

## THORACIC SURGERY

### Ward Routine on Admission:

1. T.P.R. at 7:00, 11:00, 3:00 and 7:00
2. Strictly confined to bed
3. Sponge bath at the discretion of the nurse.
4. Have patient void and save specimen for gross inspection and urinalysis.
5. Have diet as desired.
6. Hemoglobin and white blood count. Wassermann.
7. Sputum cup to be supplied.
8. Remove no dressings unless authorized by the Ward Officer.
9. Consider as an emergency any case presenting one or more of the following symptoms and signs:
  - a. Cyanosis
  - b. Dyspnea
  - c. Shock
  - d. Evident bleeding
  - e. Instability of the chest wall.
  - f. Wheezing or asthmatic breathing.

### Care of patients:

The following records should be kept on each patient:

1. Temperature, pulse and respirations every four hours. This may be discontinued at the discretion of the Ward Officer.
2. Fluid intake and urinary output totalled.
3. Sputum output is to be weighed or measured every 24 hours.
4. Drainage collected measured every 48 hours.

The general principles of nursing care are as follows:

1. Narcotics. To be administered only under direct supervision of the Ward Officer. Codeine is to be preferred when sufficient.
2. The patients are to be assisted regularly at coughing, insisting that sputum be raised if at all possible.
3. Cases with unilateral suppurative lung disease are not to be permitted to remain on the good side. Semi-Fowler's position will be found beneficial in cases of dyspnea, but frequent change of posture is desired.
4. Diet should be general, high caloric, high vitamin whenever tolerated.
5. All closed drainages are to have the tubes securely clamped whenever the water seals are disconnected for any purpose. The Ward Officer is to be notified immediately in case a tube becomes dislodged from the chest wall.
6. Enemata are less desirable in general than mild cathartics. Mineral oil may be used liberally. Small retention enemata of oil are often quite satisfactory.
7. Urinary retention is to be treated by catheterization when other methods have failed. Many of the patients may, however, be gotten out of bed to void.
8. Hemorrhage: This may be manifested by bleeding from the wound and or by hemoptysis:
  - a. From the wound, notify immediately the Ward Officer.
  - b. A dose of morphine, gr. 1/6, is usually indicated but should be given only on the Ward Officer's order.
  - c. The patient is to be re-assured, the dressing is to be reinforced, applying as much pressure as possible and the patient turned on that side.

d. A set should be maintained sterile at all time including the following items:

- 1 - 5 cc. luer.
- 1 - Hypodermic needle
- 1 - Intravenous needle
- 4 - Hemostats
- 2 - Large rolls of gauze
- 2 - Packages of sponges
- 1 - Scalpel
- 1 - Medium full-curved needle, cutting point
- 1 - Medium full-curved needle, round point
- 1 - Needle holder
- 2 - Tubes of 0 chromic catgut
- 1 - Toothed forceps
- Skin needle and silk
- Skin preparation and novocaine
- An anoscope or small vaginal speculum
- Sterile gloves
- Sterile towels.

In case of hemoptysis, notify the Ward Officer, turn the patient on the affected side. Keep the patient as quiet as possible, discouraging violent cough. Codeine will usually be administered to these patients by order of the Ward Officer. Trendelenburg position is desirable if tolerated and an ice pack at the precordium may be used.

Routine Pre-operative Orders:

Bronchoscopy, bronchograms.

- 1. Nothing by mouth for 8 hours. Small amounts of water may be allowed to take oral medication.
- 2. Barbitol, 1/2 grm. one hour pre-operative.  
Codeine, gr. 1.5 on call.

Operations under Local Anesthesia:

- 1. As above.

Operations under General Anesthesia:

- 1. Nothing by mouth for 8 hours.
- 2. M.S., gr. 1/6, 1 hour before operation.
- 3. Scopolamine, gr. 1/200, at the discretion of the Ward Officer.

Routine Post-operative Orders:

Bronchoscopy and bronchograms.

- 1. Nothing by mouth for 2 hours. Thereafter resume pre-operative orders as tolerated.

Other Operations:

- 1. Return to routine as tolerated, the following points being noted, However:
  - a. Pulmonary resections are not to be permitted on the good side at any time.
  - b. All major surgery is to be placed in Trendelenburg position unless otherwise directed.
  - c. All major cases are to have a record of blood pressure. 15 minutes for the first hour, q. half hour for the next hour. This is to be continued unless the blood pressure is normal. The Ward Officer should be notified of this occurrence.
  - d. Fluid should be limited by mouth while in the Trendelenburg position. This position may be discontinued by degrees on resumption of normal blood pressure.

- e. Any instability of the chest wall is to be corrected by shot bags.
- f. The patient is to be assisted and urged to cough each time the blood pressure is taken.
- g. Mouth wipes are to be provided and the patient instructed in their use.
- h. Intravenous fluids are to be administered routinely on all major cases. This is to be started with saline, blood, plasma or glucose to be given by order of the Ward Officer. The amount of fluid will be approximately 3000 cc. In cases of pulmonary resection the amount and type of fluid is to be under the immediate direction of the Ward Officer. All intravenous solutions are to be given in the arm of the operated side. Blood pressure readings are to be taken in the opposite arm.

#### Areas to be Prepared:

The dressings on all emergency patients are not to be disturbed. In elective cases the axilla of the operative side is to be shaved, as in the entire chest from the nipple line of the good side around to the scapular line of the good side. All cases of thoracotomy are to have a sterile water-seal bottle sent to the operating room with the patient.

#### Thoracentesis:

The following equipment should be available.

- a. 10 cc. luer
- b. 50 cc. luer
- c. Hypodermic needle
- d. Intravenous needle, (2)
- e. 18 gauge needle (2)
- f. 1 3-way stop cock
- g. Rubber tubing to fit 3-way stop cock, 10-inches
- h. Medicine glasses for iodine, alcohol and novocaine
- i. 2 culture tubes
- j. Basin for discard, preferably sterile
- k. Swabs
- l. 1-package of flats
- m. Collodion and a small amount of sterile cotton
- n. Sterile towels or biopsy sheet.

#### Dressings:

The dressings technique will be standard. The following items are valuable.

- a. Facilities for flaming adhesive tape
- b. Sterile safety pins
- c. Sterile rubber tubing, assorted sizes
- d. Uterine sounds
- e. Ether or benzine
- f. Sterile asepto syringes and assorted ruethral catheters
- g. Sterile saline or boric solution