

# Nursing care plan for bariatric surgery patients: creating a standard through interdisciplinary work

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## Abstract

Patients undergoing bariatric surgery follow a care process that allows the standardization of nursing care, the deviations from this process only occur in the face of specific complications. This standardization is essential to ensure efficient, safe, and consistent care. To unify criteria and improve the quality of care, an interdisciplinary working group was formed, consisting of specialist surgeons, inpatient nursing staff, and a nurse expert in methodology. The objective was to design a consensus-based protocol for the nursing care plan, identifying common diagnoses and interventions according to the ATIC classification. Aspects such as pain control, wound care, emotional support, risk management, and health education were included. The resulting protocol

includes evidence-based clinical interventions adapted to the center's standard practice, improving communication and coordination between professionals and ensuring a rapid response to potential complications. This initiative represents an improvement in the standardization of treatments and contributes to the excellence of nursing practice in the bariatric surgical setting.

## Keywords:

- Bariatric surgery
- Nursing
- Standardized care
- Interdisciplinary work
- Clinical protocol

## Introduction

Bariatric surgery is an increasingly common procedure for treating morbid obesity and its associated comorbidities. Due to its complexity and risk of complications, it requires careful planning of postoperative care. Nursing care plans play a central role in this process, not only addressing real problems but also anticipating potential complications. Variability in clinical practice can hinder coherent and safe care, especially in multidisciplinary settings. Therefore, it is crucial to develop consensus protocols that integrate the experience of all involved professionals. The objective was to design an interdisciplinary procedure that standardizes nursing care for bariatric surgery patients.

a clinical methodology professional. The team identified the most frequent and relevant nursing care actions for postoperative patients and categorized them according to ATIC diagnoses. Available interventions in the SAP platform were reviewed and aligned with the identified needs. Inclusion criteria were based on clinical experience and literature review. Aspects such as peripheral line control, surgical preparation, pain management, wound care, infection prevention, respiratory physiotherapy, vital sign monitoring, and emotional support were analyzed.

## Materials and Methods

An interdisciplinary working team was formed, composed of bariatric surgery experts, hospitalization unit nurses, and

## Results

The resulting protocol defines a set of specific nursing diagnoses according to the ATIC classification, including: risk of phlebitis, device obstruction, fear, preoperative anxiety and uncertainty, surgical wound, pain, risk of hemorrhage and postoperative bleeding, risk of respiratory distress, hypoxia, post-TEGD diarrhea, risk of infection, and vomiting.

The following item presents the correlation between NNN classification system used in routine nursing care: NANDA and the ATIC diagnosis. The various codes shown in the (nursing diagnoses), NOC (nursing outcomes), and NIC (nursing interventions).

**Table 1: Summary of the Standard Nursing Care Plan**

NANDA Diagnosis	ATIC Diagnosis	NIC Intervention	NOC Expected Outcome	Specific Care
00046 Impaired skin integrity	10002292 Surgical wound	3440 Incision site care / 1870 Drain care	1102 Wound healing: primary intention	Wound care every 8h per protocol, drainage check every 8h
00132 Acute pain	10001524 Pain	1400 Pain management / 2210 Analgesic administration	2102 Pain level controlled	Pain assessment every 8h using numeric scale
00205 Risk of shock / hemorrhage	10002569 Hemorrhage risk / 10002568 Post-op hemorrhage risk	6680 Vital signs monitoring / 4010 Hemorrhage prevention	0703 Stable vital signs	Vital signs, drains, and stool checks every 8h; monitor for bleeding
00032 Ineffective breathing pattern risk	10005271 Respiratory distress risk / 10002638 Hypoxia risk	6680 Respiratory monitoring	6680 Stable respiratory status	Respiratory physiotherapy every 8h, 30° positioning, early ambulation
00149 Risk of diarrhea (post-TEGD)	10001355 Post-TEGD diarrhea	460 Diarrhea care / 501 Bowel elimination	501 Regular bowel elimination	Stool check every 24h
00004 Risk of infection	10002726 Infection risk	6550 Infection protection / 6540 Infection control	0703 No signs of infection	Wound care at 48h per protocol, vital signs and phlebitis check every 8h
00134 Nausea	10005053 Vomiting	1450 Nausea management	1618 Nausea and vomiting control	Monitor symptoms every 8h if nausea appears
00148 Fear	10004718 Fear	5280 Safety enhancement / 5240 Counseling	1404 Fear control	Emotional support and education; relaxation techniques
00126 Deficient knowledge	All patients with health status change	5606 Individual teaching	1813 Knowledge of therapeutic regimen	Health education every 8h and diet monitoring

## Discussion

Implementing a standardized care plan helps reduce variability in clinical practice, ensuring a consistent and efficient response to similar clinical situations. This protocol improves professional communication and fosters a culture of patient safety. The selected diagnoses reflect not only clinical problems but also emotional and educational aspects, often overlooked in surgical contexts.

Previous studies have shown that care standardization improves care quality and reduces postoperative complications. Our protocol aligns with international recommendations for comprehensive bariatric patient care and adds the value of interdisciplinary coordination.

A limitation is that the protocol was developed in a single center; broader validation in other healthcare settings is required. Additionally, given the rapid advances in surgical techniques, frequent updates are needed to reflect new, less invasive methods that reduce hospital stays.

## Conclusions

Creating a consensual nursing care protocol for bariatric surgery patients has made it possible to unify criteria, improve care quality, and ensure a coherent response to care needs. Interdisciplinary work has been key to integrating various perspectives and achieving a practical, useful tool for daily practice.

## Conflict of Interest Statement

The authors declare no known financial conflicts of interest or personal relationships that could have influenced the work presented in this article.

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7. Scio Health Lab. ATIC Terminology. Barcelona: Scio Health. Available at: <https://www.sciohealth.org/bp/terminologia-atic> Tabla 1: Resumen del Plan de cuidados enfermeros estándar.

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