CASE STUDY #3: EXPLORATORY LAPAROTOMY AND FLUID IMBALANCE

L.P. is a 30-year old female client who is admitted to the recovery area following an exp. lap. day surgery procedure. She is a small woman, 5’1” tall and weighing 103 pounds. L.P. was in surgery for an hour and 45 minutes and had a severe hemorrhage from the surgical site during that time. Upon admission to the post-anesthesia unit, L.P.’s blood pressure is 112/62, pulse ranges from 84-92, and respirations are 20 and shallow. An intravenous infusion of 1000 cc of D5LR is infusing at a rate of 200 cc/hr and there are 800 cc remaining in the bottle. During surgery, 100 cc of D5LR and 500 cc of NS were infused. An endotracheal tube is in place.

1. What assessments should the nurse perform before removing the ET tube?

2. What complication should the nurse monitor for in L.P.? What actions should the nurse take to prevent this from occurring?

3. How often should the nurse monitor L.P.’s vital signs?

There is a very slight amount of sanguinous drainage on L.P.’s dressing. Her blood pressure has been rising slowly and is now 150/82. She is also restless and her respirations are 24 per minute.

4. Identify the potential complication the nurse should assess for in L.P. What assessments should the nurse make?

5. The nurse contact L.P.’s surgeon and he orders that the intravenous rate be reduced 100 cc/hr. What is the reason for this order?

L.P. stabilizes and is kept on the unit an additional four hours.

6. In addition to the vital signs and dressing checks, what should the nurse monitor in L.P. during this time. Why?

Identify what should be included in the discharge teaching. Who would you teach?

What assessment data should L.P. and her family report back to the physician/nursing staff? Why?

What is the primary nursing diagnosis for L.P.? Is the nursing diagnosis different because of day surgery?