Supplementary Material to “Nursing protocol in transcatheter aortic valve implantation: care guideline”

POST TAVI NURSING CARE PROTOCOL

### VITAL SIGNS ASSESSMENT:
- **Blood Pressure**
- **Heart rate**
- **Respiratory rate**
- **Temperature**

<table>
<thead>
<tr>
<th>1st hour (every 15 min)</th>
<th>2nd hour (every 30 min)</th>
<th>After 2nd hour (Assess every hour)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 hours</td>
<td>15 min</td>
<td>30 min</td>
</tr>
</tbody>
</table>

### NEUROLOGICAL ASSESSMENT:

#### LEVEL OF CONSCIOUSNESS
- Alert
- Sleepy
- Torpor
- Comatose
- Sedated

#### PUPIL ASSESSMENT:
- Reactive
- Isochoric
- Mydriasis
- Myosis
- Normal

#### SUDDEN SIGNS OF STROKE:
- Sudden change in consciousness
- Facial asymmetry
- Changes in speech
- Sensitiveness is preserved?
  - Yes
  - No

#### SLEEP PATTERN: (After first night postoperative)
- Satisfactory in the first 24 hrs.
- Insomnia
- Other changes

#### ASSESSMENT OF RESPIRATORY FUNCTION:
- Eupnea
- Tachypnea
- Bradypnea
- Dyspnea
- Ventilação espontânea;
- Oxigenoterapia L/min: ______
- Máscara de Venturi
- Cateter óculos
- Máscara de Hudson
- Outros
- Mechanical ventilation
  - OTT
  - TQT
  - Mode of Ventilation: ______
  - No. OTT: ______
- No. Lip commissure: ______
- PEEP: ______
- FiO2: ______
- Tidal Volum: ______
- Subglottic aspiration
- Asses Cuff pressure (18 to 22mmHg)
- Raised headboard from 30 to 45 graus
- Thoric drain
  - Type of oscillation: ______
  - Drained volume (every 24hs): ______/______

### ASSESSMENT OF CARDIOLOGICAL FUNCTION:
- Continuous cardiac monitoring
- Presence of disturbances in conduction and/or rhythm?
  - List: ______
- ECG after the procedure?
- ECG every 12 hours
  - 12 hr
  - 24 hr
- Is there pain?
- ECG when in pain
- Cardiac enzymes – Troponin, CK-MB (Monitor every 6 hs)
  - 6hrs
  - 12 hrs
  - 18 hrs
  - 24hrs
- Presence of cardiac arrest after the procedure?
  - Shockable rhythm
  - Non-shockable rhythm
- Use transvenous pacemaker
- Time of connection: ______
- Dependency:
  - Yes
  - No
  - Attempt to mobilize the patient (risk of dislodgement)
<table>
<thead>
<tr>
<th>Assessment of Gastrointestinal Function</th>
<th>Assessment of Renal Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting</td>
<td>Weigh daily</td>
</tr>
<tr>
<td>Diet released</td>
<td>Perform fluid balance</td>
</tr>
<tr>
<td>Oral Liquid</td>
<td>(partial closure every 6 hrs)</td>
</tr>
<tr>
<td>Soft diet</td>
<td>Presence of-way bladder</td>
</tr>
<tr>
<td>Solid</td>
<td>catheter?</td>
</tr>
<tr>
<td>NEC ml/h:____</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Presence of peristalsis? Yes No</td>
<td>Satisfactory urinary output</td>
</tr>
<tr>
<td>Gastric protection? Yes No</td>
<td>(0.5 to 1.0 ml/kg/h)</td>
</tr>
<tr>
<td></td>
<td>Control intravenous infusion</td>
</tr>
<tr>
<td></td>
<td>Monitor signs of kidney</td>
</tr>
<tr>
<td></td>
<td>injury</td>
</tr>
<tr>
<td></td>
<td>Initial values of: Urea:_____</td>
</tr>
<tr>
<td></td>
<td>Creatinine:____</td>
</tr>
<tr>
<td></td>
<td>24 hours after the procedure: Urea:____</td>
</tr>
<tr>
<td></td>
<td>Creatinine:________</td>
</tr>
<tr>
<td></td>
<td>Needs nephroprotection?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEMATOLOGICAL/VASCULAR ASSESSMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical access site: RLL LLL Thoracotomy Sternotomy left subclavian/axillary</td>
</tr>
<tr>
<td>1st hour (every 15 min)</td>
</tr>
<tr>
<td>0 hours</td>
</tr>
<tr>
<td>Presence of hematoma? Yes No – if yes, delineate the extent of the hematoma with a surgical pen.</td>
</tr>
<tr>
<td>Serum hemoglobin values _____, hematocrit _____, and platelets.</td>
</tr>
<tr>
<td>Collection of pre-transfusion samples (in case of anemia or important bleeding during procedure).</td>
</tr>
<tr>
<td>Needed blood transfusion? Yes No No. of bags:____</td>
</tr>
<tr>
<td>Presence of bleeding: oral mucosa urine feces bruises</td>
</tr>
<tr>
<td>Limb extended and rested during 12 hours after the procedure</td>
</tr>
</tbody>
</table>

PAIN ASSESSMENT:

Assess every 4 hours

- Pain? Site: _______ characteristic: _______ Intensity (0 to 10):____ Start:____ Duration:____
- Sudden pain in the following sites: flank, back and groin.____
- Analgesic medication (Reassess after 1 hour) Reassessment.

ADDITIONAL CARE:

- Change decubitus every 2 hours;
- HGT every 4 hours;
- Bed rest in the first 24 to 48 hours;
- Prophylactic antibiotic therapy after 6 hours of arrival at the unit.
- Antiplatelet agent
OBSERVATIONS:

<table>
<thead>
<tr>
<th>Nurse: ________________________________</th>
<th>Date: <strong>/</strong>/____.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>