RECOVERY TRACKER

Post-Cardiac Surgery Care

Date: _____
Days Post-Op: _____

Vitals & Pain Management

TIME	BP	HEART RATE	TEMP	PAIN (1-10)	MEDICATION ADMINISTERED

Daily Activity Milestones

Incentive Spirometry (10x/hr)
Sternal Support (Splinting)
Sitting in Chair
Short Hallway Walk
Bowel Movement
Incision Inspection

Fluid Intake & Weight

Morning Weight: _____ Total Fluid Intake: _____

Daily Progress Notes

RED FLAGS: Contact surgical team immediately if experiencing: Shortness of breath, chest pain different from incision pain, weight gain >2lbs in 24hrs, temp >101F, or increased redness/drainage at the incision site.