POST-OPERATIVE MANAGEMENT

PURPOSE: To outline the management of patients during the initial post-operative period.

SUPPORTIVE DATA: All patients require specialty monitoring called "post anesthesia recovery" after receiving anesthesia in the operating room (OR). Most patients are fully recovered from anesthesia in the Post Anesthesia Care Unit (PACU) prior to transfer to general care areas for post-operative management. ICUs and specified areas receive patients directly from the OR and recover their own patients.

Post-operative complications are related to a combination of patient and treatment factors. Patient demographics (e.g. age, severity of illness/injury and health status) and treatment factors (e.g. type of anesthesia, length of surgery, type of surgery) influence the duration of monitoring during the post-anesthesia and post-operative period.

Implement this standard for 24 hours on all post-operative patients. All provider orders must be rewritten or reconciled postoperatively.

PRIOR TO ARRIVAL:

1. Validate with OR/PACU personnel during report:
   - Patient's name, age and MRN
   - Allergies
   - Diagnosis/procedure
   - Medications used (e.g. analgesics, paralytics)
   - Type of anesthesia used
   - Patient's condition (e.g. vital signs, level of consciousness)
   - Time last analgesic was administered
   - Blood transfusions given in the OR/ Estimated Blood Loss (EBL)
   - Urine output (UOP) in PACU/OR
   - Intravenous (IV) fluid/medications/equipment needed to deliver post-operative care including but not limited to:
     - Oxygen delivery system
     - Continuous infusion medications, dose, and rate
     - Warm blanket
     - Ventilator (ICU only)
   - Special precautions (e.g. C-spine, isolation)
   - Type and location of lines and drains
   - Significant/unusual intra-operative events
   - Estimated time of arrival to Acute Care Unit / ICU

2. Validate readiness of the following as indicated:
   - Bed
   - Equipment including but not limited to:
     - Oxygen
     - Continuous/Intermittent Suction
     - Pulse Oximeter
     - IV/Patient Controlled Analgesia pump(s)
     - Wound Vacuum Assisted Closure (VAC) Therapy
     - Sequential Compression Device
     - Cardiac monitor (areas recovering their own patients only)
     - Ventilator (ICU only)

UPON ARRIVAL:

3. Assess vital signs and pain score upon arrival and:
   - Acute Care Units: Per unit standards unless otherwise specified by provider
   - ICUs and areas recovering their own patients:

- Every 15 minutes for the first hour and continue every 15 minutes until stable, then
- Every hour times one, then
- A minimum of every 2 hours

4. Assess the following upon arrival and per unit standards or as clinically indicated thereafter:
   - All body systems
   - Surgical incision/wound
   - Tubes/drains
   - For pressure injuries
5. Assess pressure injury risk and falls risk upon arrival.
6. Review Operating Room/PACU record for the following:
   - Vital signs
   - Medications received
   - IV fluids infused and amount
   - Estimated blood loss
   - Significant/unusual events (e.g. vomiting)
   - UOP
7. Review post-operative provider orders.
8. Measure intake and output (I&O) a minimum of:
   - Acute care units: every 8 hour
   - ICUs, Pediatrics: every hour
8. Maintain NPO status as ordered.

PULMONARY HYGIENE:

9. Assist or instruct patient to perform pulmonary hygiene every hour while awake. Pulmonary hygiene may include:
   - Turning
   - Coughing
   - Deep breathing
   - Incentive spirometry

ACTIVITY:

10. Instruct patients (age appropriate) to perform active/passive range of motion (ROM) exercises every 4 hours while on bedrest.
11. Progress activity as ordered.

ANTI-EMBOLIC THERAPY:

12. Apply anti-embolic stockings, sequential compression device, or administer anticoagulant as ordered.

REPORTABLE CONDITIONS:

13. Notify the provider immediately for:
    - Signs of hypovolemia:
      - Hypotension
      - Tachycardia
      - Decreasing urine output:
        Adults: Less than 0.5 mL/kg/hr or less than 30 mL/hr
        Peds: Less than 1 mL/kg/hr
        NICU: Less than 2 mL/kg/hr
    - Altered temperature
    - Change in LOC from baseline
    - Signs of pulmonary complications:
      - Adventitious breath sounds
      - Productive cough
      - Dyspnea
      - Oxygen saturation less than 95% or significant change from baseline
    - Signs/symptoms of gastrointestinal complications:
      - Abdominal pain
      - Vomiting

- Excessive nasogastric tube output
- Increased abdominal distention/ tightness
- New or increased bleeding
- Severe or uncontrolled pain

PATIENT/FAMILY TEACHING:

14. Instruct on the following:
    - To inform nurse of
      - Pain
      - Need for assistance with positioning
    - Pulmonary hygiene techniques
    - Purpose of tubes, drains, other medical devices and the importance of not manipulating them
    - Expected time frame for activities (e.g. ambulation, diet, ROM)

ADDITIONAL STANDARDS:

15. Refer to the following as indicated:
    - Artificial Airway - ICU
    - Chest Tube
    - Epidural Catheter – Continuous Infusion (ICU)
    - Falls/Injury Prevention
    - Indwelling Bladder Catheter
    - Intravenous Therapy
    - Mechanical Ventilation
    - Oxygen Therapy
    - Pain Management
    - Patient Controlled Analgesia (PCA)
    - Non-opioid Management System
    - Wound Management/ Vacuum Assisted Closure (VAC) Therapy

COLLABORATION:

16. Collaborate with the following disciplines as indicated:
    - Child Life for children
    - Department of Pastoral Care
    - Wound Consultant/ Skin Care Resource Nurse
    - Food & Nutrition Services
    - Pain Management Service
    - Physical/Occupational Therapy
    - Respiratory Care

17. Collaborate with physician regarding:
    - Continuing/discontinuing therapeutic devices
    - Progression of activity
    - Dressing changes/dressing reinforcement

SAFETY:

18. Elevate head of bed as indicated per provider order.

DOCUMENTATION:

19. Document in accordance with documentation standards.

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