Follow plan of care for PC: Pneumonia/atelectasis

**PC: Pneumonia/atelectasis**

**Is the client experiencing:**
- Altered mental status, Malaise, Myalgias, Pleuritic chest pain,
- Exertional dyspnea, + sputum,
- Decreased breath sounds, Wheezes, rhonchi, and rales, Egophony on auscultation, Pleural friction rub,
- Dullness to percussion

**MONITOR for s/s of Pnu/Atelectasis**
- Mon VS for fever, tachycardia, and tachypnea
- Mon CBC for Leukocytosis with a left shift
- Mon pulse oximetry finding of <95%
  - indicates significant hypoxia
  - If PO <90-95 %, Assess ABGs for hypoxia and respiratory acidosis
- Mon Blood culture and sensitivity reports (indicates septicemia)
- Mon Sputum examination and culture reports
- Mon Chest radiography results

**PC: PNU/Atelectasis**

**ASSESS s/s of Pnu/atelectasis**
- Altered mental status
- Malaise, Myalgias
- Exertional dyspnea (dyspnea at rest with progressive disease)
- Pleuritic chest pain
- + sputum
- Decreased breath sounds
- Wheezes, rhonchi, and rales
- Egophony on auscultation
- Pleural friction rub
- Dullness to percussion

**MONITOR for s/s of Pnu/Atelectasis**
- Teach client about risk for respiratory complications following anesthesia
- Instruct in use of C&DB and frequency
- Demonstrate how to use the incentive spirometer
- Encourage early ambulation
- Teach client to report developing cough, fever, malaise, sputum,

**DO**
- Correct hypoxemia and prevent sepsis
  - Administer supplemental oxygen as ordered
  - Administer antimicrobial therapy
  - Hydrate client IV/PO as prescribed & correct of electrolyte levels
  - Encourage cough (C) and DB
  - Perform Chest physiotherapy
  - Administer flu shot as per agency policy
  - Encourage smoking/alcohol cessation

**CALL**
- **Call MD for s/s of sepsis**
  - And initiate shock management
- **Call MD for s/s of acute respiratory failure**
  - and initiate airway/ventilation management
PC: Hemorrhage
PC: Hypovolemia/shock

Is the client experiencing:
s/s of internal/external blood loss
Bleeding from surgical site, Cullen’s sign, Turner’s sign, and distended, firm abdomen. Symptoms of shock, such as weakness, lightheadedness, and confusion, change in mental status, complaints of thirst

PC: Hemorrhage/hypovolemia

Follow plan of care for PC: Hemorrhage/Hypovolemia

Implement plan of care for deficient fluid volume
- Mon PO intake when tolerating PO
- Encourage adequate hydration
- Monitor I/O
- Monitor for orthostatic hypotension, transfer client slowly if positive.
- Teach client to report s/s of developing hypovolemia/hemorrhage

MONITOR for s/s PC: Hemorrhage/hypovolemia
- Mon VS q 15 minutes when transferred to floor until stable then q 2-4 hours and PRN
- Mon CBC decreased Hemoglobin and hematocrit.
- Mon PT/PTT/INR
- Monitor basic metabolic panel (BMP) for rising BUN/Creatinine
- Mon I/O and call MD for urine output < 30 ml/hr
- Type and screen for blood type
- Inspect surgical site and perform Review of systems every 2-4 hours and prn

PC: Hemorrhage/hypovolemia

ASSESS s/s of PC: Hemorrhage/hypovolemia
- s/s of internal/external blood loss bleeding from surgical site, Cullen’s sign, Turner’s sign, distended, firm abdomen.
- Symptoms of hypovolemia, such as weakness, lightheadedness, and confusion, change in mental status complaints of thirst
- +tachycardia, tachypnea, and hypotension. Weak thready, pulse. Decreased urine output, Decreased skin turgor

MONITOR for s/s PC: Hemorrhage/hypovolemia
- Mon VS q 15 minutes when transferred to floor until stable then q 2-4 hours and PRN
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- Type and screen for blood type
- Inspect surgical site and perform Review of systems every 2-4 hours and prn

PC: Hemorrhage/hypovolemia

DO
- Administer IV fluid as prescribed and monitor effectively.
- Administer blood and blood products as prescribed and monitor client’s response

CALL
- Call MD for s/s of hemorrhage
  Control bleeding and initiate shock management
- Call MD for s/s of worsening hypovolemia
  Administer IV boluses as prescribed to restore normal fluid volumes
**PC: Renal failure**

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**Is the client experiencing:**

Assess for symptoms related to hypovolemia, including thirst, decreased urine output, dizziness, and orthostatic hypotension. Monitor elderly with vague mental status change.

