HNN124
YEAR 2025-2026
TRIMESTER-2 NOTES

Week	Topic Title
Week 1	Introduction to Pre and Post-Procedural Nursing Care
Week 2	Assessment and Management of the Patient with Altered Breathing
Week 3	Assessment and Management of Post-Procedural Pain
Week 4	Fluid and Electrolyte Imbalance
Week 5	Post-Procedural Wound Assessment and Management
Week 6	Post-Procedural Gastrointestinal Disturbances
Week 7	Post-Procedural Infection

DESCRIPTION: - These nursing notes cover Weeks 1 to 7 of Pre and Post-Procedural Nursing Care in a clear, week-wise format that includes detailed patient problems, nursing interventions, and rationales for every topic from pain management and altered breathing to wound care, infection, fluid and electrolyte balance, and gastrointestinal disturbances. They also feature important subjective questions with short forms, full forms, and meanings, plus essential tables, mnemonics, and quick-reference summaries. In addition, the set contains drug-calculation formulas and examples, making it perfect for exam revision, clinical placements, and HD-level understanding of practical nursing care.

USER GUIDE**: -** Use these notes to practice identifying patient problems, selecting appropriate nursing interventions, and understanding the rationales behind each one. After attending your seminars, these notes will help you reinforce and apply your knowledge in an exam-style format, with 8–10 key questions per chapter for focused revision. Every topic is concise and straight to the point, no unnecessary content making these notes ideal for both regular study sessions and last-minute exam preparation. Consistent review with these notes will strengthen your clinical reasoning and help you confidently ace your exams.

WEEK1

Therapeutic Communication (Anxiety Before Surgery)
Problem: Anxiety related to fear of anaesthetic and possible surgical complications.
Interventions & Rationales:
Use open-ended questions such as *"What worries you most about the surgery?"* to allow Mrs Broussard to express her feelings.
Rationale: Open-ended communication promotes emotional ventilation and helps the nurse identify specific fears. This decreases anxiety by fostering a sense of being heard and understood.
Maintain eye contact, use the patient's name, and sit at eye level.
Rationale: These non-verbal techniques convey respect, empathy, and attentiveness. Establishing a therapeutic presence builds trust and strengthens the nurse–patient relationship.
Provide accurate, simple information about the procedure and recovery.
Rationale: Clear information reduces uncertainty, increases the patient's sense of control, and physiologically lowers anxiety through reassurance.

Informed Consent (Unsigned Form)
Problem: Risk of performing surgery without legally valid informed consent.
Interventions & Rationales:
Notify the surgeon or anaesthetist immediately to obtain the patient's signature.
Rationale: Nurses cannot obtain surgical consent; ensuring the responsible practitioner completes it upholds legal and ethical standards of autonomy.
Ask the patient to explain the surgery in their own words (teach-back).
Rationale: The teach-back method assesses comprehension and ensures the consent is truly informed rather than just a signature.
Document the issue and actions taken in the nursing notes.
Rationale: Accurate documentation provides a legal record and promotes team communication to prevent inadvertent policy breaches.

NPO Violation Before Surgery
Problem: Risk of aspiration due to recent oral intake before anaesthesia.
Interventions & Rationales:
Inform the anaesthetist or surgeon immediately.
Rationale: Ingested food increases gastric volume and acidity; under anaesthesia, the gag reflex is suppressed, risking aspiration and airway obstruction.
Assess for nausea, abdominal distension, or discomfort.
Rationale: Determines whether gastric contents may complicate induction, guiding medical decisions about delaying the procedure.
Educate the patient on the importance of adhering to NPO orders.
Rationale: Understanding the link between fasting and safety promotes compliance in future procedures.

TED Stockings – Circulatory Concern
Problem: Impaired peripheral perfusion related to tight compression stockings.
Interventions & Rationales:
Remove the stockings immediately and inspect the lower limbs.
Rationale: Tingling, pallor, or coldness indicates venous obstruction; early removal prevents tissue ischaemia and nerve compression injury.
Assess capillary refill, pedal pulses, and temperature bilaterally.
Rationale: Provides objective data on arterial and venous circulation, helping detect DVT risk or circulatory compromise.
Report findings and refit stockings appropriately.
Rationale: Ensures correct pressure gradient (highest at ankle) and restores safe prophylaxis against venous stasis and thromboembolism.

Jewellery and Nail Polish Before Theatre
Problem: Increased risk of surgical site infection and inaccurate peri-operative monitoring.
Interventions & Rationales:
Remove all rings, bracelets, and necklaces.
Rationale: Jewellery traps microorganisms and interferes with skin antisepsis; metal can also heat during electrocautery causing burns.
Remove nail polish or artificial nails.
Rationale: Pulse oximeters measure SpO_2 through nail beds; polish blocks light transmission and delays detection of hypoxia.
Explain reasons for removal to the patient.
Rationale: Promotes cooperation and reduces pre-operative anxiety by clarifying that the measures protect safety, not convenience.

Post-Anaesthetic Respiratory Depression
Problem: Ineffective breathing pattern secondary to anaesthetic or opioid effect.
Interventions & Rationales:
Conduct a primary survey (Airway–Breathing–Circulation).
Rationale: Ensures airway patency and identifies early compromise; anaesthetic-induced muscle relaxation may obstruct airflow.
Administer supplemental oxygen as prescribed.
Rationale: Increases alveolar oxygen concentration, compensating for hypoventilation and preventing hypoxaemia (SpO_2 < 95 %).
Monitor GCS and vital signs closely; report deterioration.
Rationale: Sedation and low respiratory rate may progress to arrest; early recognition allows prompt reversal or airway support.

Monitoring After IV Morphine
Problem: Risk of opioid-induced respiratory and central nervous system depression.
Interventions & Rationales:
Monitor respiratory rate, rhythm, depth, and SpO_2 every 15 min.
Rationale: Morphine suppresses medullary respiratory centres; continuous assessment prevents unrecognised hypoventilation.
Assess level of consciousness using a sedation scale or GCS.
Rationale: Drowsiness precedes respiratory depression; trending scores allows timely dose adjustment or antidote use.
Keep emergency equipment and naloxone available.
Rationale: Immediate reversal of opioid toxicity can prevent hypoxic brain injury or cardiac arrest.

Nausea/Vomiting After Surgery
Problem: Risk of aspiration and fluid–electrolyte imbalance related to postoperative nausea and vomiting.
Interventions & Rationales:
Position the patient in semi-Fowler's or side-lying position.
Rationale: Uses gravity to prevent vomitus from entering the airway, maintaining oxygenation and airway clearance.
Administer prescribed antiemetic (e.g., ondansetron).
Rationale: Blocks serotonin receptors in the chemoreceptor trigger zone, reducing nausea and vomiting.
Monitor intake/output and mucous membranes.
Rationale: Repeated vomiting can cause dehydration, metabolic alkalosis, and electrolyte loss; early detection enables fluid replacement.
