

# General Post Op Calls



## ***Keep in Mind:***

- > The Post Op period can be up to 1 month after surgery. If the patient is calling for surgery/procedure related symptoms- ***Ask who the surgeon is that did the procedure- that is the doctor/practice that should be on the ticket.***
- > HAVE THE PATIENT GET HIS DISCHARGE INSTRUCTIONS AND READ THEM TO YOU.
- > New onset of Fever complicates even a “minor” procedure- SEE in 4 hours or page surgeon for all fevers.
- > Complications to keep in mind: bleeding, constipation, DVT, pneumonia, wound infection, UTI, dehydration.
- > Reactions from anesthesia can include nausea, vomiting, dizziness, drowsiness.
- > Take opiates with food to reduce nausea/vomiting.
- > Oxycodone (acetaminophen with hydrocodone) is commonly used for post-surgical pain.
- > Pain medication given 30-60 minutes before can help with the pain of dressing changes.
- > Never recommend Tylenol if patient is taking Oxycodone (it already has Tylenol in it)

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## Considerations:

**Pain Management:** Pain not controlled with RX pain medication needs to be evaluated- it may not be related to the surgery. Go over their pain management regimen- too little or too much pain medication can interfere with the patient's overall recovery.

**Respiratory Management:** Encourage deep breathing, cough, ambulating, changing positions as directed by surgeon (or as listed on dc instructions) to facilitate gas exchange.

**Fluid/Nutritional Management:** proper nutrition aids in the healing process.

**Wound Care:** Wound infection is a major concern. Ask about fever, redness, increased swelling, drainage, pain.

**ANY Post Op Patient that reaches Nurse Triage after hours, regardless of disposition, should be encouraged to follow up with their surgeon the next day the office is open.**