

### Post Operative / Procedure Nursing Care Plan

Date 4/11/24 — DS

Time	Patient Specific Nursing Needs	Measurable Goal	Nursing Interventions	M	E	N	Evaluation / Outcome	Time Date Name & ID
8am 5pm 10am	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"><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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 type="checkbox"/> <input 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"/> _____	<u>Uro</u> <u>15384</u>  <u>Ayan</u> <u>15400</u> <u>10am</u> 8m
8am 5pm 10am	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 type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> States the anxiety is at manageable level. Free of anxiety Participate with health care tea in treatment regiment. <input type="checkbox"/> Uses coping skill as verbalization, pain relief. <input type="checkbox"/> Verbalized of uninterrupted sleep	<u>Uro</u> <u>15384</u>  <u>Ayan</u> <u>15400</u> <u>10am</u> 8m