

Grace Surgical Final Reflection

What types of patients/procedures did you see?

Grace is an elective surgery hospital, specializing primarily in gynecological and orthopedic surgeries. The following are examples of the types of surgeries performed on a given day: laparoscopic assisted vaginal hysterectomy with bilateral salpingo-oophorectomy, endoscopic lumbar decompression of L 3-4 and L4-5, insertion of an epidural spinal neurostimulator, hammer-toe correction, robotic assisted arthroplasty of total knee, and bilateral endoscopic release of carpal tunnel.

What prep is required for patients based on scheduled procedure?

All patients are to have a COVID test within 5 days of surgery, and within the past 30 days, a CBC and a BMP are required. A H & P must be completed within the past 30 days. A PT/inr is required for patients on warfarin. An EKG within the past 90 days must be acquired for those 50 years old or greater, a chest xray within 30 days for patients with COPD, an EKG for patients over 50 years of age or with a history of heart disease, and a CT for arthroplasties. A HCG is required if female and less than 55 years of age, a T & S is required for level 2 or more spinal surgeries, hysterectomies, and sacrocolpopexies. Patients with heart disease need cardiac clearance. Pain stimulators are to be turned off prior to surgery, and patients with pacemakers are to supply a pacemaker card; patients with defibrillators must present cards, as well. Medications such as warfarin, semaglutide, and naltrexone must be discontinued prior to surgery. Patients must be NPO, shower with antibacterial soap the night before surgery, and wipe down with chlorhexidine wipes the day of surgery. Medications to be given in pre-op include beta blockers, anti-seizure medications, and insulin for glucose levels greater than 200. Orthopedic patients are to be shaved on the operative side, SCDs and TED hoses are required, and patients are to have nasal alcohol swabs. IVs are preferred on the non-operative side. Depending on the surgeon, celebrex, gabapentin, tylenol, ibuprofen, vancomycin, oxycodone, journavx, or ofirmev given prior surgery.

What is the process for obtaining consents for the procedure?

Consents are required during the admission process for treatment and blood products. If a patient is not a primary English speaker, Covenant will provide a telephonic interpreter to obtain consent using the patient's primary language.

What are some common post-procedure instructions given to the patient/caregiver?

Education is given on signs and symptoms of infection, blood clots, hemorrhage, and worsening conditions. The patient is advised when to contact 911, the hospital, and their provider. They are given instructions on taking pain medications, muscle relaxers, and antibiotics. They are told how to use ice packs, elevate limbs, keep dressings dry, use walkers, navigate stairs, get into a vehicle, and when to shower for the first time. They are given nutrition information,

educated on diabetes and hypertension, and taught safe medication disposal. They are also given prescriptions and follow-up appointments.

Give examples of non-pharmacological comfort nursing interventions you saw.

I saw nurses make patient rooms more conducive for sleep by lowering the room lights, decreasing the brightness of the lighting under the patient's bed, closing the blinds, and shutting doors. I saw patients having their attention drawn to the views outside of their rooms, being given instructions on how to use their TVs, and being offered ice, or warm blankets.

What complications from sedation did you watch for and how did you monitor?

We watched for respiratory depression by monitoring respiration rates and oxygen levels. We also monitored for signs of hemorrhage by monitoring blood pressure and the amount of blood on peri pads.

What is the flow of the patient throughout the department? Give examples of how the staff worked as a team.

Patients may be brought to the surgery floor by a member of the registration team. A CNA or nurse tech instructs the patient on how to disrobe, use chlorhexidine wipes, and dress. The CNA takes vitals, places TED hose and SCDS, and informs the charge nurse when the patient is ready. The nurse completes the pre-op phase by obtaining consents, reconciling medications, taking the patient's medical history, completing a pain and head to toe assessment, and questioning the patient about cardiac issues, sleep apnea, post-op difficulties, and falls. The nurse starts IVs and administers prescribed medications. The nurse also creates education and care plans. The anesthesiologist and surgeon visit with the patient, go over the surgery, mark the surgical site, and answer questions. Once the surgery is complete, the surgeon visits with family members. The PACU nurse takes the patient to the med/surg floor and gives a report to the floor nurse. The floor nurse checks in the patient, does an assessment, and answers questions. The CNA does post op vitals. The surgeon visits the patient and family members to discuss the procedure and answer questions. Respiratory assesses and instructs how to use the incentive spirometer. Dietary takes food orders. The nurse continues to monitor, assess, and administer pain medications. CT and OT work with the patient. The physician reassesses. Case management works with the patient to meet home health, rehab, and equipment needs. Pharmacy brings home medications. The nurse provides discharge instructions and assists the patient to a family member's vehicle.