

July

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12F

## Final, Surgical Nursing Guide March 1977.

1. a) - Full explanation,
- Assessment. Weight. Vital signs & pulse record.
  - Investigations. Repeat tests of thyroid function.  
General - heart, chest, blood, <sup>neck Xray</sup> laryngoscopy.
  - Drugs. Antithyroids completed. Lugol's iodine.  
Sedative.
  - Observations. As above plus mental status.  
Watch for signs infection or marked nervousness.
  - Nutrition. Rich. Abundant fluids.
  - Prophylaxis. Emphasis perhaps exercise.

b) Excessive blood in drainage.  
Blood on pillow.  
Dyspnoea, Sweating, restlessness, Shivering Distress.  
Tense Swelling wound region, Tachycardia.

c) General measures - sit up. Loosen clothing.  
check airway. Give O<sub>2</sub>. Reassure.  
Notify doctor.  
If distress marked remove clips or sutures,  
If unrelieved remove deep sutures. Suck or  
evacuate clot. Reassure. Prepare for theatre.

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2 a) Minimal drainage. 3794.25  
Normal stool. No bile in urine.

b) c/o tension or pain in area.

c) Serush.

d) Postop. cholelithogram/cholangiogram.

e) No bile entering gut.

f) Biliary peritonitis/fistula.

g) Can't be bothered.

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3) a) Care comments related to -  
fear of cancer/surgery/mutilation/sexual/social

ii. ~~ii~~ Serr. Fowler with reasons.

iii. Elevation of arm with reason.  
Avoid abduction.

iii. Wrist and fingers first day.  
Extend through first week - elbow, shoulder.  
Pulley exercise. Hair-combing. Wall-climbing etc.

b) Frozen shoulder. Lymphoedema.  
Necrosis of flaps. Infection of wound.  
Recurrence, respiratory and thrombo-embolic.

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4.

- a) Abortion with retained products of conception  
 b) P.V. bleeding, Pain, Shock. <sup>uterine retention</sup>  
 c) Peritonitis. Injury from D&C. Anaemia. <sup>Partial Embolism</sup>  
 ? Psychological trauma. <sup>Pulling R/P etc.</sup>  
incompetent cervix

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- a) Proper care of weights, ropes, staff instructions and patient education.  
 b) NOT resting on bed. Ensure not slipping down limb, maintenance of padding & slings.  
 c) General pressure care to body and good leg. Special care to groin, heel, limb alignment in splint.  
 d) Dressing. Tinct Benzoin or similar. Observe for sliding or cutting-in.  
 e) Correct maintenance of traction as set. Check Xrays.

6

- a) Prevent inhalation blood/secretions. For surgical repairs of face without hindrance. Shorten dead space. Good bronchial toilet.  
 b) Self-evident.  
 c) - Noisy respirations. Stridor. Soft tissue retraction. Pallor, sweating, restlessness. Cyanosis.  
 → Suction. Use of saline to facilitate. Initiate coupling with suction. Oxygenate. Check position of tubes. Notify doctor and stand by to use replacement and respirator  
 d) Tracheal necrosis. Infection. Obstruction. Atelectasis. Emphysema (surgical)

3794-25  
d

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a) Abscess in pleural cavity  
Lung collapse due bronchial obstruction.

b) - Tidal wash of air from one lung to the other:- inspiration - air leaves affected lung = expiration - air enters affected lung.  
- Chest wall moves in on inspiration out on expiration due to multiple ribs #15 destroying integrity of rib cage.

c) blood in pleura.  
Coughing blood from lungs.

d) direct visual;  
Xray using contrast medium.

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8) a) No carotid pulse; Unconscious state,  
Gaspings or absent respiration,  
dilated pupils, Ashen pallor

b) Calf tenderness, Oedema, Redness,  
+ Homan's Sign, Temperature spike.

c) Minimal or absent pulses in limbs.  
Pallid / blotchy discoloration -  
Cold, Pain, Numbness.

d) Pyrexia: shivering attack; chest or loin pain.  
Tachycardia: feintness: hypotension: tachypnoea

9. a) i) Sims with pillow under trunk to establish drainage position. Head extended.

ii. Protect airway.

b) Chronic infection/repeated attacks indicate:  
 Hypertrophy of tissue.  
 Repeated ear infection.  
 Interruptions to schooling.  
 Poor health.

Contraindications: Acute attacks infrequent.  
 Good general health.  
 Tonsils & adenoids should be separately considered/conserved where possible.  
 Grands of parent request only.

c) Adequate rest.  
 Keep away from infections.  
 Fluids + normal diet.  
 Watch <sup>particularly</sup> after first week for swallowing,  
 pallor, fever. Take to doctor.  
 Do not over-coddle.