



MGM NEW BOMBAY HOSPITAL, VASHI



MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years / M DOA : 05/10/2024
BED : SICU-010 WARD : SICU
DR : DR PRASHANT ATHALE

Post Operative / Procedure Nursing Care Plan

Date 7/10/24 D2

| Time | Patient Specific Nursing Needs | Measurable Goal | Nursing Interventions | M | E | N | Evaluation / Outcome | Time Date Name & ID |
|----------------------------|--------------------------------|---|--|--|--|--|--|---|
| 8am 3 6pm | 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. <u>1mg Fentanyl 8am</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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 type="checkbox"/> Pain relieved. <input 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"/> _____ | <u>Anita</u> <u>7/3/24</u> <u>Kim</u> <u>run</u> <u>Q</u> <u>for</u> |
| 8am NA 3 NA NA | 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"/> <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 team in treatment regimen. <input type="checkbox"/> Uses coping skill as verbalization, pain relief. <input type="checkbox"/> Verbalized of uninterrupted sleep | |