

OUR LADYS CHILDREN'S HOSPITAL  
NURSING CARE PLAN 29  
UROLOGY

(Use in conjunction with care plan 1)

<b>Care plan 29 Problem</b>		<b>Issue date: August 2018</b> <b>Review date: August 2021</b>	
		<b>Goals</b>	
_____ has had reconstructive urological surgery _____ _____ on _____		_____’s bladder will be continuously drained of urine post operatively to ensure optimal drainage of bladder and therefore success of surgery.	
Commenced, date, time and signature, grade.	<b>No.</b>	<b>Nursing Intervention</b>	Discontinued, date, time and signature, grade.
	<b>1.</b>	<b>Output</b>	
	<b>a.</b>	_____ has the following catheter/s insitu <ul style="list-style-type: none"> <li>• Ureteric catheter size ____</li> <li>• Mitrofanoff catheter size ____ @ ____cm level</li> <li>• Suprapubic catheter size ____</li> <li>• Urethral catheter ____</li> </ul> Monitor and record STRICT one hourly output initially for the first 48 hours. If stable after this time reassess frequency in consultation with the surgical team.	
	<b>b.</b>	<ul style="list-style-type: none"> <li>• Monitor and record bowel motions. Administer stool softener _____ and adequate fluid intake to ensure bowels regularly as constipation may result in _____ straining and so putting unnecessary pressure on the bladder.</li> <li>• If _____ is on a bowel management program e.g. Washouts- recommence normal program when patient is back on full diet.</li> </ul>	
	<b>2.</b>	<b>Intake</b>	
		<ul style="list-style-type: none"> <li>• Monitor and record strict one hourly intake. (Please refer to Careplan 9 for Care of the IV cannula)</li> <li>• Limit milk to 300mls per day as it can increase mucous production</li> <li>• Avoid caffeinated drinks as they may irritate the bladder</li> </ul>	
	<b>3.</b>	<b>Flushing</b>	
		Please refer to the post operative notes re. flushing Mitrofanoff catheter: ____mls ; ____hourly <ul style="list-style-type: none"> <li>• Measure and empty both Mitrofanoff and suprapubic 1 hourly urine chamber/leg bag before flushing Mitrofanoff</li> <li>• Always flush the smaller catheter so fluid will return via larger catheter</li> <li>• Using a clean non-touch technique, 50ml catheter tip syringe and ____mls of room temperature normal saline, slowly flush the Mitrofanoff catheter.</li> <li>• Observe the suprapubic catheter for the return of the ____ml flush.</li> <li>• Document all flushes and return of same on fluid balance chart.</li> <li>• If the flush does not return via the suprapubic please refer to point 4</li> </ul>	

Created by A. Costigan & Liz Boyce

Reviewed August 2018

Patient Name:.....

Hospital No:.....

Ward.....

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	<b>4.</b>	<b>Troubleshooting</b>	
		<p>If the following occurs URGENT intervention is needed.....</p> <ul style="list-style-type: none"> <li>• Reduction by half of the previous hours output</li> <li>• Cessation of output</li> <li>• Patient complains of suprapubic pain, fullness, urge to urinate</li> <li>• Flush fails to return via suprapubic catheter</li> </ul> <p><b>What to do.....</b></p> <ol style="list-style-type: none"> <li>1. Check fluid intake</li> <li>2. Check the catheter tubing hasn't kinked</li> <li>3. Is the collection bag below the level of the bladder?</li> <li>4. Milk the tubing to release any mucous plug</li> <li>5. Aspirate the suprapubic catheter with a 50ml catheter tip syringe</li> <li>6. If there is a flow of urine continue with the flush</li> <li>7. If there is NOT a flow of urine instill ___mls of normal saline into the suprapubic catheter and aspirate the suprapubic catheter</li> <li>8. If there is still no flow of urine repeat step 7</li> <li>9. If there is still no flow of urine contact the Urology CNS or Surgical Registrar IMMEDIATELY</li> </ol>	
	<b>5.</b>	<b>Catheter Care</b>	
		<ul style="list-style-type: none"> <li>• Remove mepore from around catheter site/s 24-48 hours post op</li> <li>• Clean catheter site with saline and dry with gauze</li> <li>• Re-apply mepore only if site is oozing</li> <li>• Inspect and clean catheter site daily</li> <li>• Apply Vaseline if sites are beginning to dry and crust</li> <li>• Change elastoplast tapes if soiled, ensuring catheter tubing is anchored securely. Change tapes after showering/bathing</li> <li>• Catheters should be anchored at 2 points on the abdomen and changed one at a time</li> <li>• <b>NEVER</b> anchor catheters to the leg</li> </ul>	
	<b>6.</b>	<b>Mobilization</b>	
		<ul style="list-style-type: none"> <li>• Liase with surgical consultant re. mobilization _____</li> <li>• Liase with physiotherapist</li> <li>• Change urinary drainage bags to leg bags to allow for easier mobilisation</li> </ul>	
	<b>7.</b>	<b>Education</b>	
		<ul style="list-style-type: none"> <li>• Liase with CNS _____ re. education on self/parental care as soon as the patient is capable.</li> <li>• Complete teaching assessment sheet.</li> </ul>	