



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 No 7 Problem	Complex Post-Operative care Goal	Issue Date: April 2020 Review Date: April 2023
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<p>.....</p> <ul style="list-style-type: none"> • Has a wound • Has a drain • Has a stoma • Has a catheter • Has a tube for gastric decompression / feeding related to..... 	<ul style="list-style-type: none"> • will receive safe and appropriate care relating to his/her surgery. • Complications will be detected early and managed appropriately
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No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
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1	Nursing Observation and management <i>(Please tick box date and sign only if required)</i>		
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	Wound care <ul style="list-style-type: none"> • Perform hand hygiene as per 5 moments of Hand Hygiene- before and after all care interactions with _____ and his/her parent/guardian. • Confirm positive patient identification prior to performing any nursing care intervention by asking _____ to state his/her full name and date of birth. If _____ cannot reliably confirm his/her name and date of birth, ask the parent/guardian to state their child's full name and date of birth. Confirm that the response received is identical to that on the child's Identification band. • Assess wound for redness, pain, swelling, presence of blood, excessive ooze. Report, record and respond appropriately. • Seek advice of the Tissue Viability Clinical Nurse Specialist as appropriate. • Change wound dressings when clinically indicated. Record name/type of dressing used and update if any changes made. 	<input type="checkbox"/>	
Wound 1			
Wound 2			
Wound 3			

2	Drain		
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	<i>Redivac</i> <input type="checkbox"/> <i>Minivac</i> <input type="checkbox"/> <i>Penrose</i> <input type="checkbox"/> <i>Chest Drain</i> <input type="checkbox"/> <i>Other</i> _____	<input type="checkbox"/>	
	<ul style="list-style-type: none"> • Ensure drain is free from kinks to allow free drainage of fluid. • Observe for oozing around the site • Record drainage volume, monitoring colour and consistency on Fluid Balance Chart. • Report and record reduction or increase in drainage volume. • Maintain suction to Redivac / Minivac® as requested 		



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2a	Chest Drain		
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	<p>Chest Drain</p> <ul style="list-style-type: none"> • Provide care as per guidelines (CHI 2024)) • Ensure chest drain clamps present at the bedside <p>Low pressure suction</p> <ul style="list-style-type: none"> • Allow drainage to flow by gravity or maintain on low pressure suction as prescribed • Level of water in suction chamber to be prescribed by medical team in Healthcare RecordCms of H₂O • Maintain this level of water in suction chamber at all times, top up with sterile water for irrigation as required to keep water at prescribed level. • Ensure gentle bubbling in suction chamber only 	<input type="checkbox"/>	
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3	Stoma Care		
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	<p>Ileostomy <input type="checkbox"/> Colostomy <input type="checkbox"/> Vesicostomy <input type="checkbox"/> Angiotensin-converting enzyme <input type="checkbox"/> Other _____</p> <ul style="list-style-type: none"> • Observe stoma site for colour and size • Observe skin colour and integrity around stoma site • Observe and record stoma output - volume, frequency and consistency on Fluid Balance Chart. • Record and report any abnormalities promptly • Contact Stoma Care Clinical Nurse Specialist (CNS) regarding child/parent education. <i>(Cont. next page)</i> <p>Stoma (continued)</p> <p>Appliance</p> <p>Specific Instructions</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
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4	Urinary Catheter Care		
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	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 15%;"></th> <th style="width: 15%;">Date Inserted</th> <th style="width: 15%;">Size</th> <th style="width: 15%;">Measurement at skin level</th> <th style="width: 15%;">For removal</th> </tr> </thead> <tbody> <tr style="background-color: #fff2cc;"> <td>Urethral</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #fff2cc;"> <td>Supra-pubic</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #fff2cc;"> <td>Nephrostomy</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #fff2cc;"> <td>Stent</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #fff2cc;"> <td>Mitrofanoff</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Provide catheter care as per urinary Catheter Guidelines (CHI) Complete Care bundle as per Care bundle Guidelines – (CHI)</p> <p>Specific Care</p> <p>.....</p> <p>.....</p> <p>.....</p>		Date Inserted	Size	Measurement at skin level	For removal	Urethral					Supra-pubic					Nephrostomy					Stent					Mitrofanoff					<input type="checkbox"/>		
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5	Gastric Decompression / Feeding			
	Size	Secure with	<input type="checkbox"/>	
Nasogastric				
Dual flow				
Trans Anastomosis Tube				
Gastric Decompression / Feeding				
Other				
<ul style="list-style-type: none"> Ensure tube is free of kinks to allow adequate drainage. Tape securely but maintain skin integrity at all times. Aspirate and test to ensure correct position as per CHI Nasogastric tube guidelines 2023 				

5	Gastric Decompression / Feeding continued.....	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
Specific instructions – Gastric decompression <ul style="list-style-type: none"> Record volume, colour, consistency of gastric losses on Fluid Balance Chart Replace gastric losses as prescribed and record appropriately. 			
Specific instructions – Feeding			

Created by: The Nursing Department
 Issue Date: April 2020 / Review Date: April 2023 / Reviewed: December 2023