



Date **11/10/29** *D6*

Post Operative / Procedure Nursing Care Plan

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
<i>8tm</i>	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"> ● 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. ● <u>On Ventilator</u> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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"/> _____	<i>DR N3291</i>
<i>10P</i>	Anxiety	<input 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 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	<i>DR N3291</i> <i>Zeta 44</i>	