



Date 10/11/24

## Post Operative / Procedure Nursing Care Plan

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"> <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 checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" 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"/> _____	10/11/24 8pm N3329 10/11/24 8pm N3529
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"> <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 checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" 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	10/11/24 8pm N3329 10/11/24 8pm N3529	