**Alka Hospital Pvt.Ltd**

**Alka Institute Of Medical Sciences(AIMS)**

**Hattiban, Lalitpur**

**In-service Education on:-**

**Pre-operative and post-operative care**

**Submitted to:-**

PBBN 2nd year faculty

**Submitted by:-**

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**Acknowledgement**

It’s our pleasure to express our thanks to all concerned people who had helped and provided valuable and fruitful suggestions and guidance to make success in this in-service education package development.

We consider ourselves as a very lucky individual as we were provided with an opportunity to be the part of in-service education package development. This in-service education package development opportunity was a great chance for learning and professional development.

First of all, we would like to express our sincere gratitude to Purbanchal University for providing us this opportunity through our curriculum. We would like express our gratitude to our PBBN 2nd year co-ordinator and subject teacher(Educational science) madam Mrs Deo kumari Rai,our faculty teachers Mrs Manjula Khatri madam and Mrs Sarita Maharjan madam for their precious supervision ,guidance, knowledge, encouragement and support which was extremely valuable for this in-service package development.

Similarly, we would like to express our gratefulness towards Alka Hospital Pvt.Ltd. for providing us practical field and we would also like to thank staff of Alka Hospital Pvt. Ltd for their kind co-operation. We express our sincere gratitude to Alka Institute Of Medical Sciences(AIMS) college for providing us the great opportunity to develop this package.

We would like to thanks to PCL faculty for the encouragement, support and co-operation for the completion of this package, which could not have been possible without their participation, assistance, and support.

Finally we would also like to extend our bundle of thanks to senior, junior and friends for sharing ideas during this in-service education package development. We perceive this opportunity as a big milestone in our in-service package development as well as career development and we will continue to work on our improvements in order to attain desired package development objectives.

Thanking- You!

Table of Content

|  |  |  |
| --- | --- | --- |
| S.N. | Contents | Page. No |
| 1. | Background | 4 |
| 2. | Objectives   * General Objectives * Specific Objectives | 6 |
| 3. | Teaching/Learning activities | 7 |
| 4. | Learner level | 8 |
| 5. | No. of participants | 8 |
| 6. | Date time and venue | 8 |
| 7. | Rationale for topic selection | 9 |
| 8. | Pre preparation plan for in-service education | 10 |
| 9. | Content   * Definition of pre-operative care * Purposes of pre-operative care * Principles of pre-operative care * Steps of pre-operative care * Definition of post-operative care * Purposes of post-operative care * Principles of post-operative care * Steps of post-operative care | 11-20 |
| 10. | References | 21 |
| 11. | Evaluation | 22 |
| 12. | Budgeting | 23 |
| 13. | Pre/post-test format | 25-27 |
| 14. | Program schedule | 28 |

Background

In-service education package report on Pre and post- operative nursing care is prepared as a partial fulfillment of bachelor of nursing curriculum 2nd year, Purbanchal University. It aims to enable PBBN students to get knowledge and skills for the development of in-service education package in different topics.

As per the objectives of the curriculum we have been posted to Alka I, Block E. During this clinical exposure, we assisted nursing staffs of the hospital in regular basis and we had to identify appropriate topic needed for in-service education.

So, we selected the topic “Pre and post –operative care” for in-service education because we must provide appropriate nursing care before and after surgery to prevent any complications during and after surgery. So that, appropriate and repeated clinical monitoring are required regularly to recognized any sign of complications of patients. We selected this topic because we found several mistakes of staffs while performing pre and post- operative nursing care like while providing initial pre- operative care, shifting patient to operative room, receiving patient from operative room, providing care to patient during post- operative period etc.

So, with the great interest we team member have selected this topic for in-service education. From this topic we get opportunity as a big milestone in our in-service package as well as career development and also gained skills and knowledge in the best possible way.

**Objectives**

**General objectives:**

At the end of the session participants will be able to develop professional skills, knowledge, practiced and confidence while providing pre-operative and post-operative nursing care.

**Specific objectives:**

At the end of the session participants will be able to:

* Define pre-operative nursing care.
* State purpose of pre-operative nursing care.
* State the principles of pre-operative nursing care.
* List the articles required for pre-operative care.
* State the steps of the pre-operative nursing care.
* Define post-operative nursing care.
* State purpose of post-operative nursing care.
* State the principles of post-operative nursing care.
* List the articles required for post-operative care.
* State the post-operative nursing care.

3. Teaching/Learning activities:-

On 2077/ 05/ 29 at 1:00pm we had planned to give in-service education on the topic “Pre and post-operative nursing care” at Alka hospital I (meeting hall).

We had prepared the content according to topic and team members started to explain delegated topic on essential order.

We used different teaching learning method and media such as:-

**T/L method**:-

* Brain storming
* Lecture
* Questionnaire
* Discussion

**T/L media**:-

* Chart paper
* Real articles
* Meta cards
* Power points

Learner level

All the participants are nurses; staffs of Block-E (PCL nursing).

No. of participants:-

There will be about 20 participants in in-service education.

**6. Date, Time and venue:-**

**Date**:-2077/05/29

**Time**:-12:00 MD

**Venue**: Alka Hospital Pvt. Ltd

Alka Hospital (meeting hall)

**Rationale for topic selection**

During our 3 weeks of posting at Alka Hospital; Block E. We had to identify the need for in-service education so, we selected the topic “Pre-operative and post-operative nursing care”. We selected this topic for in-service education because during our posting, we found some mistakes of the staffs while shifting patient to the operation theatre and while receiving the patient from operation theatre. And also while providing initial pre-operative (for example: patient’s teaching about surgery, pre-operative care and counselling etc) and post-operative care(for example: frequently monitoring of patient) as well.

**Pre in-service preparation**

3 weeks of practicum was done at Alka Hospital I, Block-E. Need and topic selection was done during first week. The topic we selected was “Pre-operative and Post-operative nursing care’”.

Authority was taken from teacher and staffs of hospital for topic selection. Content preparation was done according to the topic and slide preparation was done for the presentation. Work and topic delegation was done between team members and content was prepared accordingly.

Invitation letters was made and distributed to all the invitees. Arrangements of meeting hall and inventories was done for the program conduct.

**Pre-operative nursing care**

**Introduction:-**

The preoperative care covers the whole care of patient/client before undergoing surgery/any surgical procedures.

It is the care given to the patient is shifted onto the operation theater or it begins at the time of decision for surgery.

**Purposes:-**

* To prepare the patient psychologically and physically for anesthesia and surgery.
* To help the patient feel comfortable and relaxed about the surgery.
* To prevent post-operative complications.
* To teach the patient about health exercises they may need to after surgery.

**Principles:-**

* Preoperative preparation of the patient.
* System approach to preoperative evaluation.
* Preoperative checklist.

**Preoperative procedure during posting**

**General required articles**

1. Vital tray
2. Medication tray
3. Patients chart including all required and necessary documents
4. Kidney tray
5. Shaving set
6. Brush/comb
7. Clean cotton gown
8. Preoperative checklist
9. Preoperative consent form and other admission form
10. Antiseptic solution

**Steps:-**

1. **Psychological preparation**

* Admit the patient with warm welcome with maintaining the good IPR.
* Explain routine preparation measures and operation procedures.
* Avoid too many visitors which may interfere with the patient getting adequate rest.

1. **Get the consent signed by the patient or the responsible relatives for under aged patient/who need supervisions/unconscious patient.**
2. **Physiological preparation**

* History taking
* Physical examination
* Laboratory test
* ECG /X-ray/USG

1. **Physical preparation**

* Prepare the operating part by shaving the area or trimming the hair.
* Carried out pre-medication as per instructed.
* Empty the bowel and bladder before operation.
* Give the diet as per order(keeping in NPO after midnight)
* Removing all the jewelry/nail polish, any artificial teeth, prosthesis, contact lens etc.
* Carry out special order such as inserting Ryle’s tube, catheterization, IV line etc.
* Change the loose and clean gown.
* Fill out the preoperative check list and tick mark the tasks performed for the patient.
* Proper and well attachments of patient’s chart, operation chart/x-ray/ECG, lab investigations/drugs and proper handover and takeover to OT nurse.

1. **Record and report**

* Departure of the patient’s time, medication given, note if the patients belonging are handed over the patients relatives.

**Essential/critical points before procedure:-**

1. Pre-operative health teaching example: post-operative diet, exercises etc.
2. Assessment of physical and mental status

* Health history includes past and present history of the patient and family, level of education.
* Economic condition, drug or other substances, allergies, chief complain, previous hospitalization and operation.

1. check whether the signed operative permit is attached to the chart when the patient goes to the operating room

Post-operative care

**Introduction:-**

The care given to the patient from the operation is completed to the patient discharged from the hospital. It includes a series of activities carried out by skilled nurses and doctors in order to improve the well-being of the patient following the surgical operation. The post-operative cares are provided in the recovery room, post-operative ward and surgical ward.

**Purposes**

* To help the patient to return to normal functioning as quickly, safely and comfortably.
* To provide comfort and maintain safety to the patient.
* To prevent post-operative complications.
* To detect and manage post-operative complications.
* To maintain fluid and electrolyte balance and nutritional status of the patient.

**Principles**

* Correct any abnormalities
* Provide quality care services
* Replace any abnormal and ongoing losses

**Articles required for post-operative care:-**

* Post-operative bed with mackintosh
* Oxygen cylinder, connection tube, humidifier
* Suction apparatus
* Vital sign tray
* Intravenous stand
* Mouth gag
* A covered container with bowel, gauze, cotton ball, airway, tongue depressor and torch light
* Bed elevator. Side rails
* Emergency box with drugs
* Intake output chart
* Dressing set

**Care in recovery room:-**

It is the given in the recovery room which should be located inside the operating room and should be equipped with necessary articles needed to deal with post anesthesia or postoperative emergencies. The patient is kept in the recovery room unit he/she returns back to the consciousness from the anesthesia.

The recovery nurses should assess the following area in immediate post-operative period:-

* **Respiration:-**
* Monitor respiration rate and depth
* Check airway patency
* Inspect skin color
* Observe symmetry of chest expansion
* **Cardiac**
* Monitor BP
* Monitor pulse rate and rhythm
* **Neurological assessments:-**
* Monitor muscles strength, sensory, motor ability
* Check the level of consciousness
* Reflexes
* **Dressing:-**
* Monitor for drainage.
* Observe for hemorrhage and hematoma formation.
* Assess the both subjective and objective manifestation for pain.
* Receive the patient gently lifting from the trolley to the bed. Avoid unnecessary exposure.
* Place proper position of the patient on the bed. Unless contraindicated the patient is kept in the lateral position with the back, abdomen and extremities well supported; if the patient is in the supine position; patients head should be turned slightly to the side position to prevent from tongue falling back into throat and aspiration of saliva and vomiting.
* Maintain an open airway. Suction secretion from throat when necessary. Watch for any sign of respiratory distress.
* Attached supportive equipment such as oxygen, suction, intravenous infusion, drainage tube etc.

* **Assess the patient’s condition:-**
* Assess the level of consciousness every 15 minutes.
* Check vital sings every 15 minutes during 1st hour then every hour until the patient’s general condition normalized.
* Observe the leakage from the operation site.
* Observe the ski color.
* Keep the airway as needed to prevent tongue fall.
* Check patency and function of drainage.
* Observe for post-operative complications
* Carry out the doctor’s order immediately.
* Check Intravenous infusion rate frequently. Plan intra venous fluids for 24 hours according to order.
* Prevent patient for falling out from bed by the use of side rails.
* Maintain accurate intake and output record.
* Avoid noise and bright light. Light source should be behind the head of the patient.
* Post-operative analgesia, sedatives should be given according to doctor’s order and the patients need.
* Never leave the patient alone until full conscious and side rails must be up.
* Transfers the patient to the post-operative ward after 1-2 hours once patient’s condition is normalized and hand over to post-operative ward sisters.

**Nursing management in post-operative ward**

* Receive the patient in a warm comfortable bed.
* Position the patient in supine position with face turned to one side.
* Attach the supportive equipment such as oxygen, suction, intra venous infusion, catheter etc.
* Check the level of consciousness and orientation to time, place and person. Assess ability to move extremities.
* Assess vital sings every half an hourly, 2-4 hours depending upon the improvement in the condition of the patient then every 4 hourly.
* Check intra venous infusion and maintain the rate of the infusion.
* Provide medicine according to doctor’s instructions and record in an appropriate place.
* Avoid noise and bright light in the ward.
* Check patency and function of drainage (if present).
* Maintain intake and output.
* Assessment of the surgical site for hemorrhage or any other bleedings.
* Blood transfusion if necessary.
* Relieving pain and anxiety by opioids analgesics and NSAIDS and provide psychological support.
* Observe for post-operative complications such as: nausea, vomiting, bleeding from wound site etc.
* Maintain personal hygiene example: mouth care, dressing, grooming, back care etc.
* Change position every 2 hourly.
* Encourage deep breathing and coughing exercise to prevent from respiratory complications.
* Ambulation on the first post-operative day.
* Check bowel and bladder habit.
* Attend the doctor’s round and carryout all the instructions.
* Maintain sterile technique while open the incision wound and dressing.
* Maintain nutritional status.
* Keep all records in the patients file.

References

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Subedi, Pradhanang& Shrestha,H(2010). “A Hand Book of Fundamental of Nursing”. (1st ed).“Makalu Publication House”. Dillibazar, Kathmandu. page no:250-258.

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**Evaluation**

Evaluation was done by pre-test and post-test method. The answer given by participants was compared before and after the content presentation.

The result of pre-test and post-test was satisfactory. Among 20 participants, 10 participants scored 7/10, 5 participants scored 6/10, 5 participants score 5/10 in pre-test.

In post-test 14 participants score 10/10, 4 participants scored 9/10, 2 participants scored 8/10.

According to result, we can see that this in-service education was effective. The staffs were co-operative throughout the program. The participants expressed gratitude and provided positive feedback. They were grateful towards us for reminding the importance of documentation in nursing profession.

