

PROTOCOL FOR: Thyroidectomy/Parathyroidectomy: Care of the Post-operative Patient

DESIRED
PATIENT OUTCOMES: 1. Patient will experience minimal and/or no post-operative complications.
2. Patient will regain pre-operative/optimal level of functioning by discharge.

ASSESSMENT AND
GENERAL NURSING

- CARE:
1. Pulmonary:
 - a. Assess breath sounds q four hrs. x 24 hrs/PRN or per LIP order. Then q eight hrs/PRN or per M.D. order for rate, depth and character.
 - b. Assess for airway obstruction: pressure and/or fullness in throat, neck or at surgical site. Assess for laryngeal spasms and inability to swallow.
 - c. Assess for signs and symptoms of hypoxia: increased apprehension, restlessness and mental status changes, and cyanosis. Monitor with pulse oximeter per MD order.
 - d. Keep H.O.B. up 30-45° to facilitate breathing and decrease potential for development of edema to surgical site.
 - e. Keep resuscitation equipment, including suction and a tracheostomy set, at the bedside.
 2. Cardiovascular:
 - a. Monitor surgical site for obvious signs of hemorrhage/bleeding.
 - b. Monitor vital signs q four hrs. x 24 hrs., then q eight hrs/P.R.N or per M.D. order. Assess heart rate and blood pressure for changes indicative of changes in hemodynamic status.
 - c. Monitor for signs and symptoms of excessive swallowing due to internal hemorrhage, and for swelling in tissue at surgical site.
 - d. Assess patient for symptoms of shock: cool, clammy skin, vital sign changes, change in level of consciousness and orientation.
 - e. Monitor serum electrolytes, hemoglobin and hematocrit levels.
 3. Electrolyte Imbalance:
 - a. Monitor intake and output. Assess for dehydration: skin turgor, mucus membranes and urine concentration.
 - b. Assess for signs of hypocalcaemia, including: Chvostek's and Trousseau's signs (Chvostek's sign is elicited by tapping on the face at the point just anterior to the ear and just below the zygomatic bone. A positive sign is the twitching of the ipsilateral facial muscles. This is suggestive of neuromuscular excitability caused by

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hypocalcaemia. Trousseau's sign is elicited by inflating a sphygmomanometer cuff above systolic blood pressure for several minutes, a positive response is muscular contraction including flexion of the wrist and metacarpophalangeal joints, hyperextension of the fingers and flexion of the thumb on the palm. Both are suggestive of the neuromuscular excitability caused by hypocalcaemia). Also assess for signs of tetany, muscular twitching, or complaints of numbness and/or tingling in lips, fingers or toes.

- c. Assess for any changes in mental status.
- d. Monitor serum calcium levels per MD order.
- e. Keep an ampule of calcium gluconate and syringe at bedside. Maintain patent IV access in patient during the post-operative period.

4. Pain:

- a. Initiate appropriate pain care protocol.
- b. Assess and document location, type, duration and severity of pain. Use pain scale 0-10 (0 = no pain, 10 = worst pain imaginable).
- c. Administer analgesics as ordered/P.R.N. and document effect of medication.
- d. Provide ice chips and throat lozenges for sore throat discomfort.
- e. Encourage patient intake of soft foods post-operatively to decrease difficulty in swallowing.

5. Wound Care:

- a. Do not remove primary pressure dressing immediately post-op. Observe and document condition of dressing q four hours x 24 hour or until the first dressing change by M.D. Reinforce dressing if needed. Change as per M.D. order thereafter.
- b. Assess surgical site for signs of infection: 1) redness, 2) heat, 3) swelling, 4) drainage and 5) odor.
- c. Encourage/teach patient to support head and neck when turning or in sitting position to prevent tension or pulling on suture line.
- d. Inspect area around wound for irritation and/or tape burns.
- e. Administer antibiotics if needed, as ordered.

6. Notify the House Officer for:

- a. Evidence of airway obstruction, difficulty in breathing or signs of hypoxia. Respirations > 30.
- b. Bleeding/hemorrhage from surgical site or evidence of

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internal bleeding.

- c. Vital Signs outside MD parameters.
- d. Evidence of Chvostek's, Trousseau's signs, signs of tetany, muscle twitching/cramping, circumoral numbness/tingling or parasthesias.
- e. Abnormal values for serum electrolytes, hemoglobin, hematocrit or calcium.
- f. Evidence of aphonia or dysphonia, increased hoarseness or weakness in voice.
- g. Evidence of surgical incision infection or bleeding.

PATIENT
EDUCATION:

1. Review with patient signs and symptoms of hypo- and hyperthyroidism and hypocalcemia, and instruct patient to report any of these symptoms to nursing/medical staff.
2. Teach name, action, dosage, schedule, route of administration and side effects of thyroid replacement if ordered.
3. Teach name, action, dosage and side effects of calcium replacement medications if ordered. Teach measures to use in case of emergencies.
4. Instruct patient about foods high in calcium.
5. Instruct patient in surgical incision site care.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 12/90

REVISION DATES: 2/94, 12/97, 9/03, 6/06