RBHSC CARE PLAN FOR PATIENTS UND[illegible] [redacted]

DATE 18/10/95
OPERATION PERFORMED . Insertion of gastrostomy cutpeck [illegible] + ? [illegible]
TYPE OF ANAESTHETIC : GA

POTENTIAL PROBLEMS	AIM OF CARE	NURSING ACTION	NAMED NURSE	COMMENTS/EVALUATION	SIGNATURE
Communications Anxiety due to illness and impending surgery	To express anxiety	Receive Patient. Assess perceived anxiety & anxiety of parents if present. Consider and respond to needs. Stay with patient.		Anxious [illegible] Accompanied by mum Nursing staff present	
Breathing Airway obstruction	Maintenance of clear airway	Have all necessary equipment available. Check for loose teeth. Report to anaesthetist during Anaesthetic procedure.		All equipment available & functioning	
Excess loss of body fluids	Maintenance of fluid and blood volume	Monitor, record and report intake and output, if necessary. Weigh swabs & record & report to anaesthetist if necessary	N. Ah[illegible]	Anaesthetist present	N. Ah[illegible]
Express sexuality Potential loss of dignity	Maintain dignity	Expose only as necessary		Minimum exposure	
Maintaining Safe Environment Incorrect identification Incorrect surgery performed	Correct identify patient and proposed surgery	Ensure checking procedure is complete and relevant details recorded and completed		Checking procedure completed & correct	

AS – ROYAL

058-024-067

DOB [redacted]

04/08/(

Male

[redacted]

EHSSB

WD/OP CONSULTANT

[redacted]

OPERATION DATE 18/10/95

PRE-SURGERY ASSESSMENT

Has patient been in theatre before? YES/NO

Patient's Parent's understanding of sequence of events

Specified anxieties expressed

Has patient any problems with

1 Hearing

2 Vision

3 Speech

4 Mobility

5 Weight

6 Condition of skin

Note any other information relevant to preventing complications

DATE OF VISIT:

THEATRE STAFF

If 'Yes' specify

Specify

PATIENT'S IDENTIFICATION CHECK LIST

CHECK PATIENT'S ARMBAND WITH THEATRE

		Check
NAME, Ask patient/ward staff/parent		✓
Hospital Number		✓
Date of birth		Specify
Allergies	(NO)/YES	

Have the following been removed

	YES	NO	N/A
Jewellery			✓
Hair Accessories			✓
Prosthesis			✓

	YES	NO
Has consent form been signed?	✓	
Has premedication been given?		
Has the patient been fasting?	✓	

[signature]

AS – ROYAL

058-024-068