Standard of Care
Maxillary/Mandibular Osteotomy

Objectives:
1. To maintain patent airway.
2. To prevent post operative complications.
3. To intervene should respiratory distress occurs.
4. To maintain pain relief and sedation as needed.
5. Provide education to patient and or family regarding disease process, plan of care and procedures.

Process Standard:
1. Vital signs with respiratory rate will be noted every 15 minutes after admission for at least 1 hour, then every 1 hour.
2. MD will be notified of any respiratory distress or deterioration of respiratory depth/character.
3. Wire cutters will be at bedside in case patient vomits/respiratory distress and this will be documented.
4. If patient arrives in ICU intubated, the E-T tube will be protected as necessary (i.e., taped securely in place, hands restrained after obtaining order from MD).
5. Tracheostomy care should be performed every 12 hours with the use of H2O2 and the inner cannula should be changed using sterile technique.
6. Intubation equipment will be readily available should intubation be necessary after admission.
7. Patient’s pain level will be assessed and documented as needed. The nurse shall use the Critical Care Pain Observation Tool (CPOT) for intubated patients.
8. If sedation is present the RASS scale will be used and documented.
9. If patient intubated, he/she will only be extubated after being stabilized. Extubation will be done with oral surgery resident at bedside.

Expected Outcome:
1. Patient will be able to maintain a patent airway.
2. The patient will remain free of complications including respiratory compromise.
3. The patient will verbalize relief of pain.
4. The patient and or family will verbalize understanding of disease process, plan of care, and procedures.

Reference: