

POSTOPERATIVE CARE



Postoperative Note and Orders

The patient's progress should be monitored and should include at least the following:

- Medical and nursing observations
- Comment on the wound or operative site
- Any complications
- Any changes made in treatment

The patient should be discharged to the ward with orders for the following:

- Vital signs
- Pain control
- Rate and type of IV fluid
- Urine and gastrointestinal fluid output
- Other medications
- Laboratory investigations

Discharge Note

On discharging the patient from the ward, record the following in the patient's record:

- **Diagnosis on Admission**
- **Diagnosis on Discharge**
- **Summary of Course in Hospital**
- **Further Management Instructions; include drugs prescribed**

Ensure that a copy of this information is given to the patient along with details about any follow-up appointment

Prevention of Complications:

- **Encourage early mobilization**
 - Deep breathing and coughing
 - Active daily exercise
 - Joint range of motion
 - Muscular strengthening
 - Walking aids (canes, crutches, walkers) available
- **Ensure adequate nutrition**
- **Prevent skin breakdown and pressure sores**
 - Turn the patient frequently
 - Keep urine and feces off skin
- **Provide adequate pain control**

If the patient is restless, something is wrong.

Look for the following in the Recovery Room:

- Airway obstruction
- Hypoxia
- Hemorrhage: internal or external
- Hypotension and/or hypertension
- Postoperative pain
- Hypothermia, shivering
- Vomiting, aspiration
- Residual narcosis
- Falling on the floor

The recovering patient is fit for the ward when he or she is:

- Awake, opens eyes
- Extubated
- Breathing spontaneously, quietly and comfortably
- Can lift head on command
- Not hypoxic
- Blood pressure and pulse rate are satisfactory
- Appropriate analgesia has been prescribed and is safely established

POSTOPERATIVE PAIN RELIEF



Pain is often the patient's presenting symptom.

It can provide useful clinical information and it is your responsibility to use this information to help the patient and alleviate suffering.

Manage pain wherever you see patients (emergency, operating room and on the ward) and anticipate their needs for pain management after surgery and discharge.

Do not unnecessarily delay the treatment of pain; for example, do not transport a patient without analgesia simply so that the next practitioner can appreciate how much pain the patient is experiencing.

Pain Management is OUR job!

Pain Management & Techniques

Non-steroidal anti-inflammatory drugs (NSAIDs)

- Diclofenac 25-50 mg PO/PR three times daily (adult)
- Ibuprofen 200-400 mg PO four times daily (adult)

Other

- Paracetamol 500 mg – 1 gm PO four times daily (adult)

POSTOPERATIVE PAIN RELIEF



Opioids

- Morphine 2.5-5 mg IV, titrate to effect

Wait for 5-10 minutes to observe the effect. Aim for analgesia and retained consciousness.

You can always give more medication, but not get back what you have already injected. If opioid analgesia is needed on the **ward**, it is common to give intramuscularly:

- Morphine 0.05-0.1 mg/kg IM every four hours (age 3 months – 1 year)
 0.1-0.2 mg/kg IM every four hours (1 year – adult)

Opiate analgesics should be given cautiously if the age is less than 1 year. They are not recommended for babies aged less than 3 months unless very close monitoring in a neonatal intensive care unit is available.

Analgesia in Children

Children suffer from pain as much as adults, but may show it in different ways.

Make surgical procedures as painless as possible:

- Oral paracetamol can be given several hours prior to an operation
- Local anesthetics (bupivacaine 0.25%, not to exceed 1 mL/kg) administered in the operating room can decrease incisional pain
- Paracetamol (10–15 mg/kg PO/PR every 4–6 hours) is safe and effective
- For more severe pain, use intravenous narcotics (morphine 0.05–0.1 mg/kg IV) every 2–4 hours
- Ibuprofen 10 mg/kg every 6–8 hours
- Ketamine 1-3 mg/kg/hr IV