

OUR LADYS CHILDREN'S HOSPITAL
NURSING CARE PLAN 29

UROLOGY

(Use in conjunction with care plan 1)



Care plan 29 Problem		Issue date: November 2013 Review date: November 2016	
		Goals	
_____ 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.	
Commence d, date, time and signature, grade.	No.	Nursing Intervention	Discontinued, date, time and signature, grade.
	1.	Output	
	a.	_____ has the following catheter/s insitu <ul style="list-style-type: none"> • Ureteric catheter size ____ • Mitrofanoff catheter size ____ @ ____cm level • Suprapubic catheter size ____ • Urethral catheter ____ 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.	<ul style="list-style-type: none"> • 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. • If _____ is on a bowel management program eg. Washouts- recommence normal program when patient is back on full diet. 	
	2.	Intake	
		<ul style="list-style-type: none"> • Monitor and record strict one hourly intake. (Please refer to Careplan 9 for Care of the IV cannula) • Limit milk to 300mls per day as it can increase mucous production • Avoid caffeinated drinks as they may irritate the bladder 	
	3.	Flushing	
		Please refer to the post operative notes re. flushing mitrofanoff catheter: _____mls ; ____hourly <ul style="list-style-type: none"> • Measure and empty both mitrofanoff and suprapubic 1 hourly urine chamber/leg bag before flushing mitrofanoff • Always flush the smaller catheter so fluid will return via larger catheter • Using a clean non-touch technique, 50ml catheter tip syringe and _____mls of room temperature normal saline, slowly flush the mitrofanoff catheter. • Observe the suprapubic catheter for the return of the ____ml flush. • Document all flushes and return of same on fluid balance chart. • If the flush does not return via the suprapubic please refer to point 4 	
	4.	Troubleshooting	
		If the following occurs URGENT intervention is needed.....	

Created by A. Costigan & Liz Boyce

Patient Name:.....

Created July 2013

Hospital No:.....

Ward.....

OUR LADYS CHILDREN'S HOSPITAL
NURSING CARE PLAN 29
UROLOGY



(Use in conjunction with care plan 1)

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