NCLEX 2026 · CLINICAL JUDGMENT

Perioperative *Nursing Care* Pre-Op · Intra-Op · Post-Op

A complete visual study guide for surgical nursing across all three perioperative phases — priority assessments, safety checks, and the complications that matter most on test day.

SYSTEM SURGICAL / MULTI-SYSTEM FOCUS SAFETY · PRIORITIZATION · HEMODYNAMICS

FRAMEWORK NCJMM (RECOGNIZE → EVALUATE)

01 Definition & Overview

WHAT & WHY

> *Perioperative care is the continuum of nursing care provided before, during, and after surgery — focused on safety, informed consent, physiologic stability, and prevention of complications.*

Three Phases · One Continuum

Preoperative begins when surgery is decided and ends when the client enters the OR. **Intraoperative** spans from OR entry to PACU transfer. **Postoperative** begins in PACU and ends with full recovery.

Why It Matters for NCLEX

The NGN exam tests **clinical judgment under time pressure**: recognizing hypovolemic shock, preventing wrong-site surgery, managing airway, anticipating malignant hyperthermia, and intervening on post-op hemorrhage or DVT.

02 The Three Phases — At a Glance

TIMELINE

1 Preoperative

DECISION → OR DOOR

- Verify informed consent & site marking
- Head-to-toe assessment + baseline vitals
- NPO status (typically 6–8 hrs)

2 Intraoperative

OR ENTRY → PACU ARRIVAL

- Time-out: right patient, procedure, site
- Strict sterile technique / surgical asepsis

3 Postoperative

PACU → FULL RECOVERY

- Airway & breathing FIRST (ABCs)
- Vitals q15 min × 4, then q30, then q1h
- Assess dressing, drains, hemorrhage

- Remove dentures, jewelry, prostheses
- Patient teaching: cough, deep breathe, splint
- Pre-op meds (sedatives, anticholinergics, abx)

- Positioning — prevent nerve & pressure injury
- Monitor temp: malignant hyperthermia risk
- Sponge, sharp & instrument counts ×3
- Maintain hemodynamic & fluid balance

- Pain management + early ambulation
- Incentive spirometer q1h awake
- Monitor I&O, bowel sounds, voiding

03 Surgical Stress Response — Simplified

PATHOPHYSIOLOGY

Surgical Trauma
Tissue injury & anesthesia activate the stress axis

→

Neuroendocrine Surge
↑ Catecholamines, cortisol, ADH, aldosterone

→

Fluid Shifts
Na+ & H_2O retention; K+ loss; 3rd-spacing

Hemodynamic Strain
↑ HR, ↑ BP, ↑ O_2 demand on the heart

→

Hypermetabolic State
Protein catabolism, delayed wound healing

→

Risk Window
Hemorrhage, shock, atelectasis, DVT, infection

04 Post-Op Complications — Signs & Symptoms

RED FLAGS

Hemorrhage / Hypovolemic Shock

EMERGENT

- **Early:** restlessness, anxiety, tachycardia
- **Progressing:** cool, pale, clammy skin; narrowed pulse pressure
- **Late:** hypotension, decreased LOC, oliguria <30 mL/hr
- Saturated dressing, sanguineous drain output >100 mL/hr

Malignant Hyperthermia

INTRA-OP

- **Earliest:** ↑ end-tidal CO_2 (capnography spike)
- Muscle rigidity (especially masseter), tachycardia, dysrhythmias
- **Late:** extreme hyperthermia (up to 107°F)
- Triggered by **succinylcholine** & volatile anesthetics → treat with **Dantrolene**

Atelectasis / Pneumonia

PULMONARY

- Diminished breath sounds, crackles
- Low-grade fever in first 24–48 hrs
- ↓ SpO_2, tachypnea, productive cough
- Most common post-op pulmonary complication

DVT / Pulmonary Embolism

VASCULAR

- **DVT:** unilateral calf pain, warmth, swelling, redness
- **PE:** sudden dyspnea, pleuritic chest pain, tachycardia
- Hypoxia, anxiety, impending-doom feeling
- NEVER massage a suspected DVT

Wound Dehiscence / Evisceration

INTEGUMENTARY

- **Dehiscence:** separation of wound edges
- **Evisceration:** abdominal organs protruding
- Classic cue: client reports “something gave way”
- Cover with **sterile saline-moistened gauze** + low-Fowler's + knees flexed

Paralytic Ileus / Urinary Retention

GI / GU

- Absent bowel sounds >24 hrs post-op, distention
- Nausea, vomiting, no passage of flatus
- Unable to void within 6–8 hrs post-op
- Bladder distention above symphysis pubis

