

Medical-Surgical/ICU Units - Unit Practice Manuals
John Dempsey Hospital-Department of Nursing
The University of Connecticut Health Center

PROTOCOL FOR: Peripheral Vascular Reconstruction: Care of the Post-operative Patient

DESIRED PATIENT

OUTCOMES:

1. The patient will regain optimal circulation and mobility post surgery.
2. The patient will experience no/minimal complications from surgery.

ASSESSMENT/
GENERAL

NURSING CARE:

1. Circulation:
 - a. Check vital signs q four hours x 24 hours, then q eight hours, per M.D. order or per unit protocol.
 - b. Check pedal pulses (dorsalis pedis and posterior tibial) and document as palpable or dopable Q4 hours times 48 hours and then q8 hours or per LIP order.
 - c. Check color motion and sensation in the affected extremity q 4hours times 48 hours and PRN then q8 hours or per LIP order. For color, motion, sensation checks inspect and palpate for color temperature, blanching, capillary refill, flexion/extension, sensation, and swelling of affected extremity.
 - d. Maintain elevation of affected extremity.
 - e. Administer anticoagulants as ordered.
 - f. Maintain bed rest/activity as ordered.
 - g. Maintain immobilizer per MD order.
 - h. Monitor labs as ordered.
2. Pulmonary:
 - a. Monitor lung sounds q four hours x 24 hours, then q eight hours and PRN.
 - b. Monitor patient's ability/compliance to cough and deep breath. Use incentive spirometer every hour while awake, per M.D. order.
 - c. Discourage patient from performing the ValSalva Maneuver or rigorous coughing.
3. Fluid Volume Status:

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- a. Monitor IV infusion/Saline lock as ordered.
 - b. Monitor I+O.
 - c. Monitor peripheral edema to affected area/extremity.
4. Wound Care:
- a. Observe and document condition of dressing q four hours until after M.D.'s complete first dressing change. Then change dressing as ordered, using sterile technique.
 - b. Monitor wound for symptoms of infection: 1) redness, 2) heat, 3) swelling, 4) pain, 5) drainage and 6) odor.
 - c. Monitor wound for symptoms of bleeding or hematoma q 4 hours and prn, especially within the first 24 hours; then q 8 hours or per MD orders.
 - d. Inspect area around wound for irritation/tape burns and document findings.
 - e. Avoid tape to skin on lower extremity wounds.
5. Pain Management
- a. Initiate appropriate pain protocol (Adult or Acute or both)
 - 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 patient's response to medication regimen.
 - d. Pre-medicate appropriately before physical therapy and ADL's, per LIP order.
 - e. Institute comfort measures as needed: repositioning, relaxation and reassurance.

PATIENT
EDUCATION:

1. Provide patient/significant other with the following information:

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- a. Signs and symptoms of inadequate changes in tissue perfusion:
 - 1) cool skin temperature
 - 2) abnormal color (pale, rubor, cyanosis)
 - 3) numbness/tingling
 - 4) lack of sensation in extremity
 - 5) inability to flex/extend affected extremity.
 - b. Anticoagulation medication if patient will be discharged on anticoagulants, include video and handouts.
 - c. Inspection and care of the incision line.
2. Explain/reinforce instruction from M.D./physical therapist regarding any restrictions in mobility or ambulation.

REPORTABLE

CONDITIONS: Notify House Officer if:

1. Vital signs are outside M.D. parameters.
2. Sudden dyspnea.
3. HCT less than 30.
4. Wound shows signs of infection, bleeding.
5. Unmanageable pain.
6. A change in circulation, sensation or motion to the affected area.

APPROVAL: Medical/Surgical Standards Review
Intensive Care Unit Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 11/90

REVISION DATES: 2/94, 3/96, 12/97, 9/03, 12/05