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**Follow plan of care for PC: Renal Failure**

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**Implement plan of care for risk for ineffective therapeutic regimen management:**

- Avoid nephrotoxins such as NSAIDS
- Monitor blood pressure
- Monitor blood glucose
- Maintain adequate hydration
- Teach s/s of renal failure

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**PC: Renal Failure**

<table>
<thead>
<tr>
<th>ASSESS s/s of PC: Renal Failure</th>
<th>MONITOR for s/s PC: Renal Failure</th>
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<tbody>
<tr>
<td>Assess for symptoms related to hypovolemia, including thirst, decreased urine output, dizziness, and orthostatic hypotension. Monitor elderly with vague mental status change.</td>
<td>Mon for rising serum Creatinine 3X the norm coupled with declining Glomerular filtration rate. Monitor for persistent decreased urine output (over 12 hrs)/oliguria. Monitor electrolytes for hyperkalemia, acidosis and fluid volume shifts. (edema may be present in anuric client).</td>
</tr>
<tr>
<td>Assess for high risk populations.</td>
<td>Advanced age, Decreased cardiac output syndromes, thromboembolic disease, HTN, DM, liver failure, sepsis</td>
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<tr>
<td><strong>DO</strong></td>
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<tr>
<td>Insert Foley catheter &amp; attach to urimeter to obtain hourly I/O. Administer IV fluid boluses as prescribed and monitor effectively.</td>
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<td><strong>CALL</strong></td>
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<tr>
<td>- <strong>Call MD for s/s persisting renal failure</strong></td>
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<tr>
<td>Prepare client for renal replacement therapy as indicated</td>
</tr>
<tr>
<td>- <strong>Call MD for s/s of worsening hypovolemia</strong></td>
</tr>
<tr>
<td>Administer IV boluses as prescribed to restore normal fluid volumes</td>
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</table>
Is the client experiencing:

s/s of local infection (redness swelling, pain or warmth) at surgical site, signs of inflammation to surrounding subcutaneous tissue, signs of extension to deeper structure such as organs and bone

Follow plan of care for PC: SSI

Implement plan of care for risk for infection:

Maintain asepsis
Use sterile technique when performing Dressing changes
Maintain adequate nutrition and hydration
Teach s/s to report
Explain normal wound approximation and healing
Teach client wound care at home

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<td><strong>MONITOR for s/s PC: SSI</strong></td>
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<tr>
<td>Perform wound assessment q 4 hours and prn assessing for presence of s/s of infection, purulent drainage, abscess, loss of approximation /dehiscence</td>
</tr>
<tr>
<td>Monitor CBC for shift to the left and Leukocytosis</td>
</tr>
<tr>
<td>Monitor for elevated temp, HR &amp; RR indicating systemic infection</td>
</tr>
<tr>
<td>Perform wound culture as ordered and monitor results</td>
</tr>
<tr>
<td>Monitor results of X-rays, Ultrasound and Cat scan or evaluation of deeper tissue and organs</td>
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<tr>
<td>Keep primary closed incisions covered with a sterile dressing for 24-48 hours</td>
</tr>
<tr>
<td>Maintain strict asepsis and utilize sterile technique for dressing changes.</td>
</tr>
<tr>
<td>If diabetic, monitor blood glucose and maintain euglycemia</td>
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<tr>
<td>Administer prophylactic antibiotics as prescribed</td>
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<table>
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<th>CALL</th>
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<tbody>
<tr>
<td>Call MD for s/s sepsis</td>
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<tr>
<td>&amp; Initiate shock management</td>
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**ASSESS s/s of PC: Thrombophlebitis**
- Unilateral Edema,
- Leg pain (Pain with dorsiflexion of the foot (Homans sign))
- Warmth or erythema of skin over the area of thrombosis.

**MONITOR for s/s PC: Thrombophlebitis**
- Monitor CBC, D-Dimer assay and PT/PTT/INR
- Monitor results of Duplex ultrasound
- All patients must be ruled out for PC:DVT/PE

**DO**
- If superficial:
  - Encourage ambulation
  - Administer NSAIDS for pain as prescribed
  - Apply compression stockings as prescribed
  - Administer Low Molecular weight heparin as prescribed and monitor effect
  - Initiate bleeding precautions when in use
  - Topical treatment and surgical intervention may be considered

**CALL**
- Monitor for complication of DVT/PE
- If client becomes unstable; initiate shock management;
  - airway, oxygen, non invasive hemodynamic monitoring (BP, HR, RR and cardiac monitoring and call ready response team and MD)

**PC: Thrombophlebitis**

**Is the client experiencing:**
- Unilateral Edema,
- Leg pain (Pain with dorsiflexion of the foot (Homans sign))
- Warmth or erythema of skin over the area of thrombosis.

