

What to check in a Post-op Check

Summer School 2010

Jamii St. Julien

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(Jah-MEE)



Well I'm not very funny, and I can't be mean....

Outline

- **What is a post-op check?**
- **How to do it**
- **Red flags**
- **Specific types of patients**
- **Questions**



What is a post-op check?

- **An assessment of the patient's condition after an operation (POD #0)**
- **A box to check**
- **Your first independent assessment of “sick or not sick?”**
- **A chance to learn how operations affect patients, and when to call someone**

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What to check?

- **Know what was done and why**
 - Immediate post-op note
 - H&P
- **Start with Vitals**
 - Temp, HR, BP, RR, O2 Sats, UOP
- **Check any labs or imaging**
- **Find the nurse**
 - Any issues or concerns?

What to check?

- **Introduce yourself to the patient (as a doctor) and ask how are they doing**
 - Complaints?
 - Pain control
 - Nausea, vomiting. Tolerating diet?
 - Have they voided?
 - OOB?
- **Focused Physical Exam**
 - Mental status, heart, lungs, operative site, drains
 - Make sure everything's gravy: IS, SCDs, is NGT working?, etc
- **Answer any questions (to the best of your ability)**
- **Review their orders**
 - Are they adequate?
 - Is anything missing?

Write a Note

- **Keep it brief! (or we'll switch you to medicine)**

- TypeNewDoc

- **It should contain**

- Procedure

- Subjective

- Objective

- Vitals

- Ins/Outs

- Exam (dr

- Labs

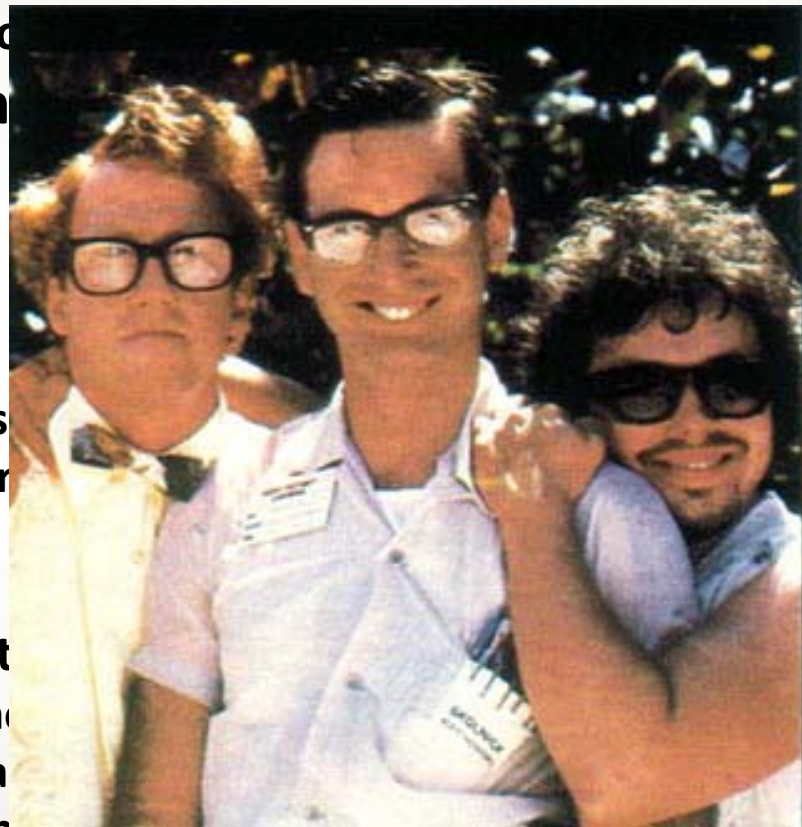
- Imaging

- Assessment

- Sick or not

- Med cha

- Do you need to make a phone call?



