



FOGSI FOR ALL, ALWAYS
DHEERA
STOP VIOLENCE AGAINST WOMEN

FOGSI 2021-22

NAIPUNYA - SKILL FOR ALL

Course for Nurses & Paramedical Staff

17th November 2021 | 4:30 pm - 6:00 pm



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SKILL DEVELOPMENT



PREOPERATIVE & POSTOPERATIVE CARE

Speak tenderly,

*Let there be kindness in your face,
in your eyes, in your smile,
in the warmth of your greeting.*

*Always have a cheerful smile.
Don't only give care,
but your heart as well"*

Mother Teresa



Date	Time	Column1	Column2
Patient		Name	Age
Attendant		Name	Age
INSTRUCTIONS: Indicate that the task has been completed or the proper form is on the chart by initializing the item. Place NA in the column if item does not apply. Sign full name and title at bottom of page. Complete new form for each surgery procedure date		Y	N
History and Physical Examination completed and in chart			
Laboratory studies/Reports in chart			
Operative Permission completed, signed, & documented in chart			
Patient Affirmation			
Witness Affirmation			
Physician Attestation			
Anesthesia Permittsion completed, signed, & documented in chart			
Patient Affirmation			
Witness Affirmation			
Physician Attestation			
Consent for blood transfusion completed, signed, & documented in chart			
Patient Affirmation			
Witness Affirmation			
Physician Attestation			
Medication Form Completed & Signed			
complication if any in previous surgery -Documented			
Time and type of food(solid, semisolid)- when taken documented			
Identification bracelet accurate and affixed to wrist or ankle prior to transport			
Allergies checked, allergies bracelet on and allergy sticker on chart .			
Isolation label on chart in indicated case			
Jewelry, hairpieces, hairpins, contact lenses, glasses, prosthesis, underwear, money nail polish removed ..			
Blood Sample taken and IV line kept			
. Vital signs taken and recorded-BP, Temperature, Pulse, Respiratory rate, O2 Saturation			
catheter inserted & urine output documented			

Introduction

- Introduce yourself to patient
- **Document**
- Name
- Age
- Address
- Photo ID
- Support person or attendant –name, age address, relationship with patient



Preoperative Assessment



Alternate contact name: _____

Do you currently have or have you ever been treated for a

Yes	No	Condition
		Diabetes
		Hypertension (high blood pressure)
		Adult or congenital (angina)/heart murmur/surgery or procedure. Explain heart attack/che
		Family history of heart disease or related death of a family member before
		Stroke/TIA
		Asthma
		Lung/respiratory disease
		COPD
		Ear/eyes/nose/et
		Musc

Documentation of health history

- any recent illness like
Fever, cough
- disease like diabetes or hypertension.
- past surgeries,
- allergies to foods or drugs,

