

**HEALTHCARE
DEPARTMENT OF NURSING
STANDARD OF CARE-SPECIALTY**

ABDOMINAL AORTIC ANEURYSM REPAIR

INSTRUCTIONS FOR COLUMNS:

- 1 - For charting purposes, the whole standard is given one problem number on first page in Column #1. Date each nursing diagnosis on which you intend to focus.
- 2 - If potential problem becomes actual, orange out word "potential" and write date in Column #1. When problem resolves, record date.
- 3 - DATE: If an outcome is appropriate for patient, write current date in front of it. Consider length of stay.
PT/S.O.: If discussed outcome with patient, write "PT", if with significant other write "S.O." in front of outcome, if applicable.
- 4 - May write additional outcome in blank space in outcome column if standardized outcome(s) doesn't apply.
- 5 - Target date goal to be met. May be date for specific, ongoing (OG) or by discharge (D/C). Chart progress toward goal under "A". In SOAP Note, record date goal met.
- 6 - Date and initial any plans.
- 7 - Date and initial to discontinue plan.
- 8 - Plan of care. Make additions at end of problem.

DATE	NURSING DIAGNOSIS/PROBLEM	DATE PT/ S.O.	DESIRED OUTCOME/GOAL PT= discussed with patient S.O.=discussed with significant other	TARGET DATE__ DATE MET	START DATE/ INTL	D/C DATE/ INTL	PLAN Under P in Progress Note write planned reviewed with or without changes
No.	<u>ABDOMINAL AORTIC ANEURYSM REPAIR</u> Potential for alterations in fluid and electrolyte balance related to third spacing of fluid and blood loss during surgery		Patient will experience resolution of third spacing within expected time post-op (usually beginning to resolve by the third post-op day) evidenced by: <ul style="list-style-type: none"> ▶ absence of peripheral edema and ascites ▶ R/P and pulse within normal range for patient and stable with position change ▶ maintenance of an optimum ▶ cardiac output, central venous pressure, pulmonary wedge pressure and blood pressure (individualize for patient) ▶ returns to baseline weight Patient will show no evidence of bleeding Patient will demonstrate electrolyte values within normal range				1. Assess for and report signs and symptoms of third spacing: a. peripheral edema b. ascites c. dyspnea, orthopnea d. crackles and diminished or absent breath sounds e. change in mental status 2. Measure hemodynamic parameters and vital sign while pulmonary artery (PA) line in place 3. Daily weights 4. Monitor I&O, specific gravity, electrolytes. Report abnormal findings to physician 5. Measure abdominal birth every 8 hours if distended

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	Date Resolved: _____		Patient will not experience complications of excess fluid				<p>6. Administer and monitor parenteral fluids as ordered</p> <p>7. Monitor skin turgor and mucous membranes each shift</p> <p>8. Assess results of clotting studies, H&H</p> <p>9. Assess wound sites, abdomen, back, areas of invasive procedures, urine and NG drainage for signs of bleeding</p> <p>10. Assess for distended neck veins. Report signs of overload</p>
	Potential for ineffective breathing pattern related to pain, decreased mobility, abdominal distention, fatigue, previous respiratory disorder and prolonged anesthesia		<p>Auscultations and chest x-ray reveals full lung expansion without atelectasis, pulmonary interstitial edema or compressed bronchus</p> <p>ABGs and respiratory rate within normal limits</p> <p>Patient verbalizes importance of taking deep breaths</p> <p>Patient uses incentive spirometer with assistance</p> <p>Patient will cough effectively</p>				<p>1. Assess respiratory rate, depth and breath sounds</p> <p>2. Provide pain medication to coincide with coughing, deep breathing and other activities</p> <p>3. Encourage patient to cough and deep breathe every 1 hour using incentive spirometry while patient on bed rest. Progress to every 2 hours and PRN until ambulatory</p>
							4. Provide mouth care to