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Should trigger your alarm

- **Tachycardia >100 bpm**
 - Pain, Hypovolemia (dry, bleeding), Arrhythmia
- **Hypotension <100/60**
 - Hypovolemia, drugs, epidural, MI, PTX, normal?
- **Low UOP (see Andre's lecture)**
- **Increased RR or WOB, decreased RR or not breathing**
- **Sats < 92% on 3-4 liters, or rising oxygen requirement**
- **Hypertension >160**
- **Delirium**

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Thyroidectomy/Parathyroidectomy

- **Recurrent laryngeal nerve damage**
 - Unilateral: hoarseness
 - Bilateral: potential loss of airway
- **Hypocalcemia**
 - Perioral paresthesias (Chvostek's)
 - Carpopedal spasm (Trousseau's)
 - Tetany
- **Bleeding**
 - Potential airway emergency



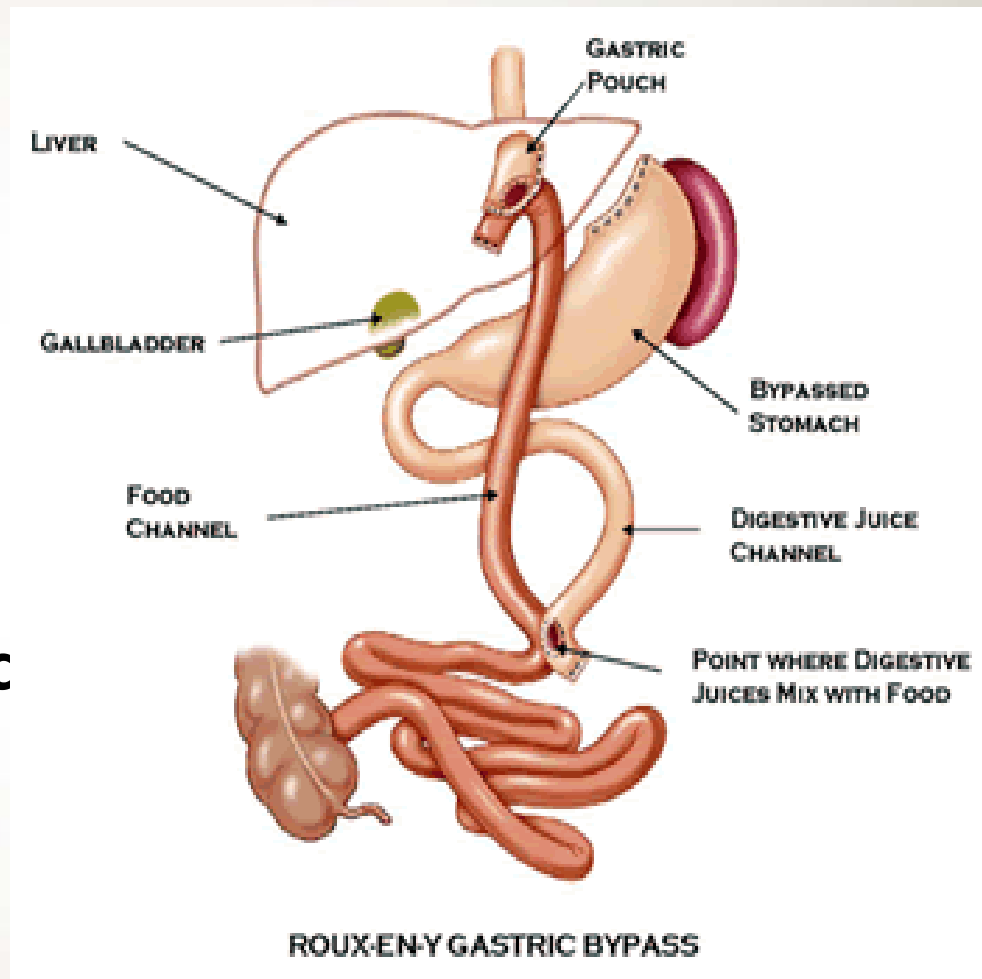
Vascular

- **Pulses**
 - What were they leaving the OR (must get this in sign out!)
 - What are they now?
- **Anticoagulation**
- **CEA**
 - Same as thyroid for nerve injury and bleeding
 - Stroke symptoms? Focal deficit?



The Morbidly Obese

- Roux-en-Y gastric bypass
 - “FOF”
- Tachycardia very sensitive indicator of a problem
- Fever, severe epigastric pain



Nit picky things

- **If there is a fresh esophageal or gastric anastomosis, DO NOT REPLACE NGT**
- **If patient hasn't voided (and has tried), PLACE A FOLEY AND LEAVE IT. I&O caths play no role here**
- **The tighter you make things (i.e. orders, patient reassurance) on your postop check, the fewer pages you will get**

In Summary

- **Most important thing is to look at the patient, identify if there is a problem, and try to correct it. Loading the boat will help you.**
- **Post-op checks may be on-going processes i.e. did their UOP improve, is pain controlled?**
- **If you make a phone call, be close to the patient with StarPanel open**

Questions?

