Faculty of Medicine

Department of Clinical Nursing

Post-operative Observations; Ritualised or Vital in the Detection of Post-operative Complications

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Statement of Originality

This work contains no material that has been accepted for the award of any other degree or diploma in any other university or other tertiary institution. To the best of my knowledge and belief, it contains no material previously published or written by another person, except where due reference has been made in the text.

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Abstract

The nursing practice of monitoring patients in the post-operative (PO) phase upon returning to the general ward setting has traditionally consisted of the systematic collection of vital signs and observation of other aspects of the patient's recovery. For the most part the primary focus of this monitoring has been the detection of post-operative complications. There is a need for more substantive evidence to support an appropriate frequency of post-operative observation. The aim of this research was to identify if the current practice of PO vital sign collection detects PO complications in the first 24 hours after the patient has returned to the general ward setting.

Due to the complex world in which nurses practice the research was undertaken using a combination of methods within a triangulated approach to collect data. A survey of 75 hospitals providing a surgical service enabled a description of the current models of PO monitoring as found in policy documents to be made. The majority of hospitals (91%) described a variety of regulated regimens for the collection of PO observations, with the most common for vital sign collection (27%) as hourly for the first four hours and then four hourly. An observation of 282 patient hours in two surgical wards identified the current practice of PO monitoring involved nurses collecting vital signs hourly for the first four hours, three hourly for the next eight hours and then every four hours. This was despite the existence of different models being described in the policies. The records of 144 patients were audited to identify what, if any, nursing interventions detected changes in a patient's recovery and to determine whether a relationship existed between vital sign collection and the detection of complications. It was found that the complications that occurred were minor in nature, occurred infrequently, and did not have a relationship with changes in vital signs.

This research found that there was no relationship between the frequency of the collection of vital signs and the occurrence or detection of complications. PO observations were collected by nurses based on traditional patterns, were collected routinely, were ritualised and were not determined by individual clinician expertise or the needs of the individual patient. Recommendations are made regarding the need for a systematic program of research and alternative models of patient observation that focus on patient need rather than organisational need and that provide more efficient and effective practice in monitoring PO patient progress.

Publications arising from the material presented in this thesis.

"Policies that drive the nursing practice of post-operative observations" International Journal Nursing Studies. Volume 39, Issue 8, November 2002. Appendix I.

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