

OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN
NURSING CARE PLAN 7
COMPLEX POST-OPERATIVE CARE



(Use this care plan for children requiring complex post-operative care in conjunction with pre and post operative care plan)

| Care plan 7 Problem | | Complex post-operative care Goal | Issue date: January 2012 Review date: January 2015 |
|---|-----------------------------|---|---|
| <p>..... Has a wound Has adrain Has astoma Has acatheter Has atube for gastric decompression/feeding related to</p> | | <p>..... will receive safe and appropriate care relating to his/her surgery. Complications will be detected early and managed appropriately.</p> | |
| Commenced date, time, signature & grade | Nursing Intervention | | Discontinued date, time, signature & grade |
| Nursing Observation and management <i>(Please tick box date and sign only if required)</i> | | | |
| <input type="checkbox"/> | 1 | <p>Wound care</p> <ul style="list-style-type: none"> Assess wound for redness, pain, swelling, haemorrhage, excessive ooze. Report, record and respond appropriately. Change wound dressings when clinically indicated. Please record name of dressing used and update if any changes made. <p>Wound 1</p> <p>Wound 2</p> <p>Wound 3</p> | |
| <input type="checkbox"/> | 2 | <p>Drain</p> <p>Redivac_ Minivac_ Penrose_ Chest drain_ Other _____</p> <ul style="list-style-type: none"> Ensure drain is free from kinks. Observe for oozing around the site Record drainage amount, monitoring colour and consistency. Report and record reduction or increase in drainage amount. Maintain suction to Redivac/Minivac® as requested | |
| <input type="checkbox"/> | | <p>Chest drain</p> <p>Provide care as per chest drain guidelines (NPC 2010)</p> <p>Low pressure suction:</p> <ul style="list-style-type: none"> Maintain on low pressure suction if prescribed Level of water in chamber to be prescribed in medical notes Maintain this level at all times | |
| <input type="checkbox"/> | 3 | <p>Stoma care</p> <p>Ileostomy_ Colostomy_ Vesicostomy_ ACE_ Other _____</p> <ul style="list-style-type: none"> Observe stoma colour and size Observe skin colour around stoma Observe and record stoma output - volume, frequency and consistency. Record and report any abnormalities promptly Contact stoma nurse regarding child/parent education. <i>(Cont. next page)</i> <p>Stoma (continued)</p> | |

Issued 2008
Reviewed January 2012

Patient name.....
HCRN.....
Ward.....

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| | | | | | | | |
|--------------------------|----------|---|----------------------|-----------------|----------------------------------|--|--------------|
| | | Appliance Specific Instructions | | | | | |
| | 4 | Urinary catheter care | | | | | |
| <input type="checkbox"/> | | | Date inserted | Size | Measurement at skin level | For removal | |
| | | Urethral | | | | | |
| | | Supra-pubic | | | | | |
| | | Nephrostomy | | | | | |
| | | Stent | | | | | |
| | | Mitrofanoff | | | | | |
| | | <ul style="list-style-type: none"> ▪ Provide catheter care as per urinary catheter guidelines (NPC 2009) | | | | | |
| | | <ul style="list-style-type: none"> ▪ Specific care | | | | | |
| | 5 | Gastric decompression/feeding | | | | | |
| <input type="checkbox"/> | | | Naso-gastric | Replogle | TAT | Gastrostomy e.g. PEG/MicKey/Foley | Other |
| | | Size | | | | | |
| | | Secure with | | | | | |
| | | <ul style="list-style-type: none"> ▪ Ensure tube is free of kinks. ▪ Tape securely, but maintain skin integrity at all times. ▪ Aspirate and test to ensure correct position as per NPC guidelines (2011) | | | | | |
| | | Specific instructions – Gastric decompression <ul style="list-style-type: none"> ▪ Record volume, colour, consistency of gastric losses ▪ Replace gastric losses as prescribed | | | | | |
| | | Specific instructions – Feeding | | | | | |

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