

Laminectomy

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Deficient knowledge: Preoperative Related factors: Unfamiliarity with disease and treatment Unfamiliarity with information resources Symptoms / Risk factors: Increase in anxiety level Verbalized lack of knowledge Outcome / Goal: Patient verbalize understanding of disease and procedure</p>		<p>Teaching: Preoperative Describe diagnostic procedures Describe the preoperative routines Determine the patient's expectations of the surgery Provide time for the patient to ask questions and discuss concerns</p>	
	<p>Acute pain Related factors: surgical Symptoms / Risk factors: Facial mask Verbal or coded report Outcome / Goal: Patient appears relaxed and comfortable</p>		<p>Pain Management Evaluate pain level frequently. Investigate changes in characteristics of pain. Optimize the patient's comfort in bed Provide back rub or massage. Avoid the operative site Administer medication as prescribed Obs. pain (effectiveness of medication)</p>	
	<p>Ineffective breathing pattern Related factors: Decreased lung expansion or pain Symptoms / Risk factors: Shortness of breath Cough Outcome / Goal: Maintain adequate ventilation</p>		<p>Respiratory Monitoring Inspect for edema of face and neck (cervical laminectomy) Auscultate breath sounds Assist with coughing, turning, and deep breathing. Encourage client's use of incentive spirometry Monitor changes in O2 saturation Monitor for increased restlessness, anxiety, and air hunger obs lung secretion and patient's cough ability obs. rate, rhythm, depth and effort in breathing</p>	
	<p>Impaired physical mobility Related factors: Musculoskeletal, neuromuscular impairment Discomfort, pain Symptoms / Risk factors: Verbal or coded report of pain Reluctance to attempt movement Decreased muscle strength and control Outcome / Goal: Demonstrate techniques that enable resumption of activities</p>		<p>Body Mechanics Promotion Offer pain killing medication before exercise /activity/ambulation if needed Schedule activity or procedures with rest periods. Encourage participation in ADLs within individual limitations Provide or assist with passive and active ROM Assist with activity or progressive ambulation</p>	
	<p>Ineffective tissue perfusion Related factors: Diminished or interrupted blood flow—edema of operative site Hypovolemia Symptoms / Risk factors: Paresthesia or numbness Decreased range of motion (ROM) or muscle strength Outcome / Goal: Report or demonstrate normal sensations and movement</p>		<p>Surveillance Check neurological signs periodically Assess movement and sensation of arms and hands (cervical) Assess movement and sensation of lower extremities and feet (lumbar) Keep client flat on back for several hours, per protocol Monitor vital signs. Note skin color, warmth, and capillary refill</p>	
	<p>Risk for Spinal trauma Related factors: Temporary weakness of vertebral column Balancing difficulties and changes in muscle coordination Symptoms / Risk factors: Numbness and or weakness Outcome / Goal: neurological status OK Maintain proper alignment of spine.</p>		<p>Positioning: Neurologic Limit activities, as prescribed, when client has had a spinal fusion Provide bed board or firm mattress. Avoid sudden stretching, twisting, flexing, or jarring of spine Monitor vital signs and obs report of dizziness or weakness Refer to physical therapy. Implement program as outlined</p>	

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	<p>Risk for urinary retention</p> <p>Related factors: Neurol. symptoms due to Pain and swelling in operative area</p> <p>Symptoms / Risk factors: Difficult to void</p> <p>Outcome / Goal: Empty bladder in sufficient amounts Be free of bladder distention, with residuals after voiding</p>		<p>Urinary Retention Care</p> <p>Observe urinary stream, noting size and force</p> <p>Percuss and palpate suprapubic area.</p> <p>Encourage oral fluids up to 2000 ml per day</p> <p>Stimulate bladder emptying by running water</p> <p>Catheterize for residual urine and leave indwelling catheter, as indicated.</p>	
	<p>Risk for constipation</p> <p>Related factors: Insufficient physical activity Change in usual foods and eating patterns Emotional stress, lack of privacy</p> <p>Symptoms / Risk factors: Change in bowel pattern Decreased motility of gastrointestinal tract Change in usual foods and eating patterns Emotional stress</p> <p>Outcome / Goal: Reestablish normal patterns of bowel functioning</p>		<p>Constipation/Impaction Management</p> <p>Note abdominal distention and auscultate bowel sounds</p> <p>Use fracture or child-size bedpan until allowed out of bed</p> <p>Provide privacy</p> <p>Encourage early ambulation</p> <p>Administer laxatives or stool softeners, as indicated</p>	
	<p>Deficient knowledge: Postoperative</p> <p>Related factors: Lack of previous experience with surgery Need for home management Unfamiliarity with information resources</p> <p>Symptoms / Risk factors: Indications of concern, request for information Verbalized misconceptions</p> <p>Outcome / Goal: Indicate basic understanding of disease process Patient verbalizes understanding of need for follow-up care</p>		<p>Discharge Planning</p> <p>Ascertain that patient has follow-up care arranged at discharge</p> <p>Contact appropriate personnel with orders</p> <p>Involve the patient/family in the discharge process</p> <p>Discharge planned _____</p> <p>Wound Care</p> <p>Teach the patient / caregiver about wound care using aseptic technique</p> <p>Administer antibiotics, as indicated.</p>	