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	Date Resolved: _____						moisten mucous membranes 5. Assess need for additional respiratory treatments to mobilize secretions 6. Assist patient to change position every 2 hours until ambulatory 7. Schedule care to avoid fatigue and provide rest periods
	Potential alteration in GI tissue perfusion related to embolization and/or prolonged clamping time Date Resolved: _____		Patient will have normal bowel sounds and a soft, non-distended abdomen Absence of abdominal distention, rigidity, or other signs of mesenteric ischemia of infarction Returns to normal and/or appropriate dietary intake				1. Monitor for signs of in GI mesenteric ischemia; a. diffuse abdominal pain b. distended abdomen c. diarrhea or rectal drainage d. melaena e. changes in abdominal girth f. abdominal rigidity g. decreased or non- progressing bowel sounds h. temperature elevation 2. Monitor WBC as ordered 3. Maintain patency of NG tube 4. Guaiac all stools X 4 days
	Potential alteration in peripheral tissue perfusion related to thrombus		Patient will have adequate peripheral perfusion as evidenced by present pulses, improving color and temperature and				1. Assess leg pulses, color, temperature, capillary refill, leg and foot movement and

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	occlusion of graft, embolization or hypotension Date Resolved: _____		normal movement of extremities				strength. Report any changes 2. Assess quality and location of pain in legs/feet 3. Encourage patient not to cross legs
	Potential alteration in renal tissue perfusion related to hypovolemia, embolization, and prolonged clamping time Date Resolved: _____		Patient will have normal kidney function adequate to maintain BUN, Creatine, electrolyte levels, body fluid volume, and acid base balance within normal limits				1. Monitor for signs of renal failure, decreased U/O increasing specific gravity, electrolyte imbalance, increased serum creatinine and BUN, decreased urine creatinine and ABGs for metabolic acidosis 2. Assess therapeutic and non- therapeutic effects of diuretics and/or medications to increase renal perfusion 3. Monitor fluid volume status
	Potential for anxiety/fear related to change in health status, hospitali-zation, and threat of death Date Resolved: _____		Patient verbalizes anxieties and fears and demonstrates progress toward positive coping behavior				1. Encourage verbalization of fear and anxiety, provide feedback 2. Provide accurate, concrete information about what is being done, e.g., procedures, diagnostic testing 3. Monitor behavioral clues and physiologic responses

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							<p>4. Provide a calm restful environment</p> <p>5. Make arrangement for S.O. to be with patient and encourage communication with S.O.</p> <p>6. Help the patient to identify and initiate positive coping mechanisms successfully used in past</p>
	Knowledge deficit: care of operative site, length of convalescence, diet, medications		<p>Patient will verbalize an understanding of</p> <ul style="list-style-type: none"> <input type="checkbox"/>need for follow-up appointment <input type="checkbox"/>signs and symptoms of peripheral vascular problems, leaking graft <input type="checkbox"/>expected activity <input type="checkbox"/>care of suture line/bathing <input type="checkbox"/>diet <input type="checkbox"/>importance of not smoking 				<p>1. Include patient in care as he is able</p> <p>2. Refer patient to other health team members to assist with adjustments in life style</p> <p>3. Teach patient when to call MD:</p> <ul style="list-style-type: none"> a. signs and symptoms of infection (swelling, tenderness, redness, and unusual drainage from incisions and fever above 100°F b. any openings in incision c. sudden pain in legs, if the leg or foot gets cold, turns blue or white or becomes numb; if patient gets severe back pain <p>4. Explain the following:</p> <ul style="list-style-type: none"> a. Activity:

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	Date Resolved: _____						1) light lifting and light housework only, no heavy lifting for 4-6 weeks 2) ask physician about driving 3) walk as much as patient can tolerate, try to gradually increase distance walked 4) take a nap in afternoon for 2 weeks b. Shower when all stitches, staples and retention sutures are removed c. steri strips can be removed in 5-7 days after discharge if they have not yet fallen off. Retention sutures may be removed when patient returns for appointment d. discharge medications e. it is normal to feel "washed out" for 4-8 weeks f. no sexual activity for 4-6 weeks g. the effects of smoking on vascular disease h. the appetite may be diminished for up to 2 months i. if a gortex or dacron graft

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Approved: 6/89
Reviewed: 10/92
Revised: 12/92, 4/93

INITIAL & SIGNATURE: _____
