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.

I. PREOPERATIVE PHASE

- 1. Client Profile
 - a. Client age and sex: 78-year-old female patient
 - b. Medical diagnosis: Coronary heart disease
 - Scheduled procedure: Coronary artery bypass graft (CABG), LIMA, EVH, Lung Biopsy
- 2. Preoperative Assessment and History
 - Allergies and reaction: Codeine (hives) and Tetracycline (rash)
 - 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):
 - Acetaminophen, 650 mg
 - ii. Insulin lispro, 5 units injection
 - iii. Formoterol, 12 mcg.
 - Tamsulosin, 0.4 mg
 Albuterol, 90 mcg
- 3. Client's Strengths/Support System
 - 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

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Table of Contents Perioperative Practice Case Study

- 1. Understanding the eBook Perioperative Practice Case Study
 - \circ The Rise of Digital Reading Perioperative Practice Case Study
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Perioperative Practice Case Study
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - $\circ\,$ Features to Look for in an Perioperative Practice Case Study
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Perioperative Practice Case Study
 - Personalized Recommendations
 - Perioperative Practice Case Study User Reviews and Ratings
 - Perioperative Practice Case Study and Bestseller Lists
- 5. Accessing Perioperative Practice Case Study Free and Paid eBooks
 - Perioperative Practice Case Study Public Domain eBooks

- Perioperative Practice Case Study eBook Subscription Services
- Perioperative Practice Case Study Budget-Friendly Options
- 6. Navigating Perioperative Practice Case Study eBook Formats
 - o ePub, PDF, MOBI, and More
 - Perioperative Practice Case Study Compatibility with Devices
 - Perioperative Practice Case Study Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Perioperative Practice Case Study
 - Highlighting and Note-Taking Perioperative Practice Case Study
 - Interactive Elements Perioperative Practice Case Study
- 8. Staying Engaged with Perioperative Practice Case Study
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Perioperative Practice Case Study
- 9. Balancing eBooks and Physical Books Perioperative Practice Case Study
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Perioperative Practice Case Study
- 10. Overcoming Reading Challenges
 - o Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Perioperative Practice Case Study
 - $\circ\,$ Setting Reading Goals Perioperative Practice Case Study
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Perioperative Practice Case Study
 - Fact-Checking eBook Content of Perioperative Practice Case Study
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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