Children's Health Ireland at Crumlin

NURSING CARE PLAN No 6

PRE AND POST – OPERATIVE CARE

Please use in conjunction with careplan 1

Full Name: .....

Address: Addressograph

.....

HCR.....

Care Plan No 6 Problem	**PRE AND POST – OPERATIVE CARE Goals**	**Issue Date:** November 2018 **Review Date:** November 2021
..... is going to theatre on ..... for.....	• Pre-operative care - the child / infant and family will be safely prepared for theatre physically and psychologically. • Post-Operative care - The child / infant will have a safe and comfortable recovery post- operatively.	

No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	**Pre-Operative Care**		

• Explain procedure to patient and family. Involve play specialist in the process.
• Discuss with child his/her preferred method of induction if appropriate.
• Discuss any other requests that the parent or child may have in relation to surgery.
• Ensure child has a bath/shower prior to surgery.
  ○ Fast from Milk solids from:.....
  ○ Clear fluids from: .....
• Place fasting sign over bed and explain to parents and child the meaning of same.
• Remove food from child's reach.
• **Specific pre-operative needs** e.g I.V. fluids, bowel preparation, stoma siting, swabs, transfusions etc.
• Complete pre-operative checklist, date and sign, ensure consent is signed. Administer pre-medication and or other medications if prescribed:
.....
.....
• Accompany child/infant and parent safely to theatre
• Child/infant may bring comforter to theatre with him/her		

2	**Post-Operative care**		
• Check that Airway, Breathing, Circulation and Condition are stable prior to safe transfer from theatre to the ward. • Assess and respond promptly to altered respiratory effort, shock and haemorrhage. • Monitor colour, pulse, respirations, blood pressure, oxygen saturations, and temperature as directed by the surgeon / anaesthetist / nursing staff ..... • Report and record any deviations from normal. • When stable monitor observations as condition indicates.		
3	**Wound care**		
• Monitor wound site for redness, pain, ooze, haemorrhage. • Dressing:..... • Change dressing:..... *(for complicated wounds / drains / tubes use careplan number 7)*		
4	**Nausea and vomiting**		
• Observe for nausea / vomiting. • Assess possible cause. • Support child and provide emesis bowl. • Administer anti-emetics and evaluate same. ..... • Record colour, consistency and volume of vomitus in intake/output chart.			

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5	Pain	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
• Assess pain score on return from Theatre. • Utilize non-pharmacological means of pain relief. • Administer analgesia as required and monitor effects of same, report and record. .... • Morphine as per Opioid guidelines *(Prior to leaving Recovery Department ensure Morphine infusion has been prepared correctly and secured in a locked pump)*			
6	**Urinary Output**		
• Monitor / record first void post operatively. • Urinary catheter care as per NPC Guidelines (see care plan number 7)			
7	**Discharge**		
• Discharge criteria is met as per Anaesthetic guidelines OLHSC			

Created by: Nursing Department
Issue Date: November 2018 / Review Date: November 2021