CASE STUDY #2: ABDOMINAL CHOLECYSTECTOMY

INTRAOPERATIVE/POSTOPERATIVE

Ms. A., a 42-year old elementary school teacher who is married and the mother of two children, has undergone an elective abdominal cholecystectomy for gallstones. The surgery under general anesthesia was uncomplicated. A Jackson-Pratt drain was placed in the gallbladder bed and brought out through a stab wound adjacent to the right upper quadrant abdominal incision. Her surgeon has written these postoperative orders:

- Nasogastric tube to low intermittent suction; irrigate prn. Follow present 1000 ml 5% D/W with 1000 ml Ringer's lactate q 8 h and alternate with 1000 ml 5% D/W with 40 mEq KCl q 8 h.
- Turn, cough, and deep breathe every one hour
- Ambulate this P.M. and then qid
- Vital signs per routine from RR, then every 4 hours.
- Morphine sulfate 10 mg IM every 4 hours prn
- Change dressing over drain prn

INTRAOPERATIVE/POSTOPERATIVE

What nursing measures should be taken in the recovery room to protect Ms. A. from hazards during post-anesthesia recovery?

1. How would you determine that she was sufficiently recovered from general anesthesia to be transferred to her room?

2. What is the purpose of ambulating this client on the evening of the surgery?

3. What factors may particularly predispose Ms. A. to the following postoperative problems?
   a. atelectasis
   b. wound infection
   c. abdominal distension
   d. hyponatremia

4. What type of drainage would you expect from the incision and from the JP drain during the first three postoperative days?
5. What nursing observations would indicate to the surgeon that her Levine tube could be removed and oral intake resumed? Describe how you would implement the following doctor's orders:

   - remove nasogastric tube
   - sips of water to diet as tolerated
   - D/C IV

6. If Ms. A. complains of cramping abdominal pain on the third postoperative day, what measures would you use to relieve it? Why?

7. Identify her basic needs as nursing diagnosis statements and goals for care.

8. Chart information for post-op day one using record form from skills lab.