



# Postoperative Care of the Patient with Complications: Pneumonia

## Simulated Clinical Experience (SCE™) Overview

**Location:** Surgical Unit

**History/Information:**

The patient is a 55-year-old male admitted to the Medical-Surgical Unit with a recent diagnosis of colorectal cancer. He first presented to the healthcare provider with complaints of fatigue, rectal bleeding and a change in bowel patterns (constipation alternating with diarrhea). An initial work-up revealed anemia, a Carcinoembryonic Antigen level of 22, and a positive Computerized Technology scan showing a mass in the sigmoid rectal region. The patient has no other significant medical history. He has smoked for most of his adult life; he has an 80 pack/year history. He admits to drinking “several” beers on the week-ends. He denies the use of drugs. The patient is divorced and has three independent adult children and two grandchildren. Recently he became engaged and plans to be married within six months. His father had colon cancer and died before he was 60 years of age. The patient is a plumber and works 40 hours/week. He currently lives with his fiancée. He has been upset and concerned about his health and voices concern about dying as his father did with cancer.

The patient returned to the unit at 1600 hours and is now for hours postoperative.

**Healthcare Provider’s Orders:**

Admit to Medical-Surgical Unit

Diagnosis: Colon cancer status post abdominal-perineal resection, colostomy, lymph nodes dissection, liver biopsy

NPO

Vital signs every 4 hours

Intake and output every shift, include all drains

Urinary catheter to gravity

Bedrest for today, then bathroom privileges with assistance in the A.M.

Antiembolism stockings

Nasogastric tube to low continuous suction; Irrigate with 0.9% NS prn

Colostomy with appliance; Empty prn

Empty compression-bulb wound drain prn

Incentive spirometer 10 times per hour, every hour while awake

Patient controlled anesthesia (PCA) with morphine per Anesthesiologist

Continuous pulse oximetry

Promethazine 50mg IV/IM every 6 hours prn nausea

D5/0.45% NS with 20mEq KCl at 125mL/hour

Cefazolin 1000mg IVPB every 8 hours

Metronidazole 500mg IVPB every 6 hours

Famotidine 20mg IVPB every 12 hours

Enoxaparin 40mg SQ every day

A.M. Labs: CBC, Electrolytes, BUN, Creatinine, Glucose

## Learning Objectives

1. Formulates a plan of care for the postoperative patient who has abdominal surgery and a colostomy (APPLICATION).
2. Describes the pathophysiology of colorectal cancer and nosocomial pneumonia (KNOWLEDGE).
3. Evaluates the outcomes of nursing care and interventions and modifies care as needed for a patient with an abdominal perineal resection (ANALYSIS).
4. Develops a plan for education of the patient and family for colostomy management (APPLICATION).

## Questions to Prepare for the Simulated Clinical Experience

1. What are the risk factors associated with the development of colorectal cancer?
2. What preoperative teaching should be done to prepare a patient for an abdominal-perineal (AP) resection and a permanent colostomy?
3. What therapeutic interventions would be anticipated for a patient following this type of abdominal surgery?
4. Identify nursing strategies to decrease the risk of postoperative complications following an AP resection and colostomy.
5. Discuss the development and treatment of postoperative pneumonia (nosocomial).
6. What is the most common type of cancer to affect the colon?
7. Discuss the manner in which colorectal cancer can metastasize.
8. What is the significance of staging cancer and how does this correlate with prognosis?
9. Identify appropriate discharge teaching/planning needs for a patient recovering from this major surgery.
10. Discuss the psychosocial and emotional issues following an AP resection and a colostomy.

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