

## Pre - Operative Care

### Condition of Patient

- I. Mental
- II. Emotional
- III. Physical

1. The proper mental condition of the patient will depend more upon the personality of the nurse, the atmosphere she creates around her and her personal care of the patient.

2. Admit to the hospital day before operation. An examination is made by the doctor. Blood and urine examination done. These may show the presence of infection.

The nurse should examine the mouth for bridge work, false teeth and should report all signs or symptoms--as cold, fever, sore throat or obstruction in breathing as these predispose to P. O. pneumonia, also any signs of nervousness, mental or emotional distress, as these predispose to shock.

#### 3. Physical Preparation

Record T. P. R. the morning of the operation

Cleansing bath day before operation

Special attention to the mouth

Bowel movement day before operation

A good nights rest is most important--Sedatives frequently given

Orders for preparation are left by Surgeon

(1). Preparation of Area

(2). Preparation of Alimentary Tract and Body Tissues

(3). Three meals day before operation

Fluid encouraged to prevent thirst and shock

Cathartic sometimes ordered on previous day

Cleansing enema usually given because the stomach should be empty and the intestines free of gas and fecal matter.

#### 4. Final preparation

Hold Breakfast

About  $\frac{1}{2}$  hour before scheduled time for operation--put on short gown open in back.

Combs and pins should be removed from hair and hair confined by cap or towel.

False teeth, chewing gum, etc., should be removed from mouth.

Jewelry should be removed from fingers and arms and locked up, with exception of wedding rings.

The patient should empty bladder

Drugs as Morphine, atropine, Sodium amytol, etc., are given as ordered.

### Preparation of Area--Procedure

#### I. Equipment

Tray with:	Tr. green soap sponges
	Towels
	Jar for waste
	Can of powder
	Razor with extra blades
	Newspaper or rubber sheet

Slip paper or rubber sheet under patient if pubic area is to be prepared. Wash area thoroughly with soap and water. Dry with towel. Sprinkle powder over area and shave--or soap lather may be used for shaving.

## Preparation of Ward for Patient

Spinal blocks for bed if patient had spinal anesthetic--if don't know have ready. Close off all drafts and warm the room.

Clear table of all personal articles.

### Table

Emesis basin

2 tongue depressors

2 small towels

Past operative bed

### Articles

3 sheets

2 blankets

2 rubber sheets

1 bath towel

### Procedure

Place bottom sheet on--as in routine. Then rubber sheet covered with draw sheet, tightened across bed so it will be under area of operation; except abdominal operation--sheet across center of bed slightly toward head. Leg operation--sheet across foot of bed. Then cover with blanket and tighten, add second blanket leaving loose around. Then the top sheet. Fold back from both ends all loose covers. Then catch corners and fold toward center and fold length wise of bed--leaving bottom blanket exposed. Making from side of bed patient is to be put in bed. Then put small rubber sheet across head of bed cover with bath towel. Leave off all pillows.

Hot water bottles may be used to warm bed in cold climates or if patient is returning from O. R. in shock.

## Care of an Obstetric Patient

### I. Admittance Preparation for Labor

#### A. Pubic Shave

##### 1. Preparation tray should include;

- a. Safety razor
- b. New blades
- c. Green soap sponges
- d. Boric acid sponges
- e. Waste jar or emesis basin
- f. Cotton balls
- g. Toilet tissue
- h. Powder
- i. Newspaper
- j. Sheet for drape

##### 2. Procedure

Drape your patient with the sheet to prevent embarrassment and chilling. Place newspaper under buttocks. Flex the knees and lather the pubic well with the green soap sponges. Shave as clean as possible but be very careful so as not to cut the patient. Use the toilet tissue for cleaning your razor. The waste jar or emesis basin is for the soiled sponges. When shaving is finished rinse off green soap solution with the boric acid sponges and dry with the cotton balls.

If a dry shave is desired use the powder instead of proceeding with the green soap solution. In preparing the genitalia for labor be very careful not to allow soapy water, hair, etc., to get into the Vaginal Orifice. This may be more dangerous than omitting all preparation. A boric acid sponge may be placed over Vaginal opening to prevent this.

