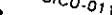




# MGM NEW BOMBAY HOSPITAL, VASHI

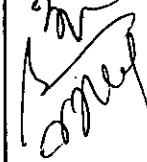
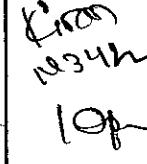


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**JCI ACCREDITED**


 MR. KIRAN BHAGWAN TAWARE  
 UHID : MGM240017131 IPD : MGMIP2406720  
 Age/Sex : 56 Years /M/OA : 05/10/2024  
 BED : SICU-011 WARD : SICU  
 DR : DR.PRASHANT ATHALE

# **Post Operative / Procedure Nursing Care Plan**

Date 24/10/09 S1

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
NAH 3- NA 2pm	Pain	<input type="checkbox"/> The patient will have less pain as indicated in the pain reassessment form. <input type="checkbox"/> _____	<ul style="list-style-type: none"> <li>● Evaluate location, character, quality and severity of pain.</li> <li>● Reassure patient and family.</li> <li>● Administer pain medication as prescribed and as needed.</li> <li>● Observe for any changes in vital signs.</li> <li>● Maintain proper positioning of patient. Assist or turn patient every two hours.</li> <li>● Assess incision area every 8 hours of redness, heat, induration, swelling, separation and drainage.</li> <li>● Instruct patient and family about effect and side effect of analgesia and how to prevent and manage side effect.</li> <li>● _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Pain relieved. <input type="checkbox"/> Verbalizes that he/she is comfortable and not in acute stress. <input type="checkbox"/> No signs of incisional infection evident. <input type="checkbox"/> Increase interaction with family and friends. <input type="checkbox"/> _____	 
NA 3pm	Anxiety	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings.	<ul style="list-style-type: none"> <li>● Explain all procedures to patient or family members in simple terms</li> <li>● Assess for pain and medication before painful procedures.</li> <li>● Maintain calm &amp; restful environment.</li> <li>● Encourage verbalization of feelings &amp; dimensional therapy.</li> <li>● Help patient to cope with outcomes of surgery.</li> <li>● Provide comfortable position to enhance sleep.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> States the anxiety is at manageable level. Free of anxiety Participate with health care tea in treatment regimen. <input type="checkbox"/> Uses coping skill as verbalization, pain relief. <input type="checkbox"/> Verbalized of uninterrupted sleep	