











# Percutaneous Mitral Valve Replacement (MitraClip) Procedure CareMap

Your care plan may differ

|                 | Day 0: Day of Procedure  | Day 1  | Day 2: Day of Discharge  |
|-----------------|--|--|--|
| Care Milestones | <input type="checkbox"/> Move to Cardiothoracic Intensive Care Unit (CTICU) after your procedure<br><input type="checkbox"/> Off breathing machine ( <i>ventilator</i> ) | <input type="checkbox"/> Move from CTICU to care unit when a bed is open<br><input type="checkbox"/> Take usual home medicines   | <input type="checkbox"/> Follow-up visits scheduled<br><input type="checkbox"/> Wound is clean and dry                             |
|                 | <input type="checkbox"/> Bed rest  | <input type="checkbox"/> Pain under control<br><input type="checkbox"/> Begin eating, progress diet, as able   | <input type="checkbox"/> Patient and family education on follow-up visits, knowing who and when to call after leaving the hospital |
|                 | <input type="checkbox"/> Out of bed to chair, move in room if blood pressure stable  | <input type="checkbox"/> Close to goal weight<br><input type="checkbox"/> Receive <i>anticoagulation</i> (blood-thinning) plan for discharge   | <input type="checkbox"/> Reach final goal weight<br><input type="checkbox"/> Receive equipment, if needed                          |
|                 | <input type="checkbox"/> Consume ice chips, if able  | <input type="checkbox"/> Learn how to care for wound<br><input type="checkbox"/> Move short distances in hall 3 times a day, going farther each day  | <input type="checkbox"/> Able to move safely within precautions<br><input type="checkbox"/> Shower and dress in own clothes        |
|                 | <input type="checkbox"/> Family consultation with surgeon after your procedure   | <input type="checkbox"/> Shower training with OT<br><input type="checkbox"/> Occupational Therapy (OT) and Physical Therapy (PT) evaluation<br><input type="checkbox"/> Follow OT and PT guidelines for moving and activities of daily living<br><input type="checkbox"/> Discharge date given<br><input type="checkbox"/> Work on discharge goals | <input type="checkbox"/> Discharge from the hospital   |
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