



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: December 2023 Review Date: December 2026
..... is going to theatre on for.....	<ul style="list-style-type: none"> • 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		
	<ul style="list-style-type: none"> • 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. • Perform hand hygiene before and after all care interactions with _____ and his/her parent/guardian. • Explain procedure to _____ and family. Involve play specialist in the process. • Discuss with _____ his/her preferred method of induction if appropriate. • Discuss any other requests that the parent or _____ may have in relation to surgery. • Ensure _____ has a bath/shower prior to surgery. • Fast from: • <li style="padding-left: 20px;">○ Cow's milk and solid food from: _____ <li style="padding-left: 20px;">○ Breastmilk from: _____ <li style="padding-left: 20px;">○ Clear fluids from: _____ <li style="padding-left: 20px;">○ • Place fasting sign over bed and explain to parents and _____ the reason for same. • Remove food from child's sight and reach. • Specific pre-operative needs e.g I.V. fluids, bowel preparation, stoma siting, swabs, blood tests, transfusions etc. • Complete pre-operative checklist, date and sign, ensure consent is signed. Administer pre-medication and or other medications if prescribed: • Accompany _____ and parent safely to theatre • _____ may bring comforter to theatre with him/her 		



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2	Post-Operative care		
	<ul style="list-style-type: none"> 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. Perform hand hygiene before and after all care interactions with _____ and his/her parent/guardian. 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 and record colour, pulse, respirations, blood pressure, oxygen saturations, and temperature on the age-appropriate PEWS chart as indicated. Report and record any deviations from normal. When stable monitor and record observations as condition indicates as per PEWS guidelines. 		
3	Wound care		
	<ul style="list-style-type: none"> Monitor and record wound site for redness, pain, ooze, haemorrhage. Dressing:..... Change dressing:..... <i>(for complicated wounds / drains / tubes use care plan number 7 for Complex Post-operative Care)</i> 		
4	Nausea and vomiting		
	<ul style="list-style-type: none"> Observe for nausea / vomiting. Measure and record colour, consistency and volume of any vomitus in intake/output chart. Assess possible cause. Support child and provide emesis bowl. Administer anti-emetics and evaluate effectiveness of same. 		
5	Pain	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> Assess and record pain score on return from Theatre. Administer analgesia as required and monitor effects of same, report and record. <p>.....</p> <p>.....</p> <p>.....</p> <ul style="list-style-type: none"> Include the use of non-pharmacological means of pain relief. Administer Morphine as per Opioid guidelines as prescribed. <p><i>(Prior to leaving Recovery Department ensure Morphine infusion has been prepared correctly and secured in a locked pump)</i></p> <p>.....</p> <p>.....</p>		



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6	Urinary Output		
<ul style="list-style-type: none">• Monitor / record first void post operatively.• Continue to monitor and record urinary output as condition indicates.• Urinary catheter care as per NPC Guidelines (see care plan number 7)			
7	Discharge		
<ul style="list-style-type: none">• Discharge criteria is met as per Anaesthetic guidelines			

Created by: Nursing Department
Issue Date: November 2018 / Review Date: December 2023