

URN: 479398884

Surname: Peterson

Given Name: Emma

DOB: 28.09.1986

Date & Time

Progress Notes

19.07.2020 0720

Emma has had a surgical removal of tumour from her right breast on 17.09.2020, and she has been taking oxycodone for her pain. She seems drowsy and states that she is tired from all the pain-killers that she has been taking. Primary survey:

A – patient talking, patent.

B – RR 11, regular, normal effort. SpO2 94% on room air.

C – skin warm, HR 74, strong + regular radial pulse. BP 108/74, normal systolic BP 115 for patient. Capillary return 2 sec.

D – A (V) P U. PEARL, size 2. Ability to move all limbs.

E – Temp 36.4. Pain at wound site 3/10. Patient has been on oxycodone for her pain, last dose 10mg at 0410. Wound site appears clean and dry. (Olgers et al., 2017).

Pain assessment:

P – Post-surgical pain on right breast following tumour removal. Gets worse with movement, coughing, and sneezing. Relieved with oxycodone.

Q – “Achy” with medication. Otherwise, “sharp” and “terrible”.

R – Radiates to back, chest, and sides with movement. Pain is sharp making it hard to breathe.

S – 3/10

T – Post-surgical pain. Was worse the previous night, but now well-managed with medications. (Hui and Bruera, 2014).

NRS tool used to assess average pain in patient over the past 24 hours (Safikhani et al., 2018).

Wound assessment: Post-surgical wound on the right breast following tumour removal. Clean, dry, and intact dressing over the wound. No evidence of bleeding or infection (Hess, 2019).

Patient cues:

- Drowsiness, voice and touch responsive
- Complains of achiness at wound site
- States that pain is worse when moving, coughing or sneezing
- Complains of radiation to back, chest, and sides
- Pain sharp and makes it hard to breathe

Nursing diagnosis + priorities of care:

1. Acute post-surgical pain, currently managed with oxycodone (NANDA-I, 2015).
 - Priority: Assess pain every 4 hours and administer analgesic as required (Small and Laycock, 2020).
2. Risk of falls and injury as patient is drowsy due to analgesics (NANDA-I, 2015).
 - Priority: Conduct falls risk assessment and plan preventative strategies (Phelan et al., 2016).
3. Possible mobility impairment due to fear of pain radiating to back, chest, and sides with movement (NANDA-I, 2015).
 - Priority: Manage pain + assess mobility in patient (Dronkers et al., 2016).

(RN)

Reference List:

Dronkers, J., Witteman, B., & Meeteren, N. V. (2016). Surgery and functional mobility: Doing the right thing at the right time. *Techniques in Coloproctology*, 20(6), 339-341.

doi:10.1007/s10151-016-1487-6

Hess, C. T. (2019). Comprehensive Patient and Wound Assessments. *Advances in Skin & Wound Care*, 32(6), 287-288.

Hui, D., & Bruera, E. (2014). A Personalized Approach to Assessing and Managing Pain in Patients With Cancer. *Journal of Clinical Oncology*, 32(16), 1640-1646.

doi:10.1200/jco.2013.52.2508

NANDA International. (2014). Nursing diagnoses: definitions and classifications, 2015-17. Wiley-Blackwell.

Olgers, T. J., Dijkstra, R. S., Klerck, A. M., & Maaten, J. C. (2017). The ABCDE primary assessment in the emergency department in medically ill patients: An observational pilot study. *The Netherlands Journal of Medicine*, 75(3), 106-111.

Phelan, E. A., Mahoney, J. E., Voit, J. C., & Stevens, J. A. (2015). Assessment and Management of Fall Risk in Primary Care Settings. *Medical Clinics of North America*, 99(2), 281-293.

doi:10.1016/j.mcna.2014.11.004

Safikhani, S., Gries, K. S., Trudeau, J. J., Reasner, D., Rüdell, K., Coons, S. J., . . . Vernon, M.

(2018). Response scale selection in adult pain measures: Results from a literature review.

Journal of Patient-Reported Outcomes, 2(1). doi:10.1186/s41687-018-0053-6

Small, C., & Laycock, H. (2020). Acute postoperative pain management. *British Journal of*

Surgery, 107(2). doi:10.1002/bjs.11477