

## **NURSING CARE PLAN No 7**

Complex Post-Operative Care
Use this careplan for children requiring post-operative care in conjunction with pre& post-operative careplan
Use in conjunction with careplan 1

| Full Name:             |  |  |  |
|------------------------|--|--|--|
| Address: Addressograph |  |  |  |
|                        |  |  |  |
| HCR                    |  |  |  |

| Care Plan <mark>No 7</mark><br>Problem  |   |  |  | sue Date: April 2020<br>eview Date: April 2023      |  |
|---|---|--|--|---|--|
| <ul> <li>Has a</li> <li>Has a</li> <li>Has a</li> <li>Has a</li> <li>gastric dec</li> </ul>                 | woundstomacathetertube for compression / feeding related  | care relating to his/her surgery.     Complications will be detected appropriately |  |   |  |
| No  |   | NTERVENTION  | Commencement,<br>Date, Signature,<br>Time, Grade | Discontinued,<br>Date, time,<br>Signature,<br>Grade |  |
| 1   |   | ion and management and sign only if required)                                      |  |   |  |
| record a • Change   | wound for redness, pain, swelling, hand respond appropriately.  | haemorrhage, excessive ooze. Report  |  |   |  |
| Wound 1 Wound 2   |   |  |  |   |  |
| Wound 3   |   |  |  |   |  |
| 2   | D   | Prain  |  |   |  |
| <ul><li>Observe fo</li><li>Record dra</li><li>Report and</li></ul>  | Minivac □ Penrose □ Che in is free from kinks. or oozing around the site ninage amount, monitoring colour a I record reduction or increase in dra uction to Redivac / Minivac® as req | ainage amount.   |  |   |  |
| 2a  | Ches  | st Drain   |  |   |  |
| <ul> <li>Low pressure</li> <li>Maintain</li> <li>Level of</li> <li>Maintain</li> <li>for irrigat</li> </ul> | on low pressure suction if prescribe water in suction chamber to  | be prescribed in medical note<br>ber at all times, top up with sterile water.      |  |   |  |



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| 3                                     |              |          | Stoma                  | a Care        |             |        |             | Commencement<br>, Date,<br>Signature, Time,<br>Grade | Discontinued,<br>Date, time,<br>Signature,<br>Grade |
|---------------------------------------|--------------|----------|------------------------|---------------|-------------|--------|-------------|--|---|
| Ileostomy                             |              |          |                        |               |             |        |             |  |   |
|                                       |              |          |                        |               |             |        |             |  |   |
| 4                                     |              | Urina    | ry Catheter Care       | 9             |             |        |             |  |   |
|                                       | Dat<br>Inser |          | Size                   |               | sureme      |        | For removal |  |   |
| Urethral                              |              |          |                        |               |             |        |             |  |   |
| Supra-pubi                            | ic           |          |                        |               |             |        |             |  |   |
| Nephroston                            | ny           |          |                        |               |             |        |             |  |   |
| Stent                                 |              |          |                        |               |             |        |             |  |   |
| Mitrofanof Provide cath               |              | per urii | nary Catheter G        | l<br>uideline | es (NPC     | C 201  | 14)         |  |   |
| Specific Care                         |              |          |                        |               |             |        |             |  |   |
| 5                                     |              | (        | Gastric Decomp         | ression       | ı / Feed    | ding   |             |  |   |
| Nasogastric                           |              |          | Size                   |               | Secure with |        |             |  |   |
| Replogle                              |              |          |                        |               |             |        |             |  |   |
| TAT                                   |              |          |                        |               |             |        |             |  |   |
| Gastric Decompression / Feeding Other |              |          |                        |               |             |        |             |  |   |
| - Cu                                  |              |          |                        |               |             |        |             |  |   |
| <ul> <li>Tape sec</li> </ul>          |              | ntain sk | in integrity at all to |               | C guide     | elines | }           |  |   |



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| Specific instructions – Gastric decompression  Record volume, colour, consistency of gastric losses Replace gastric losses as prescribed Signature, Grade Signature, Grade Signature, Grade Signature, Grade Signature, Grade Signature, Time, Grade Signatu | 5                            | Gastric Decompression / Feeding continued     | Commencement , Date, | Discontinued,<br>Date, time, |  |  |  |
|--|------------------------------|---|----------------------|------------------------------|--|--|--|
| Record volume, colour, consistency of gastric losses     Replace gastric losses as prescribed  |                              |   | Signature, Time,     | Signature,                   |  |  |  |
| <ul> <li>Record volume, colour, consistency of gastric losses</li> <li>Replace gastric losses as prescribed</li> </ul>   | 0                            | motions. Ocetain decommendation               | Grade                | Grade                        |  |  |  |
| Replace gastric losses as prescribed   | Specific inst                | Specific instructions – Gastric decompression |                      |                              |  |  |  |
| Replace gastric losses as prescribed   |                              |   |                      |                              |  |  |  |
| Replace gastric losses as prescribed   |                              |   |                      |                              |  |  |  |
| Replace gastric losses as prescribed   |                              |   |                      |                              |  |  |  |
| Replace gastric losses as prescribed   | _                            |   |                      |                              |  |  |  |
|  | <ul> <li>Record v</li> </ul> | olume, colour, consistency of gastric losses  |                      |                              |  |  |  |
|  | <ul> <li>Replace</li> </ul>  |   |                      |                              |  |  |  |
| Specific instructions – reeding  | •                            |   |                      |                              |  |  |  |
|  | Specific mst                 | Specific instructions – Feeding               |                      |                              |  |  |  |
|  |                              |   |                      |                              |  |  |  |
|  |                              |   |                      |                              |  |  |  |
|  |                              |   |                      |                              |  |  |  |
|  |                              |   |                      |                              |  |  |  |

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