

Vital Signs and Observation: Post-operative Monitoring

Site Applicability

VCH: VGH, UBCH, LGH, SGH, SH, PRGH

Practice Level

RN, LPN

Policy Statement

- The following guidelines are a minimum standard for all surgical patients recovering from General Anaesthetic and/or Spinal Anaesthetic.
- Patients who are receiving epidural pain medication, Patient Controlled Analgesia (PCA), Post-op infusion of Continuous Regional Anesthetic (PICRA), Ketamine infusions, or have received peri-operative intrathecal morphine, must be monitored according to the respective physician orders and patient care guidelines.
- Also refer to other guidelines that may impact frequency of specific patient assessments i.e. chest tube monitoring, post fall assessment, surgery specific monitoring, etc.
- Physicians/Nurse Practitioners (NP) may alter vital sign frequency in their orders.
- Frequencies may be altered based on nursing assessment and judgment, but changes must have the rationale documented.
- Normal vital sign parameters do not guarantee normal physiologic status.

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Blood Pressure, Pulse, Respiration Rate and Pulse Oximetry	Temperature	Sedation Level Assessment	Pain Assessment
<p>On arrival to ward,</p> <ul style="list-style-type: none"> Q1h x 2 Q4h x 24 hr Q.I.D. x 24 hr, Day 1 post-op T.I.D. X 24 hr, Day 2 post-op B.I.D. x 24 hr, Day 3 post-op Daily until discharge or discontinued <p>A 30 to 60 second pulse count is recommended for accuracy. Palpate pulse for abnormal quality.</p>	<p>On arrival to ward,</p> <ul style="list-style-type: none"> Q4h x 24 hr Q.I.D. x 24 hr, Day 1 post-op T.I.D. X 24 hr, Day 2 post-op B.I.D. x 24 hr, Day 3 post-op Daily until discharge or discontinued <p>Drinking hot or cold liquids has significant impact on oral temperature – wait 15 to 20 minutes after drinks to ensure accuracy.</p>	<p>On arrival to ward,</p> <ul style="list-style-type: none"> Q4h x 24 hr At change of shift Use sedation level assessment as per pain flow sheet instructions. Document sedation level on forms specific to the unit: e.g. Interdisciplinary Pain Flowsheet, Critical Care Flowsheet, etc. 	<p>On arrival to ward,</p> <ul style="list-style-type: none"> Q 1 h until pain controlled Then Q4h & prn Use 10 point pain scale

- Post-operative patients who have received LOCAL anesthesia must have their vital signs and observations taken on arrival to the nursing unit, then one hour later and ongoing as per nursing assessment of patient condition.
- Initial post-op vital signs and observations on arrival to the ward must be completed by an RN or LPN in collaboration with RN.
- After the initial assessment, Temperature, Pulse and Respiration Rate (TPR) only, may be assigned to a Patient Care Aide (PCA).

Note: This is a **controlled** document for VCH internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

Documentation

Document assessments on Clinical Record, Interdisciplinary Pain Flowsheet or specific record for your department such as Critical Care Flowsheet.

References

Briggs, Joanna. 1999 The Joanna Briggs Institute. Best Practice Vital Signs.3 (3).

C.P.S., 2006 (re: commonly used anesthetic agents, sedatives and narcotics).

Evidence Based Practice Information Sheets for Health Professional: Vital Signs (1999) Best Practice 3 (1) 1-6.

Fawcett, T. (2005) Commentary on Zeitz (2005) Nursing Observations during the first 24 hours after a surgical procedure: What do we do?. Journal of Clinical Nursing 14, 1036-1037.

Fernandez, R. Griffiths, R. (2005). A Comparison of an evidence based regime with the standard protocol for monitoring postoperative observation: A Randomized Controlled Study. Australian Journal of Advanced Nursing, 23 (1) 15-21.

Zeitz, K. (2005) Nursing Observations during the first 24 hours after a surgical procedure: What do we do? Journal of Clinical Nursing, 14, 334-343.

Zeitz, K., McCutcheon, H., (2003) Evidence-based practice: To be or not to be, this is the question! International Journal of Nursing Practice, 9, 272-279.

Revised by

PROGRAM/UNIT: Surgery

RN BN ONC, Clinical Educator, UBC Hospital, VA

Clinical Excellence Group VGH, VA

Clinical Excellence Group UBCH, VA

Nursing Practice Council VA

Practice Initiatives Lead, Professional Practice Nursing, VA

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Coastal: Clinical Educator, General Surgery - 6 East, LGH

Endorsed by

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VA Nursing Practice Advisory Council

Coastal Area Nursing Practice Council (CANPAC) (June 2013)

Professional Practice Director, Coastal CoC (June 19, 2014)

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