

PERIOPERATIVE CASE STUDY

Student Name _____ Date _____

INSTRUCTIONS: Please complete the case study in outline form. If you are unable to observe a section please use your textbook to obtain the required information or explain why this is collected and why the information is important. Make sure to provide in-text citation following APA format whenever requested or when sources were used. Only typed work is accepted for credit.

1. PREOPERATIVE PHASE

1. Client Profile

- a. Client age and sex: 78-year-old female patient
- b. Medical diagnosis: Coronary heart disease
- c. Scheduled procedure: Coronary artery bypass graft (CABG), LIMA, EVH, Lung Biopsy

2. Preoperative Assessment and History

- a. Allergies and reaction: Codeine (hives) and Tetracycline (rash)
- b. Past medical history: COPD, emphysema, CAD, heart murmur, and aortic valve stenosis
- c. Past surgical history: Right shoulder arthroscopy *OR Unable to access the patient's past surgical history. This information would be important in order to inform the surgeon to look out for any abnormalities or contraindications that could occur from prior surgeries.*
- d. Home medications (name, dose):
 - i. Acetaminophen, 650 mg
 - ii. Insulin lispro, 5 units injection
 - iii. Formoterol, 12 mcg
 - iv. Tamsulosin, 0.4 mg
 - v. Albuterol, 90 mcg

3. Client's Strengths/ Support System

- a. Client's current health (*For example, can they complete ADLs?*): Patient is currently able to perform all ADLs which will aid in recovery process
- b. Client's support system: Husband at bedside. Patient has a strong support system in tact with husband and adult children that will be able to help patient through recovery process

4. Cognitive/Perceptive

- a. Hearing: Diminished hearing; wears hearing aids
- b. Vision: Reading glasses
- c. Emotional state: Stable, calm and composed
- d. Sensorium: Alert and aware to what was taking place

Perioperative Practice Case Study

M Mark



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