#### B. Enema

After the pubic shave an S. S. Enema of soapy water is usually administered (This is decided upon by the Officiating doctor.)

#### C. Bath

If labor has not progressed too far the patient should be given a warm bed bath or a shower. A tub bath is dangerous because the wash water, with the diluted soil from the body, gets into the Vagina--then too, there is danger of the patient slipping in the tub resulting in serious injury.

#### D. Progress of Labor.

The regular character of the pains, the hardening of the uterus, the bloody show, the rupture of the membranes, and the finding of the Cervical changes on rectal exam will determine this point. Time the frequency and the duration of the pains and watch for bulging of the perineum. Report all changes to the nurse in charge or the doctor.

(False pains which are painful uterine contractions often occur with lightening during the latter part of pregnancy.)

### II. Care of the Puerperium.

#### A. Immediate

After delivery of the child and of the placenta the Vulvar region is cleansed and a sterilized Vaginal pad is applied and held in place by a "T" binder. An abdominal binder is usually applied to prevent the "feeling of emptiness" and give support to the abdominal wall. Gentleness must be exercised in moving the patient from the O. B. table to the cart -- then to her assigned bed. The legs must be kept close together and the uterus should be hard, in order to prevent

air embolism. The mother is warmly covered up, a warm-water bag placed at her feet, a hot drink given, and she is allowed to get the sleep she has so well earned. Take an occasional look at the patient to see that hemorrhage has not begun.

B. Aseptic Care

In the hospital one has to contend with the ever present dangers of cross infection from the surgical and medical wards. Asepsis cannot be over emphasized infectious diseases, etc.,

The Vulva is treated as an open wound -- it is in the same danger as an open wound. The pads are changed as often as they become soiled and the parts are cleansed after each use of the bed pan.

The Exdouche tray should include:

Long forceps in container of antiseptic

Pitcher for cyanide solution

Cotton balls

Sterile Vag. pads

*Newspaper - for soiled Vag. pads  
+ Cotton balls.*

The 1/4000 solution of cyanide is made up in the pharmacy. Four ounces of this cyanide solution is used to twelve ounces of warm water for the external douche.

Procedure

After the patient has used the bed-pan gently pour the warm cyanide solution from the pitcher over the Vulva. The excess is dried off without rubbing, by touching with dry sterile cotton balls, (use forceps) and a fresh sterile Vag. pad is applied. These attentions are needed for ten days. The patient is instructed never to touch the genitals nor her nipples. If there are stitches in the perineum, extra care and greater watchfulness are required on the part of the nurse, since unclean bed pans, non-sterile cloths, and filthy bed covers may come in direct contact with the wound.

Natural immunities of Patient

The process of labor is a continual scouring out from above, the flow of the bag of waters, the progress of the child and placenta, the flow of blood, all from above downward, oppose the upward passage of the Vaginal bacteria. When natural, immunities are broken down as by severe hemorrhage, shock, or eclampsia, or let a new Virulent bacteria be introduced, the bacteria will rapidly invade the system and produce puerperal infection.

The lochia--a discharge from the genitalia which is at first bloody-- normally not mixed with clots. Clots are abnormal. Gradually the bloody mixture grows less, the white blood corpuscles increase, until at the end (13th to 17th day) there is only a slight mucoserous discharge. The odor of the lochia varies from day to day, varies with the patient and with the kind of bacteria in the vagina. Normally the odor is not very offensive. Note any foul odor or unusual changes and call attention to nurse in charge or doctor. One of our best diagnostic means in infection is the investigation of the discharges. Even in normal pureperas the lochia are infectious as the frequent finger infections of nurses and the naval infections of children show. A nurse cannot wash her hands too many times for her own safety.

C. Preparation of the breast for lactation. Gently wash the breast with soap and water a loose binder is frequently applied. Before each nursing the nipple is washed with boric acid solution sponges which are kept at bedside. The fingers should not come in contact with the nipple.