Preoperative Assessment



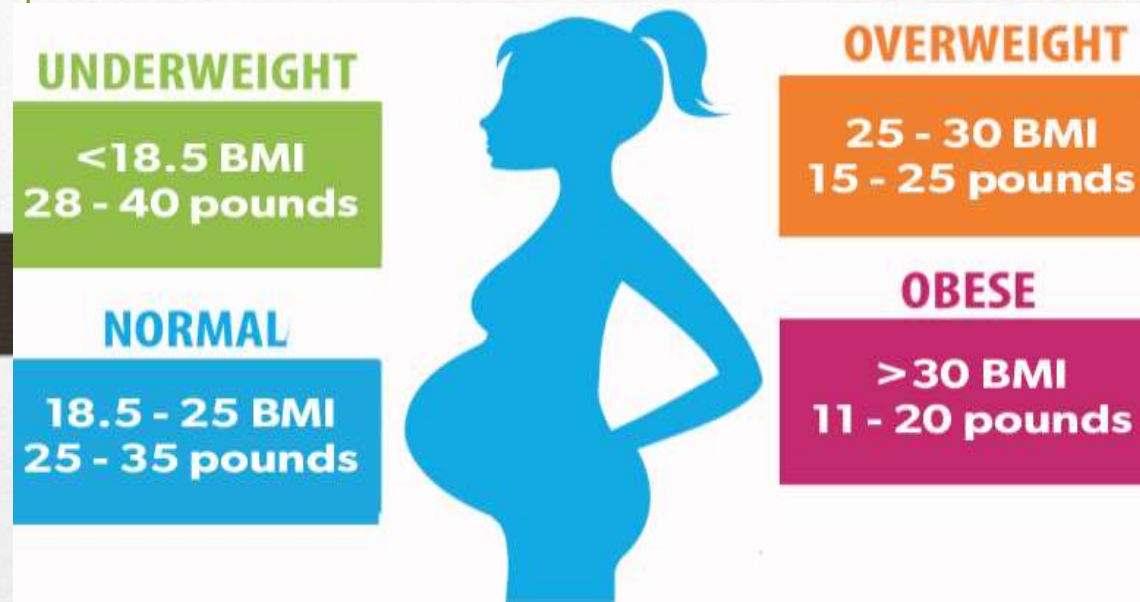
Documentation of -

Medication history such as antidepressants, antihypertensive, antibiotics, corticosteroids, epileptic, asthma, herbal medicine

- Reaction to anesthesia, and medications that could increase any surgical risk.



Preoperative Assessment



Weight of the patient

- A malnourished woman having protein or vitamin deficiency is at risk for poorer healing because these are needed for new cell formation at the incision site.
- An obese woman is at risk for a slow wound healing and also pneumonia & thrombophlebitis

HYDRATION



- Assessment of hydration- important.
- To prevent fluid and electrolyte imbalance, intravenous fluid replacement is initiated preoperatively by the doctor.
- For example if a woman who has prolonged labor and is told later on that she should undergo cesarean section instead might not have taken anything for long .

Vital signs

BLOOD
PRESSURE

TEMPERATURE

RESPIRATORY
RATE

O₂
SATURATION

PULSE RATE



SBP < 140mmHg and DBP < 90mmHg and SI < 0.9
= **constant GREEN** light (normal vital signs)



SBP 140-159mmHg and/or DBP 90-109mmHg (but neither is higher) and SI < 0.9
= **flashing YELLOW** light and **constant ↑**
(moderate hypertension, no shock)



SI 0.9-1.69 and SBP < 160mmHg and DBP < 140mmHg
= **flashing YELLOW** light and **flashing ↓**
(moderate shock and no severe hypertension)



SBP ≥ 160mmHg and/or DBP ≥ 110mmHg and SI < 1.7
= **flashing RED** light and **constant ↑**
(severe hypertension and no severe shock)



SI ≥ 1.7 (regardless of hypertension)
= **flashing RED** light and **flashing ↓**
(severe shock)

Pulse

- check for 1 minute

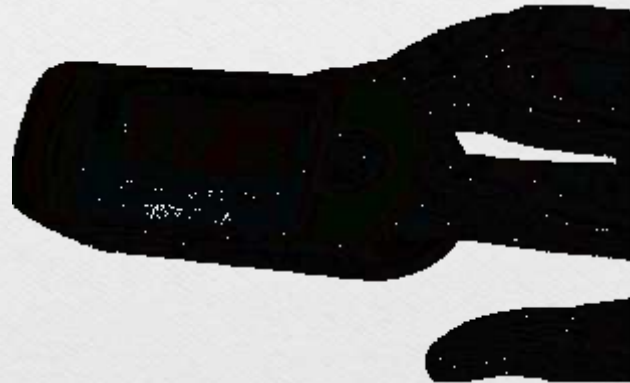
- Absent
- Weak
- Difficult to feel
- Normal detected easily
- increased
- bounding



O2 Saturation

No nail polish or henna

- **The woman's nails should be free from nail polish as nails are used to assess to check O2 Saturation & capillary refill.**



FHR-Rate and Rhythm

Before shifting to operation theatre foetal heart should be checked , informed to the consultant and documented



CONSENT

- Most important responsibility preoperatively is to check-
-
- consent from the patient and responsible adult/ family member has been taken by the doctor and documented.
 - Witness should be responsible adult and should be asked to be present while taking woman's signature/LTI (left thumb impression)
 - The consent must be informed, and the risks and benefits of the procedure must be explained in a language that the woman understands.

Before Shifting to operation theatre



- She is provided with a clean hospital gown,
 - Bra to be removed by the patient.
 - She should not have any make up.
-
- Her hair is pulled into a pony tail or bun and hair pins should be removed.
 - Glasses /contact lens, dentures if any should be taken care of.
 - If she is wearing any jewelry or having mobile phone , it should be given to responsible adult.
 - Signature of the patient and her attendant should be documented



Pre operative preparation



- Blood sample to be taken at time of IV
- Blood Group and Rh typing should be checked and documented
- HIV, Hepatitis B/C put bold label with CODE
- For the skin preparation, shaving away abdominal hair and washing the skin over the incision site with soap and water could reduce the bacteria on the skin.
- Pubic hair should be clipped



Preoperative Counselling

- A woman who is frightened is at greater risk for complications during anesthesia and surgery
- She might be very worried about the procedure, so she needs a very detailed explanation of the procedure before she is shifted for surgery.

