

Care of the Pre-Operative Patient

Nurse Aide's Role



Psychological Preparation- major stressor

- Listen with your ears and eyes, body language
- Explain everything
- Report your observations to nurse.
- Immediately transmit requests for clergy visits
- If the patient says to you, "I am not going to make it through this surgery? What would you do?"
- What are some of the concerns that a pre-op patient would have?
- Pain, loss of control, complications, spouse, children, pets, bills, mutilation, what they might say under anesthesia, length of recovery, death.




Reinforce Patient Teaching




- Leg exercises: pg. 366
 - Routine except for leg surgery
- Deep breathing, coughing: 363-365
 - prevents atelectasis, pneumonia
 - use incentive spirometer and mark their preoperative measurement.
 - Hold breath 3-5 seconds, mouthpiece removed, blow out.
 - Repeat 3-5 times then cough
 - use pillow to support incision
- Turning, dangling, ambulation
 - allows lung secretions to drain into bronchi to be coughed up and exercises legs to help prevent thrombus.

Physical Preparation




- Bath/shower with surgical soap
- Enema/douche
- Shaving of operative area
- Hospital gown, cap
- Remove dentures, hearing aides, glasses, contact lenses. and any other prostheses.
- Remove nail polish, hairpins, makeup, jewelry, tape wedding rings if allowed.
- NPO- signs everywhere, no H2O
- Valuables with family.

Immediate Preoperative Care one hour before surgery



- patient will be given pre-op shot containing narcotic & drug to suppress respiratory secretions.
- Be sure the following are done before the pre-op shot:
 - Take and record Vital Signs
 - Have patient void or empty foley, record.
 - Bed in high position, rails up
 - Room should be quiet, call light.
 - Make a clear path for gurney
 - Notify nurse when pt. is ready for shot

Activity- Complete the charting notes and pre-op checklist for the following situation.



- "A 21 year old woman admitted to rm. 101 @ 0645.
- She is c/o severe pain over entire abdomin.
- The ER doc ordered ice bag to abd. and U/A, (did not void in ER)
- V/S are 101.2, 92, 24, and 140/90.
- Voided 400cc @ 0900
- Very nauseated, vomited 350 cc @ 1100.
- Lab tech drew blood for CBC
- Dr. Jones visited 1230, took history and physical.
- Consent for appendectomy signed
- Left for O/R via gurney and O/R team @ 1400.

During the Operative Period



- Make a surgical bed pg. 280
- emesis basin, tissues, tongue depressors, incontinent pads, bedpan, ect.
- Frequent Vital Sign sheet on door
- Special equipment:
 - suction machine, O2, IV pump
 - datascopes, pulse oximeter, PCA
- Be watchful for the patient's return.
- Transfer from gurney to bed pg. 203-204. Use overhand grasp!
- Or transfer using surgical gurney with straps.
