

## Review the patient's notes

- **Demographics:** name and age
- **Operation:** days post-op, type of operation, reason for operation
- **Planned management:** check operation note to determine plan, patients stage in plan, why they are still in hospital

## Check investigation results

- **Latest bloods and trend**
  - **Inflammatory markers** (WCC, CRP) – may increase within first 2 days post-op but should decrease after that
  - **Haemoglobin**
  - **Electrolytes**
  - **Other relevant results** e.g. LFTs for liver/biliary surgery
- **Other investigation results**

## Assess the patient

- **Questioning**
  - **Any symptoms or issues?**
  - **Eating and drinking? How much?**
  - **Bowels opening? If not, passing flatus?**
  - **Pain controlled?**
  - **Mobilising?**
- **Nursing charts**
  - **Observations:** review current condition and trends on observation chart, temperature
  - **Fluid balance & note current oral intake limitations** (see spectrum below)
  - **Urine output**
  - **NG/NJ output** (if used for drainage)
  - **Drains output**
- **Tubes in situ**
  - **Drains** e.g. Wallis drain, Redivac negative pressure drain, Pigtail drain etc (as output decreases, drains are usually 'cut & bagged', then removed when output has decreased to insignificant amounts e.g. <25ml/d and covered with a bag, then the bag is removed and the wound is dressed when dry)
  - **Wound catheters** (a local anaesthetic delivery system to provide analgesia – remove when pain controlled)
  - **Urinary catheter** (TWOC when fluid balance stable and patient is able to mobilise and likely to control urination)
  - **Central line** (remove when no longer needed)
  - **NG/NJ tubes or TPN** (remove when not needed for nutrition and NG not being used for drainage)
  - **PCA** (remove when oral analgesia is likely to control pain)
- **Examination**
  - **Wounds** (pain, erythema, discharge, leakiness)
  - **Drain quantity and output** (e.g. serous, bloody, chyle etc)
  - **Relevant system examinations**

## Review medications

- Review medications

## Considerations

- The aim is to get the patient home!
  - Oral intake – may be limited in first few days post-op but is increased gradually if there is no distension/ vomiting/ nausea, the patient is passing stool/ flatus and there is no limitation due to bowel anastomosis. Spectrum:
    - NG/NJ with 'free drainage' (i.e. NG is open ended will continually drain stomach contents into bag)
    - 'Spigotted' NG/NJ (where a bung is placed into the end of the NG) ± '2/4/6 hourly drainage'
    - NBM
    - Sips
    - Clear fluids limited to mls/hour e.g. '20s' (i.e. 20ml/h), '40s', '60s', '100s'
    - 'Clear free fluids' (e.g. water, tea without milk etc)
    - 'Free fluids' (anything liquid - includes soup, milk etc)
    - Light/soft diet
    - Normal diet
    - Encourage oral intake

- Analgesia – aim to gradually reduce it as tolerated (e.g. PCA → tramadol + paracetamol + oramorph PRN → paracetamol)
- Tubes – take them out when possible (as detailed above)
- Fluids and fluid balance – adjust to achieve good balance; reduce IV fluids when oral intake is adequate
- Nutrition – consider supplementation (e.g. Fortisip drinks and multivitamins) and dietician input. Consider NG feeding or TPN if patient will not be eating within 7 days.
- Any evidence of infection or other post-surgical complications (see OSCEstop [post-op complications](#) notes) requiring investigation/ intervention
- Correct electrolyte abnormalities
- Mobilise – patient needs to increase mobility until they are at their pre-morbid independency. Consider physiotherapist input.
- Medications – oralise when possible
- Breathing – ensure patient is breathing properly to prevent post-op atelectasis/chest infections. Encourage deep breathing, ensure pain is well controlled (limits inspiration) and consider saline nebulisers and chest physiotherapy.

### ***Document review with a plan***

- Your name, role, date and time seen, review day post-op
- Summary of case & operation
- Latest investigation results
- Subjective: what patient says
- Objective: how patient appears, eating/drinking, opening bowels, mobilising
- Examination
  - Vital signs, temperature
  - Fluid balance, urine output, drains output
  - Tubes in situ
  - Wound and system exams
- Plan
  - Investigations (with tick-boxes)
  - Management
  - Other aspects to plan
- Sign