

DECISION MAKING IN  
**PERIOPERATIVE  
NURSING**

WELLS



DECISION MAKING IN  
PERIOPERATIVE  
NURSING

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DECISION MAKING IN  
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To my parents for being the greatest coaches in life.  
To Chal for expanding my horizons.  
To my very special friends for always being there.

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This is the age of perioperative nursing. Approximately 80 percent of clients who enter the hospital as inpatients require surgical intervention. From this percentage, approximately 45 percent utilize the Day Surgery Unit facilities.

Perioperative nurses are being continually challenged to meet the ever changing demands of surgical clients. To be able to meet client needs, the perioperative nurse must continue to educate herself in order to remain razor sharp during the perioperative experience.

Perioperative nursing is a vital component of professional nursing. Perioperative nursing entails preoperative assessment, intraoperative intervention, and postoperative evaluation. Total client care is orchestrated by the perioperative nurse through the preoperative, intraoperative, and postoperative phases. The preoperative phase begins when the decision for surgical intervention is made and ends when the client is transferred to the operating room table. The intraoperative phase continues until the client is admitted to the Recovery Room and the postoperative phase lasts until the client has accepted the surgical experience.

The nursing arena is enormous. It is filled with individuals who possess creativity, knowledge, leadership, and research skills. All of these nursing assets must be collated in order to deliver optimum client care. The perioperative nurse must also be cognizant of cost in this time of the battle for the health care industry dollar. Communication pathways must remain viable in order to accomplish the goals of the times.

The preparation of a book such as this is never the product of any one individual. Many persons have helped in numerous ways in giving it form and meaning. I salute all of you. My sincere thanks to Beverly D. Jones for her nonstop enthusiasm and commitment to producing picture perfect decision trees for this text. A special thank you to Noreen E. McHugh, my Operating Room Director, who continually supports and encourages my professional growth in perioperative nursing. Her cooperation in promoting contributing authors from my hospital is greatly appreciated.

Lastly, thank you to all my nursing colleagues and special friends who continue to serve as a source of inspiration and who continuously provide examples of the genuine contributions nurses can make. It is my hope that in my lifetime I will witness nurses appreciating and supporting their colleagues' contributions to the nursing profession. Nurses must realize that promotion of the profession can materialize only when each nurse realizes that individual success brings the entire profession forward. The primary intent of this book is to establish that premise.

Maryann M. Papanier Wells, RN, MS, CNOR

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The layout of *Decision Making in Perioperative Nursing* is simple yet informative. The decision tree is the focus of each chapter and depicts the nursing process for each topic. Text has been provided to complement the tree and provide additional information at the points designated by letters. References have been selected to supplement the information presented in each chapter.

Perioperative nursing is constantly changing, and the topics reflect those changes. To the best of my ability, I have delivered current chapters written by experts in each field. It is the intent of this book to let the reader expand her horizons and question perioperative nursing. The audience should include, but not be limited to, perioperative nurses, nursing students, faculty, consultants, and individuals wishing to pursue a turning point in their career.

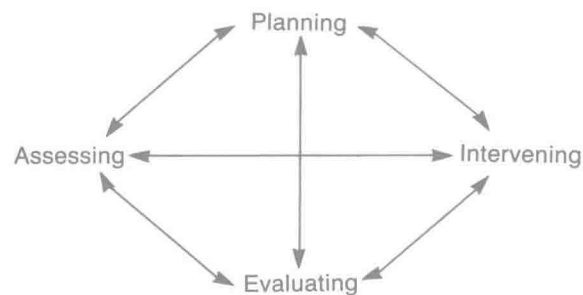
# NURSING PROCESS

Elaine Thomson-Keith

- A. The nursing process is a problem-solving framework for organizing patient care (Fig. 1). It is central to all nursing action, applicable in any health care setting and within the philosophy of nursing. The nursing process progresses through assessment, problem identification or nursing diagnosis, planning, implementation, and evaluation. Guidelines for the nursing process are described in the Standards of Medical-Surgical Nursing Practice developed by the American Nurses Association.
- B. Assessment requires observation skills, logical thinking, a sound knowledge base, adaptability, concern for patients' rights, and interviewing skills. The results of assessment may indicate that there is no problem, a potential problem, a clinical problem, or a nursing diagnosis. Identification of a potential problem requires further research, observation, or consultation. A clinical problem requires a physician order for intervention, and a nursing diagnosis leads to a nursing care plan and intervention.
- C. A nursing diagnosis is anything that requires nursing intervention and management. Nursing diagnoses are responses to actual or potential health problems that by virtue of their education and experience nurses are capable of and licensed to treat. A nursing diagnosis is generally a two part statement linking a diagnostic label with a contributing factor using the words 'related to.' Example: an alteration in comfort level related to surgical intervention. Standardized nursing diagnoses are under development by the North American Nursing Diagnosis Association.
- D. The plan of care is used to set priorities for intervention. Criteria are established for either the process (nursing goals) or the outcome (patient goals). Nursing goals may be written in standards of care but not in care plans; goals written in care plans are client or patient goals.
- E. Implementation of the plan of care requires theoretical knowledge, communication skills, technical skills, and the therapeutic use of self. Skills in assessment, problem identification, planning, teaching, and management and knowledge of change theory and process and outcome criteria are also used in this phase.
- F. Evaluation is an important component of the nursing process. It is a continuing process, occurring simultaneously with planning and implementation of nursing action as responses to a change in the patient's status. As some nursing diagnoses are resolved, new diagnoses emerge, and the plan of care is modified. Modification of the nursing action and evaluation of the new interventions are needed. Human responses are not static. Therefore planning and implementation of care must be a dynamic process based on changes in the status of the patient.

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**Figure 1** The nursing process is a problem-solving framework for organizing patient care.



