

University of Medical Center  
 Department of Anesthesiology

Post Anesthesia Plan of Care

DATE: \_\_\_\_\_

TIME / INITIAL	NURSING DIAGNOSIS ACTUAL / POTENTIAL FOR	NURSING PLAN	EXPECTED OUTCOME	DATE / TIME MET RN INITIAL
	1. ALTERATION IN RESPIRATORY STATUS DUE TO PAIN, ANESTHESIA OR VOMITING.	1. OBSERVE FOR S.S OF RESPIRATORY DISTRESS. 2. HAVE PATIENT DEEP BREATH/COUGH PRN. 3. CHEST AUSCULTATION. 4. SUCTION PRN.	1. PATENT / CLEAR AIRWAY MAINTAINED. 2. ADEQUATE VENTILATION MAINTAINED.	
	2. ALTERATION IN CARDIOVASCULAR STATUS DUE TO ANESTHESIA, SURGICAL PROCEDURE AND FLUID IMBALANCE.	1. CHECK VITAL SIGNS. 2. ASSESS CARDIAC RHYTHM. 3. OBSERVE FOR SIGNS OF BLEEDING. 4. ASSESS PERIPHERAL PULSES.	1. VITAL SIGNS WITHIN ACCEPTABLE LIMITS. 2. EFFECTIVE CARDIAC RATE / RHYTHM. 3. NO EVIDENCE OF EXCESSIVE BLEEDING. 4. PERIPHERAL PULSES AS EXPECTED.	
	3. ALTERATION IN LEVEL OF CONSCIOUSNESS / PHYSICAL MOBILITY DUE TO ANESTHESIA / SURGERY.	1. ASSESS LEVEL OF CONSCIOUSNESS. 2. ASSESS SPINAL / EPIDURAL LEVEL.	1. LEVEL OF CONSCIOUSNESS AS EXPECTED. 2. SENSORY LEVEL AT T-10 OR LESS AND LOWER EXTREMITIES MOVING.	
	4. ALTERATION IN FLUID AND ELECTROLYTE IMBALANCE DUE TO ANESTHESIA / SURGICAL PROCEDURE / NAUSEA AND VOMITING.	1. MONITOR INTAKE AND OUTPUT. 2. PROVIDE TREATMENT FOR NV PRN.	1. MEASURABLE URINE OUTPUT (IE. FOLEY) > 30CC/HR OR VOID. 2. PATIENT VERBALIZES RELIEF OF NV. 3. TOLERATING PO FLUIDS.	
	5. ALTERATION IN COMFORT / ANXIETY RELATED TO SURGICAL PROCEDURE.	1. POSITION OF COMFORT. 2. MEDICATE PATIENT FOR PAIN PRN. 3. REASSURE PATIENT. 4. SPLINT WOUND WHEN COUGHING.	1. LEVEL OF PAIN IS DECREASED. 2. VERBAL OR NON-VERBAL EXPRESSION OF REASONABLE COMFORT.	
	6. ALTERATION IN BODY TEMPERATURE DUE TO EXPOSURE / ANESTHESIA AGENTS.	1. CHECK TEMPERATURE. 2. ADMINISTER WARM BLANKETS. 3. APPLY BAIR HUGGER.	1. TEMPERATURE 96F OR ABOVE.	
	7. KNOWLEDGE DEFICIT R/T SURGICAL PROCEDURE AND POST OPERATIVE PERIOD.	1. DISCUSS POSTOPERATIVE ROUTINES WITH PATIENT AND FAMILY. 2. INSTRUCT TO DEEP BREATHE AND COUGH Q2 HOURS PRN. 3. INSTRUCT ON USE OF PCA.	1. PATIENT VERBALIZES AND/OR DEMONSTRATES UNDERSTANDING. 2. USE OF PCA DISCUSSED WITH PT. PT. ASKS APPROPRIATE QUESTIONS / DEMONSTRATES USE.	
	8. INJURY RELATED TO ANESTHETIC, ALTERATION IN PERCEPTION AND THOUGHT PROCESS.	1. REORIENT PATIENT TO TIME, PERSON AND PLACE. 2. INSTITUTE SAFETY MEASURES.	1. THOUGHT PROCESSES ARE WITHIN PATIENT NORM. 2. NO INJURY WHILE IN PACU.	
	9. IMPAIRMENT OF SKIN INTEGRITY OTHER THAN EXPECTED SURGICAL INCISION.	1. ASSESS SKIN INTEGRITY, NOTE REDNESS, OPEN AREAS. 2. REMOVE WET / WRINKLED LINEN. 3. REPOSITION PRN.	1. SKIN INTEGRITY IS MAINTAINED.	