



Date **5/10/24**

Post Operative / Procedure Nursing Care Plan

PO

| Time | Patient Specific Nursing Needs | Measurable Goal | Nursing Interventions | M | E | N | Evaluation / Outcome | Time Date Name & ID |
|-------------------------|--------------------------------|--|--|--|--|--|--|-------------------------------------|
| <i>6pm</i> <i>TA</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. ● _____ | <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>M 24/10/24</i> <i>JL</i> |
| <i>6pm</i> <i>TA</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"/> <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>TA 24/10/24</i> <i>JL</i> |