

HNN112 Exam notes:

HNN122 – Week 1: Peri-procedure management and discharge

Define the terms discharge planning and peri-procedure management

Peri-procedure:

- The management of a patient before, during and after medical procedures

Discharge planning:

- Prepares the patient to leave the hospital and ensure they receive the appropriate care. Planning supports the continuity of healthcare between the health care setting and the community based on the individuals needs of the patient.

Discuss the role of the nurse in patient management related to peri-procedure management and discharge planning

Peri-procedure:

- Preoperative education:
 - what will happen to the patient in surgery
 - when and what the client will experience (pain, discomfort)
 - psychosocial support to reduce anxiety
 - the surgical procedure
 - skills training, deep breathing, coughing, splinting with pillow, ROM in legs/toes.
- Physical preparation
 - Vital signs
 - Fasting
 - Skin preparation (shower)
 - Bowel preparation
 - Appropriate theatre attire
 - Pre-operative medication
 - Protheses (dentures etc)
 - TED stockings
 - Pain management
 - Chest and limb exercises

Discharge planning:

- Considering patient safety as a priority
- Assessing patient discharge readiness
- Patient education (medication, dressings, care requirements)
- Ensuring destination is appropriate (patients home, rehab facilities, nursing home)
- Ensuring planned support services are appropriate (community nursing, personal care, home care services post acute care programs)

Identify actual and potential problems related to peri-procedure management and discharge planning

Peri-procedure:

Actual and potential problems:

- Anxiety
- Loss of control
- Loss of function
- Pain
- Knowledge deficit
- Respiratory complications

Discharge planning:**Actual and potential problems:**

- Knowledge deficit
- Anxiety
- Family or financial problems

Implement nursing interventions for potential and actual problems related to peri-procedure management and discharge planning**Anxiety:**

- Ensure the patient is aware of the procedure and what is involved
- Help calm their nerves by distracting them (talking about something else, deep breathing, meditating)

Loss of function:

- Promote movement
- ROM exercises
- Deep breathing and coughing

Pain:

- Provide pain relief medication based on the level of pain patient is experiencing
- Distract them from the pain
- Heat pack

Decline in respiratory function:

- Promote deep breathing and coughing
- Check O2 stats and RR
- Apply oxygen if required

Knowledge deficit:

- Explain the procedure to the patient
- Ask the patient to repeat to you what the procedure involves

Family or financial problems:

- Ensure the patient has somewhere to go and someone to look after them before discharge
- Organise other payment options or funding
- Organise services that are subsidised by the governments

Evaluate care related to peri-procedure management and discharge planning:**Peri-procedure:**

- Check on the patient
- Ensure their pain is being well managed using the numerical pain scale
- Ensure the wound is healing well
- Wound dressing is dry and intact
- Vital signs are in the normal range

Discharge planning:

- Ensure the patient is well educated before discharge
- Aware of what medications to take
- Knows how to change any dressings

Other notes:**Peri-procedure management:****Medical procedures:**

- Are defined as a course of action intended to achieve a result with a persons health problems (wound care, blood transfusions, medication)

Surgery:

- The branch of medicine that is concerned with diseases or trauma requiring a operative procedure. This includes, elective, urgent, emergency. Surgery purpose include, diagnosis, ablation, palliative, constructive, transplant

- Surgeries can be performed with a number of different types of anaesthesia which can be local, nerve blocks, ivy blocks and topical, regional, epidural or spinal, general (with or with out muscle relaxation, total IV anaesthetic

Preparation for surgery:

- Is a multi-disciplinary process
- Need to check with the patient their name, date of birth, address, gender, UR number, Medicare number (never use a bed or room number), what is the procedure and what is the part of the body that will be operated on
- Important to match the procedure to the patient and understand the terminology in lay terms
- Terminology examples:
Hysterectomy: removal of the uterus
Hysteroscopy: looking into the uterus using a camera
- Also need to understand how the uterus for example is going to be removed
- Always ask the patient what it means to them

3 phases of procedural care:

Pre (before hospital admission/in hospital)

