

Pneumonectomy and Lobectomy Recovery Nurse Reference Sheet

This information corresponds to the patient education factsheet Pneumonectomy and Lobectomy Recovery.

Post-Operative Day (POD)	Patient Care	Pain Management	Physical Activity	Drain Care
Day of Surgery	<ul style="list-style-type: none"> • CXR • Labs drawn • Electrolyte protocol • ICU glucose scale • At least 2L O₂ 	<ul style="list-style-type: none"> • Epidural • PCA • Multimodal pain regimen 	<ul style="list-style-type: none"> • Dangle feet at bedside • Move to chair if possible 	<ul style="list-style-type: none"> • Chest tubes on water seal only • Dressings PRN • Avoid Vaseline gauze or Xeroform gauze
POD 1 (Transfer out of ICU)	<ul style="list-style-type: none"> • <u>All pneumonectomy patients:</u> NPO until swallow test • <u>Lobectomy patients</u> over age 75 or with swallow trouble: NPO until swallow test • ADAT • Restart PO home meds (except ACE inhibitors, blood thinners) • O₂ titrated to sats above 90% (88% COPD) • Saline lock IV when tolerating PO 	<ul style="list-style-type: none"> • Epidural • PCA • Transition to PO 	<ul style="list-style-type: none"> • Sit in chair at least 2 times • Walk in hall at least 2 times 	<ul style="list-style-type: none"> • Chest tubes on water seal • Dressings PRN
POD 2	<ul style="list-style-type: none"> • ADAT • Continue O₂ titration 	<ul style="list-style-type: none"> • Epidural weaned • Transition to PO 	<ul style="list-style-type: none"> • Sit in chair at least 3 times (during meals) • Walk in hall at least 3 times (goal: 1 mile) 	<ul style="list-style-type: none"> • Chest tubes to water seal • One chest tube removed (possible) • OR dressings removed from VATS/thoracotomy site; keep open to air if dry
POD 3 (Possible discharge home)	<ul style="list-style-type: none"> • Advance diet as tolerated • May shower; cover chest tube sites and keep tubes as dry as possible 	<ul style="list-style-type: none"> • Oral pain meds only 	<ul style="list-style-type: none"> • Sit in chair at least 3 times (during meals) • Walk in hall often (goal: >1 mile) 	<ul style="list-style-type: none"> • Chest tubes to water seal • All chest tubes removed (possible) • Dressings PRN
General Information	<ul style="list-style-type: none"> • Hospital discharge goal between POD 3-7 • Chest tube locations: Anterior medial tube = anterior apical site; Posterior tube = posterior apical site; Middle tube = middle inferior basilar site • Chest tube dressings: Change Q48 hours and PRN; Avoid Vaseline gauze and Xeroform gauze on incision (Vaseline/Xeroform gauze must still be present at bedside). • After chest tube removal, leave gauze and foam tape dressing on for 48 hours. • May leave incision open to air after 48 hours unless draining. 			