









Otolaryngology/Head and Neck Surgery CareMap

	Day 0: OR to ICU	Day 1: ICU to 4NE	Day 2: 4NE	Day 3: 4NE	Day 4: 4NE	Day 5: 4NE	Day 6: 4NE	Day 7: Discharge
Care Plan	<input type="checkbox"/> Moved to ICU after surgery <input type="checkbox"/> Breathing tube through nose or mouth <input type="checkbox"/> Drains in place 	<input type="checkbox"/> Stomach feeding tube placed <input type="checkbox"/> Pain under control <input type="checkbox"/> Central line catheter placed <input type="checkbox"/> Off breathing machine <input type="checkbox"/> Out of bed to chair, if able 	<input type="checkbox"/> Feeding begins through stomach tube <input type="checkbox"/> Walk 	<input type="checkbox"/> Continue feeding through stomach tube <input type="checkbox"/> Able to cough out secretions on your own		<input type="checkbox"/> If able to swallow, begin drinking fluids by mouth <input type="checkbox"/> May fit leg boot <input type="checkbox"/> Try climbing stairs with Physical Therapist (PT) 	<input type="checkbox"/> Eat liquid foods <input type="checkbox"/> May fit arm splint <input type="checkbox"/> Discharge transportation planned <input type="checkbox"/> Climb stairs, if able 	<input type="checkbox"/> Ask questions about anything you are not sure about <input type="checkbox"/> All drains and IV lines removed <input type="checkbox"/> Shower, dress in own clothes <input type="checkbox"/> Discharge from the hospital 
		<input type="checkbox"/> Drains suction fluids from surgery site <input type="checkbox"/> Assisted bath 	<input type="checkbox"/> Help with personal hygiene, as able <input type="checkbox"/> Health care team talks with you about discharge		<input type="checkbox"/> Learn about wound care with family member or caregiver there <input type="checkbox"/> Home equipment ordered <input type="checkbox"/> Plan support at home after discharge	<input type="checkbox"/> Review self-care teaching <input type="checkbox"/> Shower		
		<input type="checkbox"/> Move out of ICU to 4-Northeast (4NE) Unit			<input type="checkbox"/> Family Consultation 			
		Every Day During Hospital Stay						
		<input type="checkbox"/> Pressure ulcer prevention						
		<input type="checkbox"/> Wearing sequential compression devices (SCDs)						