NURSING THE POST-OP GDV PATIENT

Abstract

This lecture provides a very detailed and informative look at nursing the post-op GDV patient. It goes through monitoring of the patient, nursing plans for the patient, pain scoring of the patient, medications, nutrition and complications that may occur and how to manage them. As such the lecture gives an interesting and detailed overview of care required for post-op GDV nursing and how to successfully provide appropriate care for them.

Learning outcomes

- Understanding and knowledge of management of GDV patients post-operatively.
- The confidence to care for GDV patients post-operatively with regard to monitoring and caring for them appropriately.

Course Notes

Surviving the anaesthetic period is just the beginning for these patients. They can develop life threatening systemic, metabolic and cardiac abnormalities for 3-5 days post-op.

- Awareness of the problems you may encounter post-op are needed
- Monitoring trends in these patients is essential –even the smallest change can be significant
- Early recognition of subtle changes can save lives

Initial examination post-op

- Should be carried out by the nurse and vet who are going to monitor the patient
- A baseline of everything should be taken including blood sampling
- Analgesia plan MUST be in place so there is no break in pain relief

Basic clinical exam to include:

- Heart Rate, pulse quality and rhythm ideally ECG
- Mucous Membrane colour
- Respiratory Rate and Pattern
- Abdominal Palpation – pain score
- Blood pressure –is your patient euvoalaemic, still hypovolaemic or hypervolaemic?
- Electrolytes and acid-base – is it normal?
- Rectal temperature
Pain scoring:

Pain Scoring should begin at your first examination:

- Doesn’t matter which scale you use as long as consistent
- Increases in pain >24hrs can be indicative of serious problem
- Remember is subjective

Simple Pain Scoring

- 1- BAR, wagging, eating, slight tenderness on palpation of wound
- 2- subdued, quiet, physiological changes, shivery
- 3 – depressed, may show signs of aggression, hunched posture
- 4- may be in lateral recumbency, guarding of surgical wound, anorexic, physiological changes

Smiley Face

Modified Glasgow Pain Scale

- Developed to monitor patients with acute pain in hospital setting
- It looks at patient demeanour but also discomfort around surgical wound
- Patients are monitored as having no, mild, moderate or severe pain based on a score
Analgesia & other medication

- Veterinary Surgeon Choice
  - Our cases always have an opioid for at least 24hrs
- Lidocaine CRI is routine
- NEVER – NSAIDS
- Commonly use methadone – it now comes in a licensed form and provides excellent analgesia intra and post-op
- Morphine / Lidocaine CRIS may be considered
- Ketamine can be used in conjunction but with caution
- Other drugs that may be indicated include
  - IV antibiotics
  - Gastric protectants
  - Metoclopramide CRIS seem to aid recovery and willingness to eat

And don’t forget the TLC!

- Patients with GDV are often disorientated when arrive at surgery then rapidly anaesthetised for surgical correction
- Use of opioids may make them dysphoric
- Time should be set aside to just spend time with the patient grooming, giving TLC and not carrying out procedures