



MGM NEW BOMBAY HOSPITAL, VASHI



MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGM/P2406720
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 10/11/24 04

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8am 3pm 10pm	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"/> <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 type="checkbox"/> No signs of incisional infection evident. <input type="checkbox"/> Increase interaction with family and friends. <input type="checkbox"/> _____	Dorashree N3352 Uke T3321 Ami N3529 8pm
8am 3pm 10pm	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"/> <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	Dorashree N3302 Uke T3321 Ami N3529 8pm