

PERIOPERATIVE NURSING CARE

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INTRODUCTION:

The total surgical episode is called the Perioperative period. This period in the health care continuum includes the Pre Operative period, Intra Operative period and Post Operative period.

Perioperative nursing care can range from home through surgery and recovery and back to home again.

The perioperative nurse is the member of the surgical team to whom clients are most likely to look for advocacy. The perioperative nurse must be a delegator and supervisor to ensure that the needs of the client are being met throughout the surgical experience.

DEFINITION:

Perioperative Nursing: - Nursing care of the perioperative client taken place immediately before during and immediately after a surgical procedure.

Goals:

- To assist clients and their significant others through the surgical episode.
- To promote positive outcomes.
- To help clients to achieve their optimal level of function and wellness after surgery.

CATEGORIES OF SURGICAL PROCEDURES – A REVIEW

Category	Purpose	Example
Aesthetic	Improvement of physical features that are with in the “normal range	Breast augmentation
Constructive	Repair of a congenitally defective body part	Cleft palate and cleft lip repair
Curative	Removal or repair of damaged or diseased tissue or organs	Hysterectomy
Diagnostic	Discovery or confirmation of a diagnosis	Breast biopsy
Exploratory	Estimation of the extent of disease or confirmation of a diagnosis	Exploratory laparotomy
Emergent	Life saving	Repair of traumatic punctured lung
Palliative	Relief or symptoms but without cure of underlying disease	Colostomy
Reconstructive	Partial or complete restoration of a body part	Total joint replacement
Urgent	Performed as soon as client is stable and infection is under control	Appendectomy

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PREOPERATIVE NURSING CARE:

Preoperative Assessment

1. HISTORY COLLECTION

Medical / Health history
Previous surgery & experience with Anesthesia
Psychosocial history
Cognitive Assessment
Serious illness or trauma

2. ASK ABOUT ABCDE

- o A – Allergy to drugs, chemicals, Latex
- o B – Bleeding tendencies/ use of medication like Heparin, aspirin
- o C – Cortisone or steroid use
- o D – Diabetes mellitus, a condition requires strict control
- o E – Emboli
- o Alcohol, Recreational Drug or Nicotine use
- o Current Discomforts – like Headaches, pain
- o Chronic illness – Arthritis of neck / back
- o Advanced age - Plan the care accordingly
- o Medication History – Over the counter drugs has operative risks
- o Ability to tolerate perioperative stress
- o Lifestyle habits
- o Social history

3. PHYSICAL EXAMINATION

Examine the part of the body that will be operated on first
Complete general system assessment preoperative Head to Toe assessment
Specific body system assessment
Cardiovascular Assessment
Respiratory Assessment
Musculoskeletal Assessment
Gastrointestinal Assessment
Skin Integrity Assessment
Renal Assessment
Liver function Assessment
Cognitive & Neurologic Assessment
Endocrine Assessment

4. ADDITIONAL ASSESSMENTS

Age Pain
Nutritional status
Fluid & Electrolyte balance
Infection & Immunity
Hematologic functioning

5. ESTIMATING MEDICAL RISK FOR SURGERY

6. OBTAINING MEDICAL FITNESS FOR SURGERY

7. OBTAINING ANESTHETIST'S OPINION FOR FITNESS FOR SURGERY

8. OBTAINING LABORATORY & DIAGNOSTIC TESTS RESULTS FOR REVIEW PRIOR TO SURGERY.

9. ASSESSING THE AREAS AND EDUCATIONAL NEED.

PREOPERATIVE TEACHING

- Sensory information
- Psychological information
- Procedural information
- Preoperative exercises
- o Deep breathing exercises

- o Coughing exercises
- o Turning exercises
- o Extremity exercises
- o Early Ambulation

Immediate Preoperative Activities:

- Record allergies
- Check vital signs
- Tie identification wrist band
- Get consent signed
- Start IV line
- NPO
- Empty bladder – Measures & record urine output
- Complete oral hygiene & other physical care
- Note for prostheses & notify. Remove dentures
- Remove Jewels
- Hand over valuables to relatives
- Bath thoroughly
- Change hospital gown & protective cap
- Don't remove hearing aid for communication. But notify it
- Pre operative medication as prescribed. Eg. Atropine, Diazepam etc
- Transporting the patient for surgery
- Preparing the patient's room for post operative care
- Caring & support the relatives

INTRA OPERATIVE NURSING CARE:

Nursing care during the intra operative phase focuses on the client's emotional well being as well as on physical factors such as

- Safety
- Positioning
- Maintaining asepsis
- Controlling surgical environment
- Coordinate with surgical team members
- Assisting in surgery as scrub Nurse
- Care during administering anesthesia and prevention of complication
- Active care during emergencies
- Documentation
- Moving & Transporting the clients

POST OPERATIVE NURSING CARE:

- o Close & constant observation is essential
- o Prepares & checks the function of all the equipment in PACU
- o Monitor vital physiologic function
- o Positioning
- o Ensure airway patency
- o Perform immediate assessment like Airway, breathing, circulation, LOC, muscle strength, skin / wound condition, drain, output, IV fluids & site
- o Care of wound – dressing & drain
- o Promote comfort
- o Promote nutritional status
- o Post operative exercises
- o Early ambulation
- o Reduce complications

ROLES OF THE PERIOPERATIVE NURSE:

- o Circulating Nurse
- o Scrub Nurse
- o Registered Nurse First Assistant
- o Certified Registered Nurse Anesthetist
- o Nurse Manager
- o Nurse Educator
- o Care Manage
- o Clinical Nurse specialist

CONCLUSION:

The nurse plays a critical role in the perioperative care of the client. Today surgery ranges from outpatient procedures to complex in patient procedures. No Matter what type of surgery is performed, however the client needs expert nursing care. The quality of nursing care can determine whether the client has a successful preoperative experience.