

PROTOCOL FOR: Oral-Maxillo-Facial (OMF) Surgical Procedure: Care of the Post-Operative Patient

DESIRED
PATIENT OUTCOMES: 1. The patient will experience no/minimal complications from surgery.

ASSESSMENT/
GENERAL
NURSING CARE:

1. Airway:
 - a. Monitor vital signs q 2 hrs x 4 hrs; then q 4 x 8 hrs; then q 8 hrs or per MD order. H.O.B. should be elevated to 30°.
 - b. Assess facial edema q 4 hrs x 24 hrs to maintain patent airway.
 - c. Maintain wire cutters at bedside for OMF surgical procedures.
 - d. Maintain suction (Yankauer) for removal of bloody oral secretions to ensure airway patency and/or emergent nasopharyngeal suctioning.
2. Pain Management:
 - a. Initiate Pain Protocol as appropriate
 - b. Assess and document patient's report of pain: location, type, duration and severity. Use pain scale 0-10 (0 = no pain, 10 = worst pain imaginable).
 - c. Medicate for pain as needed. Assess/document patient response to medication regimen.
 - d. Institute comfort measures as needed: relaxation, reassurance, and cold compress.
3. Nutrition:
 - a. Assess patient for nausea and vomiting which may be a response to anesthesia or an accumulation of secretions in the stomach within first post-operative day.
 - b. Instruct patient to do the following if vomiting should occur:
 - 1) ring for nurse
 - 2) lean forward
 - 3) suction mouth with Yankour suction tip
 - c. Maintain IV site to administer IVF's as ordered and remove when PO intake adequate per LIP order.
 - d. Patients to begin their diet with clear liquids using the "feeding syringe" (20 cc syringe with optional IV extension tubing attached) beginning per LIP order.

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- e. Encourage patient to try using cup as soon as possible. No straws are to be used. Advance diet as tolerated.
 - f. Dietary consult prior to discharge.
 - g. Ensure that patient has a blender at home, if appropriate.
4. ADL:
- a. Dangle evening of surgery with LIP order.
 - b. Ambulation begins first POD with LIP order.
 - c. Mouth care: per LIP order.
 - d. Supply patient with writing utensil and tablet for communication.
 - e. Encourage patient to talk (valuable in assessing facial nerves).
5. Ileac crest bone grafts:
- a. Assess and monitor graft site pressure dressing q 4 hrs. x 24 hrs. or per LIP order.

PATIENT
EDUCATION:

- 1. Teach patient use of Yankauer suction to remove secretions from mouth.
- 2. Teach patient appropriate mouth care, i.e. mouth rinse with normal saline pc and hs.
- 3. Instruct patient regarding procedure to follow should vomiting occur:
 - a. push call bell for assistance
 - b. lean forward
 - c. suction mouth with Yankauer suction tip
- 4. Reinforce teaching by Clinical Dietician regarding food choice and food preparation in preparation for discharge.

REPORTABLE
CONDITIONS:

- 1. Vital signs outside LIP parameters
- 2. Sudden dyspnea
- 3. Extreme facial edema
- 4. Signs/symptoms of infection, bleeding
- 5. Unmanageable pain or anxiety.
- 6. Persistent nausea/vomiting.

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APPROVAL: Medical-Surgical Standards Review
Nursing Standards Committee

EFFECTIVE DATE: 10/90

REVISION DATES: 2/94, 12/97, 9/03, 10/05