

TEACHING PLAN FOR: Laparotomy (Post): Self-care Educational Needs

PURPOSE: To delineate the educational needs/self care instruction for a patient who has had a laparotomy.

SUPPORTIVE DATA: Following a laparotomy, there is a period of physiological and psychosocial adjustment. This may vary depending on what procedure was done during the laparotomy. This protocol addresses the self care educational needs of a hospitalized patient as well as her preparation for discharge. This protocol is to be used as a guide in adjunct to physicians' orders for each patient.

DESIRED

PATIENT OUTCOMES:

1. Patient will verbalize understanding of physiologic changes related to surgery.
2. Patient will demonstrate and/or verbalize appropriate care of self.
3. Patient's pain will be controlled/reduced to a level acceptable to the patient.

ASSOCIATED

STANDARDS: OB-GYN/L&D Unit Practice Manual:

Protocol For: Laparotomy: Care of the Patient Admitted to OB-GYN

Protocol For: Admission: Nursing Responsibilities for the Patient being Admitted to OB-GYN Unit

Nursing Practice Manual:

Protocol For: Discharge Planning

Protocol For: Pain: Care of the Adult Patient with Pain

ASSESSMENT:

1. Assess patient for pain and intervene appropriately following the assessment and care delineated in the associated standard - Protocol for: Pain: Care of the Adult Patient with Pain.
2. Assess patient's previous experience with self care after surgery.

TEACHING PLAN FOR: Laparotomy (Post): Self-care Educational Needs

3. Assess ability to understand instruction - note any language barriers, disabling mental/emotional capacity.
4. Assess alertness and level of consciousness secondary to narcotic medication administration.
5. Assess physical ability to perform self care.

- INTERVENTIONS:
1. Initiate Self care Educational Needs Flowsheet upon admission to unit.
 2. Instruct patient in a quiet environment.
 3. Instruct patient using lay terms.
 4. Reinforce verbal instructions with handouts, videos and pamphlets as appropriate.
 5. When possible, have patient perform a return demonstration and/or verbalize understanding of instructions given.

PATIENT

EDUCATION:

The nurse is responsible for identifying the educational needs of the patient and teaching basic self care measures using the following guidelines:

1. Elimination patterns:
 - a. Bladder and bowel function patterns may be temporarily disrupted after surgery as a result of foley catheter placement, surgical manipulation, anesthesia/analgesia, patient activity and diet restrictions. Patient should void spontaneously within 6-8 hours after catheter is removed. Normal bowel function should return by third or fourth postop day. Instruct patient:
 - 1) To call for assistance out of bed as needed.
 - 2) In the use of measures to enhance spontaneous void
 - a) warm water to perineum
 - b) voiding in shower or sitz bath
 - c) running tap water or shower
 - 3) To report S/S infection: burning, frequency, urgency and retention.
 - 4) In the importance of fluids, fiber and ambulation in re-establishing regular bowel habits.
 - 5) To report first BM.
 - b. Provide measures to promote comfortable BMS

TEACHING PLAN FOR: Laparotomy (Post): Self-care Educational Needs

- 1) meds per MD orders: MOM, suppositories and stool softeners
 - 2) nutritional guidance: increase fluids and fiber
 - 3) assistance with ambulation
- c. Reassure patient that BM will not affect abdominal incision.
2. Incision/abdominal care: caretaking measures following a laparoscopy involve maintaining physical stability, and informing the patient of the healing process and instructing them in the care of the incision/abdomen. Education should include:
- a. Type of incision closure used - staples or subcuticular.
 - b. Splinting of incision with bath blanket or pillow while turning, coughing and deep breathing.
 - c. Instructing patient to air dry incision and to avoid restrictive clothing over abdominal area.
 - d. Instructing patient to report S/S infection: redness around incision, purulent discharge from incision and extreme abdominal tenderness.
 - e. Encouraging ambulation for abdominal distention related to gas.
 - f. Instructing patient that she may shower after removal of dressing and to "pat-dry" incisional area.
 - g. Instructing patient not to use oils or lotions over incisional area.
3. Activity: patient activity level is dependent on patient. Generally a patient may be out of bed when able and comfortable to ambulate with minimal assistance. The following guidelines should be addressed when patient is alert and oriented:
- a. Instruct patient to call RN first time out of bed.
 - b. Encourage patient ambulation.
 - c. Instruct patient to balance activity with rest.
 - d. Encourage patient not to lift heavy objects for 4-6 weeks postop.
 - e. Instruct patient to slowly increase activity with tolerance.
 - f. Instruct patient not to drive for two weeks after surgery.
 - g. Instruct patient to avoid excessive stair climbing for two weeks postop.
 - h. Instruct patient not to engage in strenuous exercise until checkup with MD.

TEACHING PLAN FOR: Laparotomy (Post): Self-care Educational Needs

4. Nutrition: well balanced meals from basic food groups are needed to regain strength, and promote healing of tissues. Review of nutrition should include:
 - a. Encouraging patient to eat nutritional meals from all food groups.
 - b. Instructing patient on progression of diet while hospitalized - food and fluids are advanced per MD orders bowel function returns.
 - c. Encouraging fluids and fiber to promote comfortable bowel movements and avoid abdominal distention.

REPORTABLE
CONDITIONS:

1. Patient unable to comprehend instructions.
2. Patient physically unable to perform tasks.

DOCUMENTATION:

1. Document teaching on Educational Needs Flowsheet.
2. Document patient response as per documentation standards, Department of Nursing.

REFERENCES: Nursing Standards Committee

CREDENTIALS: RN

EFFECTIVE DATE: 11/93

REVISION DATES: 1/09