

Signature	
Date	30/11/92
a.m.	11
p.m.	2
night	2

NURSING CARE PLAN

ADDRESS: 880319
 RICKARD
 SAMANTHA MISS
 14.02.1991 F MR. J.D. WISHEART 5A

ACTIVITY OF LIVING & PROBLEM	GOAL	ACTION	Comments	EVALUATION
<p>1. Maintaining a Safe Environment</p> <p>(P) injury from or damage to: dentures hearing aid contact lenses jewellery spectacles hair clips</p> <p>(P) wrong patient or wrong operation due to: mixed up identity or information Name band on.</p> <p>(P) infection - pre-operatively PATCUTEST. & Eczema behind knees & ears. Cardiovascular system problems</p> <p>Clotting problems Deaf patient - SIBD's no action taken Neurological disorders</p>	<p>Patient will receive no injury from or damage to prostheses or jewellery</p> <p>Correct patient goes to theatre with correct documentation</p> <p>Patient will not develop infection, demonstrated by absence of pyrexia 72 hours post-operatively</p> <p>Patient will not develop anaphylactic reaction, demonstrated by absence of anaphylactic response</p> <p>Patient will not develop post-operative complications relating to pre-operative drug therapy</p> <p>Samantha is Allergic to ELASTOPLAST TAPE</p>	<ul style="list-style-type: none"> Remove jewellery, or tape wedding ring Remove postheses N.B. If hearing-aid is to be retained until after induction of anaesthesia, note this on 'Recovery Room and Postoperative Form' Ensure that articles are kept in a property cupboard while patient is in theatre Complete pre-operative check list, sign Check name on 'Recovery Room and Postoperative Form' brought by porter Check unit number, check identification Check correct case record Dental check • Sputum • Nose and throat swab M.S.U. Patch test in theatre at 17:30 Check drug sensitivities and food allergies Stop digoxin, aspirin, potassium retaining diuretics. Base-line observations. Stop warfarin and Heparin Assess neurological state on admission Beta-blockers: change to short-acting. 	<p>Samantha's passport given to parents night before surgery.</p> <p>All medication received 31/1/92.</p> <p>frusmide BD 6mb.</p>	<p>Before giving pre-medication</p> <p>Morning of surgery</p>
<p>2. Communicating</p> <p>(P) anxiety due to: impending surgery/anaesthetic time in intensive care unit being on a ventilator post-operative recovery and progress rehabilitation</p> <p>Other... Deaf patient Glasses, etc.</p>	<p>Patient will be able to state he feels as relaxed as realistically possible about forthcoming surgery by the evening prior to surgery following pre-operative talk</p>	<ul style="list-style-type: none"> Give opportunity to ask questions regarding surgery to patient's family Give information, as appropriate on pre-operative preparation in ward transfer to theatre induction of anaesthetic anticipated pattern of post-operative care including intravenous infusion, drainage tubes, ventilator or urinary catheter pain and the availability of analgesia noise in intensive care unit Large numbers of staff in intensive care unit progress through intensive care unit, high dependency, unit, low dependency unit, home. Take patient to visit the intensive care unit Inform family about visiting and phoning 	<p>parents given pre-op talk 1500, 21/1/92.</p> <p>Wulshure room</p>	<p>At latest, day before surgery</p> <p>parents anxious reassurance given.</p> <p>Will stay around hospital on day of surgery. Will visit Sam once back in ICU.</p>
<p>3. Dying</p> <p>(P) Fear of dying while anaesthetised</p>	<p>00058</p>	<ul style="list-style-type: none"> Reassurance Talking to post-operative patients Encourage patient to express their fears should they wish 	<p>parents have expressed nervousness possibility that Sam could die.</p>	<p>parents being very positive about the operation.</p>
<p>4. Breathing</p> <p>(P) respiratory problems due to: regurgitation and aspiration of gastric contents while unconscious</p>	<p>Patient will not aspirate stomach contents while unconscious</p>	<ul style="list-style-type: none"> Fast for at least 4 hours before surgery 	<p>NO Breathing problems - does count during feeding at home</p>	<p>Morning of surgery pre-med takes effect well.</p>