

CARDIAC SURGERY DEPARTMENT

FIC, FAISALABAD

SOP's for Cardiac surgical outdoor facility 2020

1. Cardiac Surgical OPD is the daily routine functionality of FIC from 08:00am to 2:00pm
2. Cardiac surgical patients are divided into two categories:-
 - A. Routine post-operative/Follow up patients.
 - B. Surgical pre-operative evaluation on outdoor basis.

A.

- Post-surgical follow up patients are served on first come first served basis.
- Strict observation of queue with proper distancing is mandatory for all.
- Rule of “no mask no service” is applicable.
- Maximum 50 patients per day will be served on first come first served basis.
- Further patients may be served on need basis or may be deferred for next day.
- Any patient who has no complications will not be served/reviewed before a month.
- The patient will be referred to cardiology department for follow up after 03 months of surgery who have no surgical complications.
- The patient who develops any complication later on will be entertained in surgical OPD and managed accordingly.
- The patients who come to take regular medicine will be served on a separate window.
- The attendant is allowed only with a moribund patient, patient on wheel chair and child.
- There will be daily INR clinic from 8:00AM to 2:00PM.
- After 02:00PM, the INR patients will be guided in cardiac surgery ward by the available duty doctor.
- INR patients will not be served/reviewed in the ICU or in its premises.
- The patients who need INR stabilization will be admitted in cardiac surgery ward and not in the ICU.
- Outdoor patient with mild to moderate infection (Cellulitis etc.) will be admitted in the isolation room in cardiac surgery ward.
- Referral from cardiology department for surgical outdoor consultation will only be through consultant cardiologist.

B.

- Surgical pre-operative evaluation on outdoor basis will be categorized according to international heart failure and angina classifications i.e. CCS (Canadian Cardiovascular Society) and NYHA (New York Heart Association) classifications.
- These subjective classifications will be evaluated objectively as well by performing relevant investigations on outdoor basis.
- Surgical pre-operative evaluation on outdoor basis will also be observed on first come first served basis.
- Maximum 20 patients will be examined daily by the consultant on duty.
- Any further pre-operative surgical evaluation will be done on need basis or may be deferred for next day.
- Surgical Patients served on outdoor basis will be divided into 3 categories according to their CCS/NYHA classifications.
 - a. CCS class IV patients will be referred to emergency and will be operated on emergency basis. The staff in emergency room will be responsible to coordinate with the surgical team regarding patient's progress.
 - b. CCS class III patients will be taken preferentially for surgery from emergency list.
 - c. CCS class I and class II patients will be admitted from elective list.

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SOP's for admission in Cardiac Surgery facility 2020

- All patients will be screened for Covid-19 prior to admission on outdoor basis.
- The rule of social distancing and face mask will be strictly followed during admission.
- Patients with CCS class IV will be admitted in emergency room for management, stabilization and preparation for surgical procedures with the consultation of the surgical team.
- CCS class III patients will be admitted in the cardiac surgery ward on available slots on preferential basis from emergency list.
- CCS class I and class II patients will be the next to come in the elective list of surgical facility.

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SOP's for Intensive Care Unit (ICU) facility of Cardiac Surgery 2020

- Cardiac surgical ICU is a visitor free zone.
- Only one nominated visitor is allowed to visit the patient after extubation.
- The visitors will drop the patient's personnel utilities after extubation with the ICU ward boy at the ICU main gate, and will recollect the utensils/empties etc. from the ICU ward boy at the main gate.
- Patient will be shifted to the cardiac surgery ward when he/she becomes fully stable and mobilized.
- Patient will be discharge from the ward by the operating surgeon when the patient is ready to discharge.
- No infected patient will be admitted in ICU except for extensive debridement under GA.
- No outdoor patients will be served in ICU or in its premises.

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