- Preparation
- Physical
- Social
- Emotional
- Education

Intra

- All due care is taken during the procedure

Post

- Returned to ward
- Day procedure unit
- Post anaesthetic care unit

Surgical pathway:

Preoperative phase:

- Begins when the decision to have surgery is made.
- Used to assess the persons suitability for surgery, identify potential risks factors, educate the person on avoiding complications of surgery and anaesthesia, and plan to meet the persons needs for safe and sustained recovery upon discharge

Intraoperative phase:

- Involves administering an anaesthetic, making surgical incision, performing the procedure and closing of the wound on completion of the procedure
- Phase begins when the nurse who has prepared the person for surgery hands over the persons details to the operation room/anaesthetic nurse

Postoperative phase:

- Begins with the handover of the person by operating room staff to staff in the post anaesthesia care unit (PACU)
- The affects of anaesthesia and surgery are monitored by the nurse who also coaches the person towards a return to pre-operative body function or better
- Nurses focus on assessing the persons airway, characteristics of breathing and circulatory parameters

Informed consent:

- The patient is fully informed of the procedure, risks and alternatives
- Freely and voluntary
- Has legal capacity to consent

Surgical preparation for the surgeon/nurses/doctors:

Assessment of:

- Risk factors

- Consent
- Medical history
- Physical examination
- Diagnostic tests
- Psychosocial factors

Risks to be aware of:

- Age
- General health (smoking, alcohol, pregnancy, medications)
- Medical and family history (bleeding)

Post procedural observations:

- Are individual to the patient's procedure
- Some procedures have set protocols
- Surgery type
- Anaesthetic type
- Inpatient/day surgery
- The PACU nurse will hand over the surgical procedure, the anaesthesia, drugs used, complications, allergies, vital signs, wounds etc
- On returning to the ward the monitoring will include, vital signs, conscious state, pain and comfort, nausea, wound, wound drains, catheter, IV fluids

Complications of post procedure:

- Respiratory: pneumonia Atelectasis and pulmonary embolism
- Circulatory: hypovolemia, haemorrhage, hypovolemic shock
- Urinary: UTI
- GIT: nausea, vomiting
- Wound: infection
- Psychological: anxiety, depression

Evaluating the patient:

- Have the patients needs been meet
- Has the wound healed
- Have any problems been addressed
- Does the patient have enough information for discharge

Post-operative moving, leg exercises, deep breathing and coughing:

Why its important to promote movement:

- Promote venous return
- Enhance lung expansion and mobilise secretions
- Stimulate gastrointestinal mobility
- Facilitate early ambulation

Leg exercises:

- Promote venous return, thereby preventing thrombophlebitis and thrombus formation

Deep breathing and coughing:

- To enhance lung expansion and mobilise secretions, thereby preventing atelectasis and pneumonia

Discharge planning:

- Process of anticipating and planning for needs after discharge
- Numerous members of the health team are involved
- Some discharge plans are more complicated (this is based on what the were admitted for)
- Need to organise medications and education about the medications
- Wound care
- What symptoms they need to look out for

- Ensuring that patients are in hospital for the least amount of time possible while ensuring they are safe and ready to go home/transferred
 - increased patient satisfaction
 - improved patient outcomes
 - benefits to the family
- While its important to be efficient, its also important the patients receive quality ad safe care
- Statics of how many re-admissions, if there are fewer patients being re-admitted after 28 days of discharge is an indicator that the quality of care is at high standards

Key elements of discharge plan:

- Individualised
- Based on patient care needs
- Coordinated by the nurse
- Facilities continuity of care
- Interdisciplinary/multidisciplinary approach

Creating a discharge plan:

- Identify how long he expects to be in hospital (is it realistic, does he think he will be home in 2 days or 1 month)
- Perform a comprehensive assessment of the patient (include subjective information)
- Will they expect to return home or not (will they go to rehab, nursing home etc)
- Do they care for others at home (grand children)
- If they have stairs
- Identify the level of support required
- Liaise with the patient/significant others and other health professionals
- Preferably complete the plan 48 hours prior to discharge
 - discuss plan with patient and family
 - consult other multi disciplinary team
 - begin to prepare paper work (discharge notes, instruction for specific care
 - plan transport