin
- Stop Plavix
- Change Warfarin to Heparin
- Hold oral medication for surgical patients, write up IM/IV alternatives.
- IV fluids

Treat co-morbidity

- CKMB/troponin if indicated
- Cultures e.g. sputum
- Continue cardiac medications (do NOT stop B Blockers)
- Diabetics – sliding scale Insulin, Dextrose IV if fasting

Predict and prepare for complications

- Thrombo-prophylaxis
  - Start Clexane (not for pleurectomy)
  - TED stockings and SCD compression device will be provided by the nursing staff
- Sputum retention/pulmonary
  - Change bronchodilators to nebulised preparations
  - Start all smokers and others at risk of respiratory complications on nebulised bronchodilators
  - Extra physio/rehab if necessary
  - Are preop antibiotics needed for chest infection?
- Arrhythmias
  - Correct K^{+} and Mg^{++}
  - May need B blockers etc.

Specific to the working diagnoses

- Cancer patients
  - Histology/Cytology – usually we will not be operating if there is no confirmation of diagnosis. Has it been obtained elsewhere: do we need to obtain tissue? e.g.sputum cytology, FNA bronchial washings
  - MacMillan/Palliative care consult

Oesophageal
- Malignant
  - CT scan
  - Ultrasound abdo
  - PET scan
- Benign
  - pH study
  - Manometry
  - Barium swallow
- If dysphagia - change to clear liquid diet
- Complete dysphagia – nil by mouth, IV fluids, ?TPN

Lung/mediastinal
- CXR
- CT scan
- PET scan
- PFT's
- CPEST (cardiopulmonary exercise stress test)
- Ventilation perfusion lung scan

Other Investigations suggested by differential diagnoses

Discharge planning

Discharge planning should start when the patient is admitted (if not already started at pre-assessment clinic!)
Who is at home?
Will extra home services be needed?
Will they need convalescent care?
Will patient be transferred back to peripheral hospital?