Overall the in-service education program was successfully completed.

**Budgeting**

We have estimated the budgeting for in-service education. The budgeting are as follows.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.N** | **Items** | **Description** | **Quantity** | **Rate** | **Total** |
| 1 | Stationary | * Pen * Marker * Chart paper * Meta cards * Pencil * Eraser * Sharpner * Scale * Colorful pen * Envelop | 10  5  10  15  2  2  1  2  10  10 | 5  30  15  3  10  5  5  10  5  5 | 50  150  150  45  20  10  5  20  50  50 |
| 2 | MCQ questions  (pre/post) | * Printing | 40 | 15 | 600 |
| 3 | Content | * Printing | 30 | 15 | 450 |
| 4 | Tea break | * Milk tea * Black tea * Cookies | 25  10  5 | 20  10  50 | 500  100  250 |
| 5 |  | Total |  |  | 2450 |

**Invitation letter**

To,

**…………………………**

**………………………...**

**Invitation for in-service education on “Pre-operative and Post-operative Nursing Care”**

Respected Sir/Madam,

We, the student of PBBN 2nd year, have planned an in-service education program on “Pre-operative and Post-operative Nursing Care”.

We have found needed topic for staff nurses. We have planned in-service education program for20 staffs of Alka Hospital.

Here is the detail of the program:-

Date:-2077/05/29

Time:- 12MD

Duration:-4 hours

Venue:- Alka Hospital I(meeting hall)

We cordially invite you to attend in-service education. Your presence will be appreciated.

Thank you !!

Alka Hospital Pvt. Ltd

Alka Institute Of Medical Sciences (AIMS)

Hattiban; Lalitpur

Subject: in-service education on pre-operative and post-operative nursing care

Pre/Post-test:

Code:

Tick the correct answer

1. Pre-operative care is………………………

a) The care given to the patient in recovery room

b) The preparation and management of a patient prior to surgery

c) Care given in post-operative ward

d) Care given in surgical ward

2. Who requires the most pre-operative care before surgery…..

a) Unconscious and bedridden patient

b) Children who needs supervision

c) Physically disabled patient/client

d) Any patient who is scheduled for surgery

3. A client scheduled for the morning. Pre-operative orders have been written. What is the most important to do before surgery…..

a) Remove all jewelries/prosthetics

b) Verify all the laboratory work is done or not

c) Inform family, relatives or any close kin of next

d) Have all consent forms are signed

4. Which of the following is the primary purpose of maintaining NPO for 6-8 hours before surgery……

a) To prevent malnutrition

b) To prevent electrolyte imbalance

c) To prevent intestinal obstruction

d) To prevent aspiration pneumonia

5. What do you mean by post-operative care……

a) The care which is given after surgery

b) The care which is given at post-operative

c) The care is which is given at surgical site

d) The care which is given before surgery

6. The purposes of post-operative care is all except…..

a) To provide comfort and maintain safety

b) To prevent post-operative complications

c) To correct any abnormalities

d) To help the patient return to the normal functioning

7. The most important post-operative complication is….

a) Respiratory problems

b) Heart problems

c) Renal problems

d) Neuro problems

8. What do you monitor immediately after surgery

a) Patient’s vital signs

b) Patient’s level of consciousness

c) Patient’s intake and output

d) Patient’s medication

9. The sign of infection is………

a) Loss of consciousness

b) Increased body temperature

c) Decreased urine output

d) Increased blood pressure

10. How can prevent post-operative complications after surgery……

a) Early oral feedings

b) Early ambulation

c) Provide medication

d) Deep breathing and coughing exercise

**Program schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N.** | **Program** | **Time** | **Resource person** |
| 1. | * Registration * Individual Introduction | 12:00-12:15pm | Mona Sunuwar |
| 2. | * Welcome speech * Acknowledgement * Topic introduction * Rational for topic selection * Statement of objectives | 12:15-1:00pm | Bandana Thapa Magar |
| 3. | * Pre-test | 1:00-1:15pm | Mona Sunuwar |
| 4. | * content |  |  |
|  | * Definition of pre-operative care * Purposes of pre-op care * Principles of pre-op care * Steps of pre-op care | 1:15-2:00pm | Rita Napit |
| 5. | * Tea break | 2:00-2:20pm |  |
| 6. | * Content |  |  |
|  | * Definition of post-op care * Purposes of post-op care * Principles of post-op care * steps | 2:20-2:50pm | Samunta Ghising |
|  | * Refreshment | 2:50-3:00pm |  |
| 8. | * Summarization * Post-operative * Result announcement | 3:00-3:45pm | Hasina Devkota |
| 9. | * Closing program | 3:45-4:00pm | Hasina Devkota |