NURSING CARE PLAN FOR ACUTE CHOLECYSTITIS

Assessment	• Assessing (Pre-operative): Head-to-toe subjective and objective assessments including smoking history, OTC drugs, anti-coagulant drugs, herbal remedies, past respiratory problems, and nutritional status. • Focused assessment of the heart, lungs and abdomen. Completion of an ECG because of the patient's previous myocardial infarction history, and chest X-ray to exclude right lower lobe pneumonia. • Full pain assessment (COLDSPAA), and assessment for nausea. • Assess for skin integrity: wound, infection, rashes, excoriations or bruises.
Diagnosis	• Potential for acute pain and discomfort related to the inflammation and obstruction of the gall bladder and its associated ducts. • Potential for nutritional deficiency related to nausea and vomiting and anorexia. • Potential for anxiety and frustration related to pain, frequent hospital changes and upcoming cholecystectomy procedure.
Planning and Goals	• Pain management – Goal: Pain free or at least tolerable pain. • Maintain fluid and electrolyte balance – Goal: Homeostasis. • Educate patient regarding dietary restrictions. – Goal: Decrease acute pain attack related to fatty foods. • Maintain Respiratory Status. – Goal: Optimum pulmonary function and prevention of post-op complications. • Encourage walking, when pain is under control. – Goal: Prevention of DVT, Prevention of pressure sores/ulcers. • Encourage deep breathing exercises and relaxing techniques. – Goal: Decrease anxiety. Regain strength. • Explore and encourage patient's prior means of coping with pain. – Goal: Facilitates self-care management • Explain and make care plan with the patient. – Goal: Build trust, decrease anxiety and fear, Increase confidence and comfort. • Respect and consider cultural sensitivity. – Goal: Establish trust and comfort. • Notify primary nurse/physician immediately if complications arise. – Goal: Best patient outcome.
Nursing Interventions	• **Pain management:** PRN morphine administration for pain relief. Soft talking, music and touch therapy as alternative interventions. • **Fluid and electrolyte balance:** Continuous IV therapy. • **Nutritional status:** Encouragement to avoid fatty foods and fluids. • **Patient education**: Patient teaching about the process of cholecystectomy. Answer questions the patient has to reduce anxiety. • **Circulatory**: Encourage walking, and turning while in bed. Ensure the patient is taking pills for his pre-existing cardiac conditions in timely manner. • **Gastrointestinal:** Encourage fluid intake. Modified diet provision. IV administration. Encouragement of mouth care. Monitor fluid balance, and bowel routine. • **Musculoskeletal**: Encourage ROM and ambulation. • **Integument**: Maintain overall skin integrity. • **Neurological**: Monitor for orientation, alertness, and confusion/delirium. • **Respiratory status**: Encouraged deep breathing. Maintained Adequate Ventilation. Monitor Respiratory rate and rhythm, and SPO2. • **Psychological**: Monitor affect, anxiety, and depression • **Psychosocial:** Observe for family involvement, spouse, closeness to children and grandchildren, friends and extended families, social network, affiliation to any organizations e.g. church, community volunteering etc. • **Spiritual**: Ask if the patient has any faith or beliefs in self or others. Can he find meanings in illness and health? Does this illness make sense to him? Is he learning something while going through this illness? Enquire about what keeps him going through difficult times and what gives him joy or sense of achievement. • **Cultural Considerations**: Respect the patient's cultural perspectives and refrained from making judgments.
Expected patient	• Relief from pain • Vital signs stable • Hydration and adequate nutrition achieved • Respiratory status normal • Motivated to do self-care • Ambulation • Support system in place • No anxiety or fear
Patient Teaching	• Prepare and educate patient about anaesthesia and postoperative care. • Explain to the patient why pre-surgical NPO is important to maintain. • Discuss with the patient his care network once discharged from the hospital. • Talk to the patient about predicted post-surgical pain, and associated interventions. • Explain to that patient that it is important to walk, cough and deep breathing after surgery to avoid post-operative pneumonia. • Chat with the patient regarding his predicted recovery trajectory. • Discuss the importance of healthy diet with the patient – i.e. eating fresh fruits, vegetables, and whole grains, and avoiding fatty or deep fried foods. • Educate the patient and patient's family about the surgical intervention and address their concerns