



## Post-operative care

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

NURSING INSTRUCTION	NURSING ACTION
1. OBSERVE FOR SIGNS OF SHOCK (↓BP, tachycardia, pallor etc.)	<ul style="list-style-type: none"> <li>▪ Place on ICU crib on patient monitor</li> <li>▪ Set alarms accurately</li> <li>▪ Set BP to record every 15 minutes or if arterial line present use invasive BP monitoring</li> <li>▪ Record observations hourly until stable or baby is removed from ventilator, then 2hrly x2, then 3hrly</li> <li>▪ Record and report any abnormality</li> </ul>
2. OBSERVE FOR AND MANAGE PAIN	<ul style="list-style-type: none"> <li>▪ Observe for restlessness, grimacing, crying ,tachycardia, ↑ BP</li> <li>▪ Ensure analgesia is ordered and administered as required</li> <li>▪ If epidural is <i>in situ</i>, monitor effectiveness and ensure correct dose and infusion rate is administered</li> <li>▪ Handle as little as possible. Nurse in quiet and darkened environment. Use “baby warmer” if available or “nesting” technique to provide comfort</li> <li>▪ Provide non-nutritive sucking with sucrose as a comfort and pain control measure if not contra-indicated</li> </ul>
3. MONITOR WOUND	<ul style="list-style-type: none"> <li>▪ Observe wound drainage for colour, amount and consistency</li> <li>▪ Observe for excessive bleeding. Monitor haemoglobin</li> <li>▪ Observe for any bruising</li> <li>▪ Monitor any changes in abdominal girth following abdominal surgery</li> <li>▪ Report any abnormality immediately to the surgeons</li> <li>▪ Consult stomatherapist for advice on stoma dressing. Change if loose / soiled or as ordered</li> </ul>
4. MAINTAIN TEMPERATURE	<ul style="list-style-type: none"> <li>▪ Ensure baby is nursed under a radiant warmer or in an incubator</li> <li>▪ Cover head with cap and cover baby with bubble plastic(not blanket) to aid visualization of wound</li> <li>▪ See Neonate Care Plan</li> </ul>
5. MONITOR FLUID BALANCE AND ELECTROLYTES	<ul style="list-style-type: none"> <li>▪ Monitor and replace any fluid output, e.g. wound drainage as ordered</li> <li>▪ Monitor urine output and SG</li> <li>▪ Monitor urea and electrolyte levels as ordered</li> <li>▪ Administer fluids as ordered</li> </ul>
6. SUPPORT AND REASSURE PARENTS	<ul style="list-style-type: none"> <li>▪ Explain baby’s condition carefully. Explain and discuss further management. Orientate parents to equipment and surroundings</li> <li>▪ Allow parents to express emotions freely</li> <li>▪ Allow parents to spend time alone with their baby</li> </ul>