05 Priority Nursing Interventions — By Phase

ABCS · SAFETY · PRIORITIZATION

Pre-Op

PREPARE & PROTECT

- ✓ **Verify consent:** signed, witnessed, voluntary — surgeon explains; nurse witnesses signature
- ✓ **Baseline labs & VS:** CBC, BMP, PT/INR, type & crossmatch, ECG
- ✓ **Remove:** dentures, contacts, jewelry, nail polish, hearing aids per policy
- ✓ **Teach:** turn-cough-deep breathe, splinting, incentive spirometer, PCA
- ✓ **Confirm NPO:** 6–8 hrs solids; 2 hrs clear liquids (check agency policy)
- ✓ **Skin prep:** hair clipping (NOT shaving) & CHG bathing if ordered
- ✓ **Void before transfer** to OR; empty bladder
- ✓ **Identify allergies:** latex, iodine, eggs (propofol), shellfish

Intra-Op

STERILITY & SAFETY

- ✓ **Surgical Time-Out:** all team pauses to verify patient, procedure, site, side
- ✓ **Position safely:** pad bony prominences; protect eyes & peripheral nerves
- ✓ **Counts ×3:** before incision, before closing, after closing — sponges, sharps, instruments
- ✓ **Fluid & blood loss** documented; have Dantrolene readily available
- ✓ **Maintain sterile field:** anything below waist or out of sight is contaminated
- ✓ **Monitor temp continuously:** capnography for earliest MH sign
- ✓ **Grounding pad** placed on dry, hair-free, muscular area for electrocautery
- ✓ **Hand-off to PACU:** SBAR — procedure, anesthesia, EBL, drains, allergies

Post-Op

AIRWAY · ASSESS · AMBULATE

- ✓ **Airway first:** position side-lying or head turned until gag reflex returns
- ✓ **Pulse ox & O_2:** maintain SpO_2 ≥ 95% (88–92% in COPD)
- ✓ **Pain management:** PCA, scheduled + PRN; reassess 30 min after IV / 1 hr after PO
- ✓ **IS q1h** while awake; turn, cough, deep breathe q2h
- ✓ **Vitals:** q15 min × 4 → q30 × 2 → q1h × 4 → q4h (or per policy)
- ✓ **Assess dressing & drains:** circle drainage, note time; JP should be compressed
- ✓ **Early ambulation** within 24 hrs to prevent DVT, atelectasis, ileus
- ✓ **I&O:** notify for urine output < 30 mL/hr × 2 hrs

06 Perioperative Pharmacology

DRUGS TO KNOW

DRUG / CLASS	PURPOSE	KEY SIDE EFFECTS / CAUTIONS	NURSING PRIORITY
Midazolam (Versed)	Pre-op sedation & amnesia	**Respiratory depression**, hypotension	Bedside monitor, antidote **flumazenil** on hand
Atropine / Glycopyrrolate	Dry oral secretions (anticholinergic)	Tachycardia, dry mouth, urinary retention	Monitor HR; avoid in narrow-angle glaucoma
Cefazolin (Ancef)	Prophylactic antibiotic	Allergy cross-reactivity with penicillin	Give within **60 min before incision**
Propofol (Diprivan)	Induction & maintenance of anesthesia	**Hypotension**, apnea; **egg/soy allergy**	Change tubing q12h; monitor triglycerides
Succinylcholine	Depolarizing neuromuscular blocker	**Malignant hyperthermia trigger**, hyperkalemia	Have **Dantrolene** + cooling measures ready
Dantrolene	Treats malignant hyperthermia	Muscle weakness, hepatotoxicity	Reconstitute rapidly; give IV push; continue 24–48 hrs
Morphine / Fentanyl (Opioids)	Intra- and post-op pain control	**Respiratory depression**, constipation, itching	Antidote **naloxone** at bedside; monitor RR, sedation
Ondansetron (Zofran)	Post-op nausea & vomiting (PONV)	Headache, QT prolongation	Check baseline ECG if on other QT-prolonging drugs
Enoxaparin (Lovenox)	DVT prophylaxis	**Bleeding**, thrombocytopenia (HIT)	SubQ abdomen; do NOT expel air bubble; no aspiration

DRUG / CLASS	PURPOSE	KEY SIDE EFFECTS / CAUTIONS	NURSING PRIORITY
Metoclopramide (Reglan)	↑ gastric emptying pre-op	Extrapyramidal symptoms (EPS), drowsiness	Give 30 min before meals; assess for tardive dyskinesia

07 NCLEX Test Traps ⚠️

DON'T GET FOOLED

TRAP 01

"The consent isn't signed" — what do you do?

Ask patient to sign it yourself before surgery → Notify the surgeon to obtain informed consent

Consent is the **surgeon's legal duty**. The nurse witnesses the signature and verifies understanding — but cannot explain the procedure or obtain consent.

TRAP 02

First post-op assessment priority?

Check surgical dressing for bleeding → Assess airway patency and respiratory status

Always **ABC**. Airway comes before circulation — even before dressing checks. A bleeding patient who can't breathe dies first from the airway.

TRAP 03

First sign of hypovolemic shock?

Hypotension and decreased urine output → Restlessness, anxiety, and tachycardia

BP drop is a **late** sign. The body compensates first — catch it early through behavior changes and HR.

