

PostOpDemoPlan

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p><b>Acute pain</b>  <b>Related factors:</b>                      Result form surgery  <b>Symptoms / Risk factors:</b>                      Facial mask                      Verbal or coded report                      Expressive behavior (e.g., restlessness, moaning,  <b>Outcome / Goal:</b>                      Patient appears relaxed and comfortable                      Patient verbalizes relief of pain</p>		<p><b>Pain Management</b>                      Asses cause of pain                      Instruct patient to relax and rest                      Administer O2 as orderd  <b>Analgesic Administration</b>                      Administer medication as prescribet                      Obs. pain (effectivnes of medication)</p>	
	<p><b>Impaired skin integrity</b>  <b>Related factors:</b>                      surgical procedure                      Physical immobilization  <b>Symptoms / Risk factors:</b>                      surgcial wound                      bleeding                      Destruction of skin layers (dermis)                      Temp &gt; 38.5  <b>Outcome / Goal:</b>                      surgcial wound clean</p>		<p><b>Incision Site Care</b>                      Obs dressing (bleeding)                      Change dressing as prescribet                      Obs. signs of infection</p>	
	<p><b>Risk for imbalanced fluid volume</b>  <b>Related factors:</b>                      Fluid loss or bleeding  <b>Symptoms / Risk factors:</b>                      increased pulse rate                      tachycardia                      low blodpressure  <b>Outcome / Goal:</b>                      Vital sign normal ( as before surgical procedure)</p>		<p><b>Fluid Monitoring</b>                      Obs vital signs Bp. O2 and pulse                      obs urine output _____                      Obs fluid balance _____ hour  <b>Fluid Management</b>                      Maintain intravenous infusion as prescribed                      Encourage patient (if prescribet) to take in po fluid</p>	
	<p><b>Fear</b>  <b>Related factors:</b>                      Unfamiliarity with environmental experience(s)  <b>Symptoms / Risk factors:</b>                      Increased alertness                      Increased respiratory rate and shortness of breath                      Fatigue  <b>Outcome / Goal:</b>                      Demonstrates reduced leves of anxiety</p>		<p><b>Anxiety reduction</b>                      Assess reasons for anxiety                      Inform patient about his stay in the post op care unit                      Explain all proceduce as appropriate                      Reduce unnecessary externa stimuli  <b>Presence</b>  <b>Active Listening</b></p>	
	<p><b>Nausea</b>  <b>Related factors:</b>                      anesthesia                      surgical procedure  <b>Symptoms / Risk factors:</b>                      Report of nausea (sick to stomach)  <b>Outcome / Goal:</b>                      Patient verbalizes relief of Nausea</p>		<p><b>Nausea Management</b>                      Administer O2                      Administer antiemetic drugs as prescribet                      Restrict oral intake until nausea / vomiting stops</p>	
	<p><b>Activity intolerance</b>  <b>Related factors:</b>                      Fear and pain                      Side effects of medication  <b>Symptoms / Risk factors:</b>                      Verbal report of fatigue or weakness  <b>Outcome / Goal:</b>                      Patient maintains activity level within capabilites</p>		<p><b>Teaching: Prescribed Activity/Exercise</b>                      Encourage activity as tolerated, rest as needed                      Obs. symptoms(comfort,vital sign and skin color) of patients activity  <b>Discharge Planning</b>                      Ascertain that patient has follow-up care arranged at discharge                      Teach the patient / caregiver about wound care using aseptic technique</p>	