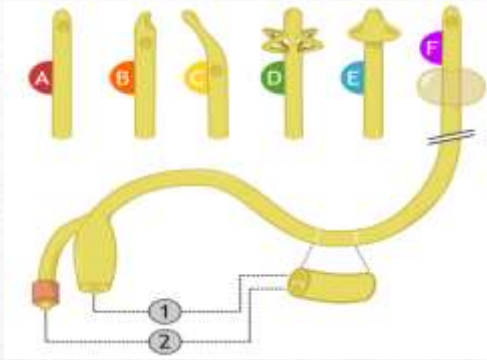


Preoperative medications

- To ensure that the woman is fully hydrated, an intravenous solution such as Ringer's can be started as prescribed.
- Only a minimum of preoperative medications is given to prevent compromising the fetal blood supply and make sure that the newborn is wide awake at birth and respirations are initiated spontaneously
- Antibiotic prophylaxis should be given only in the presence of Doctor and should be documented.
- Other medicines like Atropine, Pantaprazole , Tranexamic Acid, Ondansetron should to be documented

Stomach secretions

- A woman who has been planned for cesarean section should not be given anything to eat or drink 8 to 10 hours before operation.
 - To decrease stomach secretions, a gastric emptying agent is used before surgery, because the woman would be lying on her back during surgery which makes esophageal reflux and aspiration highly possible.
- .



Catheter



- An indwelling catheter is prescribed before or after the surgery to reduce bladder size and keep the bladder away from the surgical field.
- Make sure that you have good lighting when inserting a catheter on a pregnant woman to clearly reveal the perineum.
- Aseptic precautions to be taken.
- The urine should be draining freely, and the drainage bag should be kept below the level of the bladder during transport to prevent backflow and the introduction of microorganisms into the bladder.

Upon shifting to surgery, ensure

- She is wearing surgical cap mask gown
- Wrist band for identity & name of operation
- Patient is lying on her left side to prevent supine hypotension.
- Side rails are up, and she is covered with a blanket.
- A support person should be there during her shifting for cesarean section
- Shifting Obese patient requires 2-3 persons
- Consent for surgery & Documentation of care must be complete

Postoperative Care

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Postoperative Care

- Care of a woman who has undergone emergency cesarean birth is divided into two:
- Immediate recovery period
- Extended postoperative period.
- After surgery, the woman would be transferred by stretcher to the High dependency unit /Intensive care unit .
- While the patient is getting shifted responsible adult should be there

Immediate recovery period

- Vital Signs
- 15 minutes for 2 hour, then every 4 hours for 24 hours
- Monitor intakes and outputs every 4 hours for 24 hours

Vital Signs		
Blood Pressure		
Temp		
Pulse Rate		
Respiratory Rate		
Oxygen Saturation		
Urine Output		
hydration		
Edema		
Anemia		
Temperature Chart		
Breast-engorged		
Nipple Retracted		
Uterus - firm and well retracted		
bladder - passed urine		
Bowel- Passed flatus/ Passed motion		Signature
Lochia		
Any Sign or symptom of eclampsia		
Bleeding		
Pain		
I V Fluids		
Ringer Lactate		
Dextrose		
DNS		
Medications		
Diet		
Ambulation		

Inform Doctor immediately if

-
- Temperature > 100.4
 - Systolic Blood Pressure <90 mmHg or >140 mmHg
 - Diastolic Blood Pressure >90 mmHg or <50 mmHg
 - Heart Rate >130 or <60
 - Respiratory Rate >32 or <8
 - Urine output
 - Foley Catheter in place: <60 cc in 2 hours
 - Intermittent Urine collection: <300 cc per shift

-
- **Chart for IV fluids to be maintained**
 - **Nothing by mouth immediately after cesarean section**
 - **Sips of water after taking instruction from the doctor.**
 - **Advance to clear liquids as tolerated**

Anesthesia

- If spinal anesthesia was used, the woman's legs are fully anesthetized so she cannot move them
- Epidural anesthesia has an effect that lasts for 24 hours, so continuous pulse oximeter must be used 24 hours post surgery to detect respiratory depression

Pain control

- Relief from pain is important
- To improve mother and baby bonding
- Helps in early ambulation
- Prevents complications such as pneumonia or thrombophlebitis
- Use a pain rating scale to allow a woman to rate her pain.
- Supplement the analgesics with comfort measures such as change in position or straightening of bed linen
- Some women may need patient controlled analgesia or continued epidural injections to relieve the pain.

