

PROTOCOL FOR: Shoulder Reconstruction: Care of the Post-op Patient with Surgical Repair

DESIRED PATIENT

- OUTCOMES:**
1. The patient will experience minimal/no complications from surgery.
 2. The patient will regain optimal mobility post surgery.

**CLINICAL
ASSESSMENT
AND CARE:**

1. Circulation:
 - a. Check vital signs every 4° x 24 hours, then every 8° or per LIP orders.
 - b. Check circulation, sensation, movement (CSM) of fingers and hand every 4° x 24° then every 8°. For CSM checks, inspect and palpate for color, temperature, blanching/capillary refill, sensation, peripheral pulses, flexion/extension, swelling. (Patients may have decreased CSM depending on the anesthetic used post-op.)
 - c. Encourage wrist and finger motion every hour while awake. Encourage range of motion of elbow every 4° out of sling and brace per LIP order.
 - d. Place pillow under affected elbow and/or are as ordered by MD.
2. Pulmonary:
 - a. Assess lung sounds every 4° x 24°, then every 8° and prn if stable.
 - b. Assess patient's ability/compliance to cough and deep breathe. Use Incentive Spirometer every 1° while awake per LIP order.
3. Fluid Volume Status:
 - a. Monitor IV infusion/heparin lock as ordered.
 - b. Monitor I + 0 as ordered.
4. Wound Care/Skin Care:
 - a. Observe and document condition of dressings with vital signs until LIP completes first dressing change; then change dressings PRN or as ordered using sterile technique.
 - b. Assess and document wound for symptoms of infections: redness, heat, swelling, pain, drainage, odor.
 - c. Assess and document wound/dressing for symptoms of bleeding.
 - d. Assess and document skin for signs of irritation or break down under immobilizer or splint. Patient may

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gently cleanse axillary area while keeping shoulder immobilized. While spray or stick deodorant may be impossible to use, patient may apply powders or a cream deodorant. For patients immobilized with a sling and swathe in an adducted position, keep skin folds dry. Keep axilla padded with ABD pad and change prn.

5. Pain Management:

- a. Initiate appropriate Pain Management Protocol.
- b. Assess and document patient's report of pain using the pain scale 0-10 (0 = no pain, 10 = worst pain imaginable).
- c. Medicate for pain as needed (assess for other anesthetics in use ie: Scalene Block or Epidural).
- d. Assess and document patient response to medication regimen.
- e. Institute comfort measures as needed: repositioning, relaxation, reassurance.

6. Mobility:

- a. To avoid undue strain, place patient in a bed with unaffected side accessible to the bedside unit.
- b. Assist patient with transfer in and out of bed, supporting arm/shoulder as necessary until patient is increasingly stable and independent.
- c. Reinforce per patient specific Occupational Therapy Protocol:

Total Shoulder Arthroplasty:

- 1) Reinforce education on the removal of the immobilizer and active range of motion of the elbow to prevent elbow contractures, if ordered.
- 2) Reinforce instructions in clothing changes noting the importance of wearing the immobilizer over the clothes to prevent axillary rashes and infection.
- 3) Reinforce forward flexion exercises with the use of the pulley system, if ordered.
- 4) Reinforce instructions on external rotation in the supine position using a cane or other object, if ordered.
- 5) Reinforce the instructions that the patient should wear the immobilizer per LIP instructions.
- 6) Reinforce strengthening exercises per O.T.
- 7) Reinforce use of the O.T. assistive devices.

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7. Notify the LIP for:
- a. Vital signs are outside parameters
 - b. Dyspnea
 - c. Lab values outside accepted range/MD orders
 - d. Wound shows signs of infection, bleeding
 - e. Unmanageable pain
 - f. Change in circulation, sensation or movement to the affected area

APPROVAL: Medical-Surgical Standards Review
Nursing Standards Committee
Department of Rehabilitation Services
Department of Orthopaedic Services

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