

1) John Doe is a 77 year-old patient with a history of chronic obstructive pulmonary disease. He takes medication for his respiratory condition. He lives alone and is independent in his daily care. His CBC is as follows: WBC 11,000 Hgb 12, Hct 38, plts 100,000. He is coming to the ambulatory surgery center for a herniorrhaphy under spinal anesthesia. His baseline vital signs are BP 154/88, pulse 84, respiration 28, and temperature 97.8. He is alert and oriented.

What factors place Mr. Doe at increased risk for development of complications during and after surgery?

*Age, respiratory status, medication (may slow healing), slight hypertension, increased respiratory rate*

How would you interpret his lab results? What additional lab or diagnostic studies may be ordered for Mr. Doe? Why?

*WBC is borderline high (infection?), plts are low (risk with spinal) Chest xray , PFT's (COPD), chemistry,*

What education should be provided during the preoperative period to protect Mr. Doe from possible complications?

*Preop teaching on preparation for surgery, what to expect after surgery, cough & deep breathing, IS, leg exercises, abd. Splinting, NPO, bath or shower, TEDS, pain management*

List two possible nursing diagnoses for Mr. Doe in the preoperative period.

*Knowledge deficit, anxiety, fear, impaired gas exchange, potential for self-care deficit, loss of control*

2) Mrs. J is a 43 y.o. female who presents to her physician with complaints of severe fatigue, low abdominal pain, and irregular vaginal bleeding for six weeks. On physical examination, the physician finds an enlarged uterus. A CAT SCAN shows a large endometrial tumor. The physician admits Mrs. J immediately to the hospital for a hysterectomy to be performed tomorrow.

How would you classify Mrs. J's surgery?

*Major – poses risk to pt, requires general anesthesia, pt. admitted.*

*Urgent- surgical intervention w/in 24-48 hours.*

*Ablative – removal of diseased part*

What pre-op testing would be ordered?

*CXR – general anesthesia, CBC, Chem, T & C (has been bleeding),*

What would occur tonight in preparation for surgery in the morning?

*NPO after MN, bowel prep, pre-op checklist, surgical shower, teaching!*

List two nursing diagnoses that might apply to Mrs. J:

*Pain r/t surgical manipulation of tissues. Ineffective breathing pattern. Potential fluid volume deficit. High risk injury. Infection r/t tissue invasion. Impaired tissue integrity. Coping.*

3) Mr. R is a 65 y.o. white male who presents to his physician office with complaints of intermittent right upper quadrant pain, frequent indigestion after a high fat meal, and occasional pain in his right shoulder. The abdomen is soft and non-tender. An ultrasound of the abdomen shows an enlarged gallbladder with multiple small gallstones. The bile duct is clear. The physician suggests to Mr. R a laparoscopic cholecystectomy and the patient agrees. The patient is scheduled to report to Same Day Surgery in 10 days for the surgery.

How would you classify Mr. R's surgery?

*Minor/ major, required, ablative*

What pre-op testing would routinely be ordered for this surgery?

*CBC, chemistry, chest xray*

What would be included in the pre-op teaching?

*Cough & DB, IS, pain, early ambulation, bowel protocol. Teaching specific to laparoscopic procedure, incision care*

Who would be responsible for the pre-op planning?

*Physician office, SDS nursing*

4) Mrs. S is a 67 y.o. retired secretary. She is 62 inches tall and weighs 175 lbs. She has a medical history of bronchitis, mild hypertension, kidney stones, and recurrent urinary tract infections. She has come to the hospital for acute appendicitis and is scheduled to have her appendix removed in the morning.

Mrs. S is allergic to shellfish. She has no known allergies to drugs. She has partial dentures and says several times, "I'm sorry, I can't hear you very well". She becomes tearful, stating, "I hope everything goes okay. I've never had an operation before." Mrs. S lives on a fixed income and has one son who lives nearby.

List some surgical risk factors for Mrs. S:

*Hypertension, bronchitis, allergy – may react to CT scan dye, obesity*

List two nursing diagnoses:

*Anxiety r/t hospitalization & surgery, knowledge deficit, pain*

What are some concerns to be addressed in her pre-op teaching to lessen her anxiety?

*Normal expectations pre-op, post-op, pain control measures, case manager resources for questions about insurance/payment, where her dentures will be kept*

What should be included in the pre-op teaching to reduce physical complications post-operatively?

*Cough & DB, IS, leg exercises, splinting, turning, early ambulation, pain control*

What resources might be considered beneficial when she is discharged?

*Home health, case management, meals on wheels, including Son in d/c planning, scheduling of appointments*

5) Mrs. K is a 65 y.o. woman with osteoarthritis, failed conservative treatments, and is scheduled for a total knee replacement tomorrow. She is 60 inches tall and weighs 188 lbs. She has a medical history of hypothyroidism, type II diabetes, hypertension, and coronary artery disease. She takes a beta blocker and a baby aspirin daily. She lives in a single-story home and is the primary care-giver for her husband who has dementia.

How would you classify Mrs. K's surgery?

*Elective, major, ablative*

What information about her medical history and medication regimen requires follow up?

*Blood sugar, med schedule, beta blocker med regimen, last BP, HR, asa – increased risk of bleeding*

What should be included in the pre-op teaching to reduce physical complications post-operatively?

*Cough & DB, IS, leg exercises, early ambulation, pain management,*

What resources might be considered beneficial when she is discharged?

*Case manager – elder care, rehab, meals on wheels, physical therapy*

6) Mrs. H is an 87 year old resident of a long term care facility who fell yesterday and broke her hip. She is scheduled to have a total hip replacement in the morning. She has a medical history of dementia, hypertension, and osteoporosis. She is 63 inches tall and weighs 87 lbs. Her contact person is an adult daughter who lives out-of-state.

How would you classify Mrs. H's surgery?

*Urgent, major*

What concerns do you have for informed consent?

*Dementia, need to have adult daughter co-sign*

What pre-operative teaching priorities do you identify?

*may need teaching repeated, IS, C & DB, safety – call bell, pain management, mobility, nutrition*

What are some risk factors for Mrs. H for this surgery? What labs and diagnostic studies should be ordered and reviewed?

*Malnourished, bony, osteoporosis, safety, risk for falls, CBC, chemistry, CXR*