**Follow plan of care for PC: Thrombophlebitis**

**Implement plan of care for ineffective peripheral tissue perfusion:**
- Use pneumatic stockings according to agency protocol
- If not in use; encourage foot pump exercise & early ambulation
- Reduce likelihood for prolonged abnormal flexion of the knee
- Teach client not to cross legs and to change position frequently.
- Encourage hydration
- Teach use of DVT prophylaxis and s/s to report

**NO**

**YES**

**If superficial:**
- Encourage ambulation
- Administer NSAIDS for pain as prescribed
- Apply compression stockings as prescribed
- Administer Low Molecular weight heparin as prescribed and monitor effect
- Initiate bleeding precautions when in use
- Topical treatment and surgical intervention may be considered
Is the client experiencing:
- Decreased gut motility > 3 days after surgery
- Absence of flatus or passage of stool
- Distended and tympanic abdomen
- Absent or hypoactive bowel sounds
- Positive Abdominal tenderness

MONITOR for s/s PC: Paralytic Ileus
- Monitor abdominal exam every 4 hours and prn for developing Ileus
- Monitor CBC, BMP
- Monitor for contributing factors such as infection, drugs, electrolyte disturbance
- Monitor x-ray results

DO
- Maintain NPO
- Maintain NGT suction as prescribed to empty gastric content
- Administer judicious amounts of opiate medication augmented with NSAIDs to minimize opiate effect and reduce local GI tract inflammation
- Correct electrolyte disorders that aggravate Ileus. Administer IV hydration as prescribed
- Administer Alvimopan (Enterex), a mu-opiod antagonist, to reduce opiate effect on GI motility

CALL
- MD to eliminate or reduce medications that decrease motility
- Monitor for complications and call for s/s of intestinal perforation
  - Worsening tenderness, abdominal distension
  - Increased rigidity
- Monitor for s/s of sepsis and hypovolemia;
  - Initiate shock management and call MD

Follow plan of care for PC: Paralytic Ileus

Implement plan of care to minimize paralytic Ileus
- Maintain fluid and electrolytes
- Teach client s/s to report
- Advance diet as prescribed and monitor tolerance
- Encourage ambulation (although there is no direct evidence that it corrects or prevents Ileus)
PC: Anticoagulation therapy adverse effects (bleeding)

Is the client experiencing:
Frank or occult bleeding
Epistaxis, bleeding gums, hematemesis, bleeding and bruising at sites of instrumentation and puncture
Tarry stools, melena

YES
Follow plan of care for PC: Anticoagulation therapy adverse effects

NO
Implement plan of care for bleeding precautions
Avoid excessive venipuncture and instrumentation
Use electric razors and soft bristle toothbrush
Evaluate for injury/falls risk
Remain hydrated to avoid constipation
Humidify room air
Do not use nail clippers
Teach clients s/s of bleeding to report

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<td>Frank or occult bleeding Epistaxis, bleeding gums, hematemesis, bleeding and bruising at sites of instrumentation and puncture Tarry stools, melena Pulse deficit with skin color changes in extremities</td>
<td>Mon PT/PTT INR to evaluate effective of therapeutic regimen Monitor CBC to identify declining hemoglobin, hematocrit or platelets for thrombocytopenia and anemia Monitor VS every 2-4 hours and prn Perform review of systems every 2-4 hours and prn</td>
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<td><strong>DO</strong> Administer anticoagulant therapy and titrate medications according to protocol if required</td>
<td><strong>CALL</strong> Call MD if active bleeding or hemodynamic instability is noted. If present apply oxygen, obtain IV access and initiate shock management</td>
</tr>
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</table>
Acute Pain

Is the client experiencing:
Acute pain at surgical site by direct verbalization or use of a FLACC scale in the nonverbal client

Implement plan of care for acute pain:
Establish goal for pain management
Discuss pharmacologic and non pharmacologic techniques
Administer pain medication using the step wise approach, providing around the clock and prn doses to achieve goal
Provide diversional activity, non pharmacologic alternatives when indicated

Is the client experiencing
Acute pain refractory to nonpharmacologic and prescribed pharmacologic therapy?

Call Pain management team for consultation according to agency policy

Yes

NO