TRAP 04

Evisceration — what's the FIRST action?

Push the organs back into the abdomen → Cover with sterile saline-soaked gauze; call surgeon

Never attempt to replace protruding viscera. Keep tissues moist + sterile, position low-Fowler's with knees flexed to reduce abdominal tension.

TRAP 05

Earliest sign of malignant hyperthermia?

High fever above 104°F → Rising end-tidal CO_2 on capnography

Hyperthermia is the **LATE** sign. $EtCO_2$ rises first, then masseter rigidity, tachycardia — THEN temperature spikes. By the time temp is 107°F, you're behind.

TRAP 06

Suspected DVT — nursing action?

Massage the affected leg to improve circulation → Do NOT massage; elevate limb and notify HCP

Massage can **dislodge the clot** → pulmonary embolism. Immobilize, measure calf circumference, and notify the provider.

08 NCJMM Clinical Judgment in Action

RECOGNIZE → ANALYZE → PRIORITIZE → EVALUATE

NGN SCENARIO

Day 1 Post-Op · Abdominal Surgery

A 62-year-old is 6 hours post-exploratory laparotomy. Vital signs: HR 122, BP 94/58, RR 24, SpO_2 93% on 2 L NC, temp 99.2°F. JP drain has produced 180 mL of sanguineous fluid in the past hour. The patient reports "feeling anxious" and asks for water. Dressing is saturated with bright red blood.

1 · Recognize Cues

Tachycardia, hypotension, tachypnea, anxiety, heavy sanguineous drainage, saturated dressing. These are **compensatory signs of hypovolemic shock**.

2 · Analyze Cues

JP output >100 mL/hr and saturated dressing suggest active internal/external hemorrhage. Anxiety & thirst reflect poor cerebral perfusion.

3 · Prioritize Hypotheses

Hypovolemic shock from post-op hemorrhage is the top hypothesis. Must act before BP collapses and organ failure sets in.

4 · Generate Solutions & Evaluate

Reinforce dressing (don't remove), increase IV fluids, raise HOB if tolerated, O_2, notify surgeon STAT, prepare for type & crossmatch / blood. Reassess VS q5–15 min until stable.

09 Patient & Family Education

TEACH-BACK TOPICS

Pre-Op Teaching (Before Surgery)

- → Remain NPO as instructed — sips of water with meds only if specifically approved
- → Stop anticoagulants (warfarin, aspirin, herbal supplements) per surgeon orders
- → Shower with chlorhexidine (CHG) the night before and morning of surgery
- → Arrange a ride home and support person for after discharge

Post-Op Teaching (Discharge)

- → Report fever >101°F, pus, increased pain, redness, or wound separation
- → Ambulate every 1–2 hrs while awake to prevent DVT & pneumonia
- → No lifting >10 lbs, no driving while on opioids, no tub soaking until cleared
- → Use stool softeners to prevent straining (opioids → constipation)

- → Practice **turn, cough, deep breathe** + incentive spirometer & splinting with a pillow
- → Know expected pain scale and the pain management plan — PCA, PO, or IV

- → Follow-up appointment within 7–14 days; keep incision clean & dry
- → Call 911 for chest pain, severe shortness of breath, or sudden leg swelling

10 Memory Boosters & Mnemonics

MAKE IT STICK

WIND

Timing of post-op fever

Wind — Day 1–2 (atelectasis, pneumonia)

Water — Day 3–5 (UTI)

Wound — Day 5–7 (surgical site infection)

Walk — Day 5+ (DVT / thrombophlebitis)

Wonder drugs — any day (drug reaction)

SAFE

Pre-op checklist essentials

Sign consent · verify site marking

Allergies · latex, iodine, eggs, shellfish

Fluids/Food NPO · labs on chart

Empty bladder · remove prostheses & jewelry

ABCDE

Post-op priority order

Airway patent · no obstruction

Breathing · SpO_2, rate, effort

Circulation · VS, bleeding, perfusion

Drains, dressings, drugs, LOC

Elimination · void in 6–8 hrs, bowel sounds

SHOCK

DVT

MH

Early signs of hypovolemic shock

Skin: cool, pale, clammy

HR increases (compensatory tachycardia)

Orientation ↓ — restless, anxious

Capillary refill >3 seconds

Kidney output <30 mL/hr

Virchow's Triad risk factors

Damaged vessel wall (surgery/trauma)

Venous stasis (immobility, bed rest)

Thickened blood (hypercoagulable state)

Malignant hyperthermia response

M — Monitor $EtCO_2$ (earliest cue)

D — Dantrolene IV push STAT

S — Stop triggering agent

C — Cool the patient (iced NS, cooling blanket)

O — 100% O_2 & hyperventilate

NGN NCLEX 2026 · *Perioperative Nursing Care*

Safety-first surgical nursing across pre-op, intra-op, and post-op phases — structured for clinical judgment mastery.

✦ **Study Smart**

Recognize · Analyze · Prioritize · Evaluate