Generic Surgical

University Medical Center

Signature	Title	Initial

SIGNATURE REQUIRING CO-SIGNATURE		
Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/ Needs	POD #____ Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalize understanding of post-op treatment plan, diet, medications, and activity; participates in decision making / plan of care.			
Surgical Pain Management	Pain free or verbalizes pain relief after intervention.			
Post-Operative Temperature Elevation	Afebrile			
	Vital signs returned to baseline.			
	No signs or symptoms of infections.			
Immobility due to surgery	Ambulating			

Problem/ Needs		D	E	N
Discharge Plan	Discharged			
Patient Safety	Remains injury free in a safe environment.			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan	Insurance:			

Patient Care Categories		D	E	N
Nutrition	* Diet:			
	% of diet consumed:			
	Breakfast _____%			
	Lunch _____ %			
	Dinner _____ %			

* indicates medical orders needed

INTERVENTIONS (continued)

Patient Care Categories	POD #____ Date: _____	D	E	N
Assessment & Treatments	* Vital signs q _____ hrs.			
	I & O q _____ hrs.			
	* Telemetry discontinued			
	Surgical site assessment.			
	Dressing change PRN.			
	* Maintain bilateral TEDS			
	* Incentive spirometry q1hr. while awake.			
	C&DB q1hr while awake.			
	* PO pain medications PRN			
	Discontinue IV / PIID			
	Hygiene & Comfort Protocol			
	Peripheral IV Therapy Protocol			
	Pressure Ulcer Prevention Protocol			
	* Respiratory Care provided. (See Respiratory Care Record)			

Patient Care Categories		D	E	N
Teaching & Psychosocial	Assess patient / family satisfaction.			
	Encourage verbalization of fears / concerns.			
	Learning needs / teaching plan: - Progressive post operative routine - _____ - _____ - _____ - _____ - _____			
	Discharge instructions: • incision care • food & drug interactions • MD follow-up • Modifiable risk factors.			
	Medication: _____ Activity: _____ Diet: _____ Other:			
Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.			
	* Tests / Procedures _____			
Safety & Activity	Falls protocol maintained.			
	* Activity level:			
	Assist to reposition q2hrs. as needed			

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** indicates medical orders needed*