



MGM NEW BOMBAY HOSPITAL, VASHI



MR. KIRAN BHAGWAN TAWARE
UHID : MGM24001713; IPD : MGMIP2406720
Age/Sex : 56 Years / M DOA : 05/10/2024
BED : SW-518 WARD : MWU
DR : DR. PRASHANT ATHALE

Post Operative / Procedure Nursing Care Plan

Date 13/11/24

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8m 38m	Pain	<input checked="" type="checkbox"/> The patient will have less pain as indicated in the pain reassessment form. <input type="checkbox"/> _____	<ul style="list-style-type: none"> Evaluate location, character, quality and severity of pain. Reassure patient and family. Administer pain medication as prescribed and as needed. Observe for any changes in vital signs. Maintain proper positioning of patient. Assist or turn patient every two hours. Assess incision area every 8 hours of redness, heat, induration, swelling, separation and drainage. Instruct patient and family about effect and side effect of analgesia and how to prevent and manage side effect. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pain-relieved. <input checked="" type="checkbox"/> Verbalizes that he/she is comfortable and not in acute stress. <input checked="" type="checkbox"/> No signs of incisional infection evident. <input checked="" type="checkbox"/> Increase interaction with family and friends. <input type="checkbox"/> _____	AD 38m 8 13/11/24
8m 38m	Anxiety	<input checked="" type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings.	<ul style="list-style-type: none"> Explain all procedures to patient or family members in simple terms Assess for pain and medication before painful procedures. Maintain calm & restful environment. Encourage verbalization of feelings & dimensional therapy. Help patient to cope with outcomes of surgery. Provide comfortable position to enhance sleep. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> States the anxiety is at manageable level. Free of anxiety Participate with health care team in treatment regiment. <input type="checkbox"/> Uses coping skill as verbalization, pain relief. <input type="checkbox"/> Verbalized of uninterrupted sleep	AD 38m 8 13/11/24