

MASTECTOMY POST-OP ASSESSMENT

Name:
DOB:
Gender:
Home Address:

Age:

PARIS ID:
PHN:
Phone:

Assessment Start Date:

Assessment End Date:

Carried Out By:

Post-Op Phase Only

Date of Surgery 1:

Type of Surgery 1:

Date of Surgery 2:

Type of Surgery 2:

Post Op Day:

Surgical Wound Assessment (Go to Surgical Wound Assessment Form if wound gaping)

Incision Status

☐ Approximated ☐ Gaping* ☐ Staples ☐ Steri-strips
☐ Other:

Incision Exudate

☐ Nil ☐ Serous ☐ Sanguinous ☐ Other:

Exudate Amount

☐ Nil ☐ Scant ☐ Moderate ☐ Large

Peri Incisional Area

☐ Intact ☐ Indurated ☐ Erythema ☐ Edema ☐ Rash
☐ Blister ☐ Other:

Drain A	Type:	Sutured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location:
Drain B	Type:	Sutured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location:
Drain C	Type:	Sutured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location:
Drain D	Type:	Sutured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location:

Drainage Amount (mls in the last 24 hours):

Drainage Type

☐ Serous ☐ Sanguinous ☐ Green ☐ Brown ☐ Purulent
☐ Mucousy

Drain Removed when < 25-30 mls/24 hrs - Date:

Treatment

☐ Dry Dressing Applied

Wound Comments (Identify type of reconstructive surgery, include previous drainage amounts):

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Information about disease process, treatments, resources/services:

Teaching / Handouts Given (Indicate topics discussed and any patient concerns):

Post-Op and Supportive Phases

Pain - location, frequency, severity (0-10):

Medication - efficacy, side effects:

Activity Level - arm exercises TID:

Bowel Regularity, Urinary Function:

Nutritional Status (Appetite, dietary intake, fluid intake):

Client / Family Concerns / Social Support:

Physician Contact Details:

Supportive Phase Only

Client Short Term Goals:

Information about disease process, treatments (Chemo, radiation, frequency):

Nausea & Vomiting - cause, medication efficacy:

Home Support (Update Home Support Service Summary):

MASTECTOMY POST-OP ASSESSMENT

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Referral to Palliative Consultation Team:

IV Catheter:

Date of Insertion:

For PICC only: cm # on insertion

Location:

Tip Location:

Site

☐ No IV Site
Complications

☐ Inflamed

☐ Swelling

☐ Drainage

☐ Pain

☐ Other:

Skin

☐ Intact

☐ Rash

☐ Itch

☐ Other:

Infusion Device:

Dressing ☐ Done ☐ Not Done

Next Due:

For PICC only: cm # on insertion

Flush ☐ Done ☐ Not Done

Next Due:

Cap Change ☐ Done ☐ Not Done

Next Due:

Chemo Infusion ☐ Discontinued

Next Due:

Post-Op and Supportive Phases

Event	Date of Event Occurrence	Completed By	Date Completed
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IV Management Summary Comments

MASTECTOMY POST-OP ASSESSMENT

Name:

PARIS ID:

Needs

Need

Post to C/P

Processed

Comments

Casenote

----- End of Report -----