Extended post operative period

- . Early mobilization after cesarean delivery is recommended..
- In obese patients pneumatic compression stockings should be used to prevent thromboembolism .
- Discontinue catheter when no longer needed after taking advice from the treating doctor
- Inform the woman that she should not take any medication on her own.

Diet

- **After Intravenous fluid discontinuation ,advice and remind to take adequate fluids**
- **Advance to Regular diet only after the instruction from the treating doctor.**

Woman's first bowel movement after surgery should be noted carefully

Reassure the woman that it is normal not to have bowel movements for 1 or 2 days postoperatively, especially if there is enema administered before surgery

- .
- .

-
- Caution the woman not to strain to pass stools because this puts pressure on their incision
 - Pain at the incision site may interfere with the woman's ability to use her abdominal muscles effectively.
 - If no bowel movement has been observed, the physician may order a stool softener, a suppository .

Immediately Inform

- Headache
- Abdominal and perineal Pain
- Abdominal distension
- Edema
- Calf tenderness
- Foul smelling Lochia
- Inability to pass urine
- **Bleeding per vaginum**

Examine & Document

- **General Condition**
- **Vital signs – Blood pressure, Pulse, Temperature, Respiratory rate & O2 saturation**
- **Input/ Output Chart**
- **Abdominal examination**
 - **Fundal height**
 - **Uterine tenderness**
 - **Incision clean and dry**

Summary Of Post Operative Care

- **B-breast** exam-nipple retraction/engorgement
- **U-** uterus (retracted/involution)
- **B-Bladder** function(urine output)
- **B-** Bowel movements
- **L-** Lochia (colour and foul smell)
- **E-** eclampsia
- **H**-haemorrhage
,HTN-
(homan's sign-DVT)
- **E-** edema
- **A-** Anaemia
- **T-** temperature

Pre & Post operative care

Dedication towards the patient care and

documentation of the care given

Thank You

QUESTION TIME

QUESTION 1

- What is the most important responsibility before shifting for surgery ?
- A.. Inserting a urinary catheter.
- B Assessing the woman's hygiene
- C. Decreasing the stomach secretions.
- D. **Securing an informed consent and ensuring that it is obtained.**

QUESTION 2

For what purpose Ringer's solution is administered intravenously ?

- A. To avoid urinary tract infection.
- B. To ensure that the woman is fully hydrated.
- C. To reduce bladder size.
- D. To decrease urine specific gravity.

QUESTION 3

- What step to be taken to reduce the size of the bladder and keep it away from the surgical field during cesarean section ?
 - A. Administer an oxytocic to contract the bladder.
 - B. Restrict fluids in the woman for 10 hours before surgery.
 - C. Insert a urinary catheter to drain the bladder and decrease its size.
 - D. Give a diuretic to reduce the bladder to its smallest size.

QUESTION 4

- Which of the following interventions would be most helpful to assist a woman to void after a cesarean section?
 - A. Withholding prescribed analgesic.
 - B. Not letting the woman void for few hours.
 - C. Running water from the tap within woman's hearing distance.
 - D. Pouring cold water over her perineal area.

QUESTION 5

- Which of the following should not be there with patient while shifting her cesarean section?
- A. Hearing aid & Dentures
- B. Wrist watch & Jewellery
- C Nail polish and henna
- **D. All the above**

QUESTION 6

- Which of the following is a complication of pain that occurs postoperatively?
 - A. Constipation
 - B. Poor bonding between mother and newborn
 - C. Sleep disturbance
 - D. All the above

QUESTION (True/False)

7 Early ambulation should be encouraged in postoperative period.

Ans **True**

8 Patient should be advised to eat proper meals before surgery?

Ans **False**

QUESTION (Fill up the blanks)

9 During post operative period its important to monitor ---

Blood Pressure , Pulse rate, Respiratory rate, O2 Saturation ,
Input/ Output and ----- (Temperature)

Thank You