Cardiac surgery patient

ERAS

Standard anesthesia

Day 0:
- restriction of fasting (the patient receives normal meals on the day before the treatment)
- PreOp 2–3 hours before the procedurę
- administration of PreOp every hour if the operation is delayed,
- no premedication

OPERATING BLOCK
- 30 minutes before the procedure – antibiotic prophylaxis + administration of a proton pump inhibitor
- 500 ml Optilyte for the entire operation

General anesthesia:
- Propofol or etomidate, remifentanil, sevoflurane
- Muscle relaxation – rocuronium about Sevofluran 0.8–1 MAC
- Remifentanil (under the control of blood pressure, heart rate)

Local and ductal anesthesia:
- Injecting the incision site with 1% bupivacaine
- Application of peripheral nerve blocks at the end of the operation
- Paracetamol 1000 mg *i.v.*
- Oxycodone 10 mg *i.v.* while closing the chest
- Ondansetron 8 mg *i.v.* (every 8 hours)
- Dexamethasone 8 mg *i.v.*

ICU:
- 500 ml Optilyte *i.v.*
- Oxycodone (Oxynorm) 20 mg in a PCA pump – 1 mg dose, 5 minutes lock
- analgesic treatment: Paracetamol 1000 mg *i.v.* every 6 hours and Metamizol 2.5 g *i.v.* every 6–8 hours
- Ondasetron 4 mg *i.v.* in case of nausea and vomiting
- the patient remains in bed in a semi-sitting position after being transferred from the operating theater to the post-operative room
- breathing assistance with a respirator immediately after the procedure – SIMV mode
- logical awakening of the patient up to 2 hours after handover from the operation block (the patient responds with a nod, squeezes hands)
- extubation of the patient at the anesthesiologist's request, possible after the awakening
- use of passive oxygen therapy through oxygen whiskers
- monitoring of saturation, ECG, number of breaths, diuresis, body temperature, intensity of pain

Leaving the ICU: on the first day after the surgery

Day 0:
- Morphine (*s.c.*) – the dose depends on the patient's weight
- Dormicum (*p.o.*) – the dose depends on the patient's weight

OPERATING BLOCK
- 30 minutes before the procedure – antibiotic prophylaxis + administration of a proton pump inhibitor
- fluid therapy for the duration of the treatment depends on the patient's condition
- Etomidate
- Rocuronium
- Fentanyl in continuous infusion
- Sevofluran 0.5–1 MAC
- Painkilling: Morphine (according to the patient's body weight) administered during the course of the procedure *i.v.*; Paracetamol 1000 mg *i.v.*

ICU
- Optilyte *i.v.* around the clock
- Morphine 10 mg *i.v.* after transferring the patient from the operating theater, if it was not previously given in the operating theater, immediately before the end of the procedurę
- Painkilling treatment: Morphine *s.c.* temporarily (dose depends on the patient's weight), Paracetamol 1000 mg *i.v.* every 6 hours, Metamizol 2.5 g *i.v.* every 6–8 hours
- Propofol in continuous infusion for the first 2 hours (flow dependent on the patient's weight)
- withdrawal of Propofol after two hours (waiting for a logical awakening of the patient)
- extubating the patient, possible after the logical awakening, ordered by an anesthesiologist
- use of passive oxygen therapy through oxygen whiskers
- monitoring of saturation, ECG, number of breaths, diuresis, body temperature, intensity of pain
- intensive respiratory rehabilitation
- supply of small amounts of fluids (20 ml) orally, 2 hours after extubation of the patient (in case of vomiting, suspension of oral supply for 2 hours)
- the patient stays in bed until the next day

Leaving the ICU: on the second or subsequent day after the surgery