

OUR LADY'S CHILDREN'S HOSPITAL
NURSING CARE Pathway 1
Care of a child pre and post orthopaedic surgery



Care Pathway 1 Problem		Care of the child Pre and Post Orthopaedic Surgery Goals	Issue date: December 2015 Review date: December 2018
<p>..... Will have/has had Ortho surgery for:</p> <p>Child is potentially at risk from :</p> <ol style="list-style-type: none"> 1) Neurovascular Compromise 2) Inadequate pain management 3) Respiratory compromise 4) Wound infection / delayed wound healing 5) Urinary retention 8) Complications of bedrest 7) Nausea and Vomiting 		<ul style="list-style-type: none"> Pre Op: Child and family will be safely prepared for theatre physically and psychologically Post Op: Child will be safe and comfortable post op Any alterations in neurovascular observations status detected and reported promptly Pain needs will be assessed and ensure patient comfort Any complications of wound therapy are detected early To prevent complications related to impaired mobility Prompt detection and management of complications post Orthopaedic surgery e.g. Compartment syndrome, Complications of cast, <p style="color: red; font-style: italic;">Can be used in combination with Care Plans 6, 7, 8, 9, 11, 23, 24, if more detail required.</p>	
Commenced date, time signature & grade	NO.	Nursing Intervention	Discontinued date, time, signature, grade
1.		Pre-Operative. Care	
		<ul style="list-style-type: none"> Explain procedure to Patient and Family, involve play specialist Discuss with Child methods of induction if appropriate Discuss any other requests that the Child/Parents may have in relation to surgery Ensure child has bath/shower (Chlorohexidine where appropriate) Fast from Milk solids from: _____ Clear fluids from: _____ Place fasting sign over bed and explain to parents and child meaning of same, ensure correct understanding Remove food from child's reach Specific pre op checklist needs e.g.: IV fluids, Bowel prep, Swabs, Bloods Clinical photos, Clinical Nurse Specialist Involvement Administer pre-medication and other medications if prescribed: Accompany child to Theatre Child may bring comforter to theatre with them 	
2.		Post-Operative care	
		<ul style="list-style-type: none"> Ensure Airway, Breathing & Circulation are stable upon transfer to ward Assess Child using PEWS, respond appropriately Monitor colour, pulse, respirations, blood pressure, oxygen saturations and temperature as directed by child's condition / surgeon/anaesthetist/nursing staff Nurse child on wall mounted monitor Report and record any deviations from normal 	
3.		Neurovascular Observations	
		<ul style="list-style-type: none"> Monitor colour of affected limb, report and record deviations from normal Monitor movement of affected limb, all digits, report and record deviations Monitor limb sensation, checking each digit separately, report and record deviations Monitor temperature of affected limb, (using the back of the assessors hand on each digit separately for effectiveness) report and record deviations (Kunkler, E.C. (1999)). <p>Compare all above with affected limb or use baseline assessment, Contact Ortho SHO/REG</p>	

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		<ul style="list-style-type: none">• Palpate all pulses distal to fracture• If observations is restricted observe capillary refill• Observe affected limb for swelling, oozing. Report and record any deviations from normal		
	3.	Pain		
		<ul style="list-style-type: none">• Assess pain score on admission as per pain assessment guidelines• Utilize both pharmacological and non-pharmacological means of pain relief.• Administer analgesia as requires as prescribed as per OLCHC Formulary 2015• Monitor and record effect of analgesia• Monitor and record use and effectiveness of PCA/NCA (as per Opioid guidelines 2015)		
	4A	Epidural Infusion		
		<ul style="list-style-type: none">• All infusions are administered in correct infusion pump.• Epidural infusion administered as per OLCHC Medication policy, epidural guidelines and as prescribed on epidural prescription sheet.• Nursing staff should ensure following: prescription and dosage are correct, Pump is programmed correctly, pump is running accurately• Nursing staff monitor signs of toxicity and report same to Anaesthetist on bleep 8528• Medication, epidural catheter and tubing all labeled “epidural use only”• Urinary catheter in situ and managed appropriately• Alternative analgesia is prescribed and administered prior to discontinuing infusion• Catheter is removed and discarded appropriately once infusion completed		
	4B	Morphine infusion		
		<ul style="list-style-type: none">• All infusions are administered in correct infusion pump.• Patients and Family have received adequate information regarding PCA/NCA• Morphine observations are recorded hourly (NB: Resp rate and O2 Sats)• Hourly volume infused, along with running total of the volume of epidural will be documented on fluid balance• Any problem regarding pump should be reported immediately• Alternative analgesia is prescribed and administered prior to discontinuing infusion		
	5A	Wound Care		
		<ul style="list-style-type: none">• Assess wound daily for redness, pain, swelling, haemorrhage or ooze. Report and record accordingly.• Change wound dressing when clinically needed• Record dressing names and change made• Liaise with appropriate CNS re. Status of sutures etc. <p>Wound 1 Wound 2..... Wound 3.....</p>		
	5B	Wound Assessment		
		<ul style="list-style-type: none">• Monitor TPR, any increase in same may indicate infection• Assess wound for signs of infection : redness, odour, pain• Specific Post op instructions from team re. wound _____• Administer antibiotic therapy as prescribed: (Route, Duration, Dose) _____• Report any improvement /deterioration in wound site to appropriate team• Document and report any changes in wound progress• Liaise with PHN /Practice Nurse / GP regarding wound care following discharge		
Location Of Wound	Wound as a result of: surgery / trauma / old	Wound description / Progression of	Wound Dressing	Frequency of Dressing

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		<ul style="list-style-type: none"> Dietician involvement if required, e.g. high protein diet, Cal shakes , TPN 	
	10.	Discharge Planning	
		<ul style="list-style-type: none"> Liase with Public Health Nurse / GP / Practice Nurse Complete appropriate documentation Specific post op Instructions: _____ OPD APPT / Follow Up: 	

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