



**NURSING CARE PLAN No 38**  
**CARE OF THE CHILD WITH CLOACAL EXTROPHY /**  
**BLADDER EXTROPHY POST OPERATIVELY**

Full Name: .....

Address: **Addressograph** .....

HCR.....

Care Plan No 38 Problem	<b>CARE OF THE CHILD WITH CLOACAL EXTROPHY / BLADDER EXTROPHY POST OPERATIVELY</b>	Issue Date: November 2017	Review Date: November 2020
..... Has Cloacal Extrophy and requires bladder closure and pelvic osteotomies	<p><b>Pre-operative care:</b> the child/infant and family will be safely prepared for theatre physically</p> <p><b>Post operatively</b> will have a safe and comfortable recovery and effective management of the following;</p> <ul style="list-style-type: none"> <li>• Pain</li> <li>• Positioning and Mobility</li> <li>• Bilateral ureteric stents and supra pubic catheter.</li> <li>• Abdominal wound, bilateral osteotomy wounds and external pelvic fixator.</li> <li>• Mermaid bandages and skin care.</li> </ul>		
<b>NURSING INTERVENTION</b>		Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<b>1</b>	<b>Pre-Operative care</b>		
	<ul style="list-style-type: none"> <li>• Use in conjunction with care plan 6 routine pre/post op care.</li> <li>• Specific management to be discussed with the Surgeon</li> </ul>		
<b>2</b>	<b>Post-Operative care</b>		
	<ul style="list-style-type: none"> <li>• Follow post op instruction as requested and documented by the Surgeon.</li> <li>• Liaise with Urology / Orthopaedic CNSp for specific education and guidance.</li> </ul>		
<b>2a</b>	<b>Pain</b>		
	<ul style="list-style-type: none"> <li>• Administer epidural/morphine as prescribed. Complete appropriate documentation as per hospital policy.</li> <li>• Link with Pain Team/CNSp</li> <li>• Remove epidural within 48hrs post op as per team instructions.</li> <li>• Administer analgesia 30 minutes prior to pin site care as required.</li> </ul>		
<b>2b</b>	<b>Positioning and Mobility</b>		
	<ul style="list-style-type: none"> <li>• Strict bedrest for 2 weeks (Frame insitu x 3-4 wks)</li> <li>• Nurse flat to keep the pelvis stable.</li> <li>• Can transfer to buggy after 2 weeks but remain flat.</li> <li>• Can prop up slightly on a pillow to feed. <b>DO NOT SIT UPRIGHT.</b></li> <li>• Administer infacol / colief drops as required for wind post feeds.</li> <li>• Bed bath only.</li> <li>• 2 people at all times to lift for epidural checks/changing linen.</li> <li>• Pressure area care. Gel pads as required for vulnerable areas.</li> </ul>		
<b>2c</b>	<b>Bilateral Ureteric stents/Supra pubic catheter (SPC)</b>		
	<ul style="list-style-type: none"> <li>• Record urine output via bilateral stents.</li> <li>• Ureteric stents with drainage bags attached. Monitor urine output hourly.</li> <li>• If output decreases/stops check stents are not kinked.</li> <li>• Contact Team / CNSp to flush stents.</li> <li>• Monitor and record urine output from SPC.</li> <li>• Ensure stents and SPC are taped securely to the abdomen.</li> <li>• Clean the sites daily with gauze and saline.</li> <li>• Weekly urine specimen from stents/SPC. -Day_____</li> <li>• Nurse on open nappy for bowel management.</li> <li>• <b>WEEK 4 POST OP removal of stents.</b></li> <li>• <b>Renal Ultrasound 24hrs post removal. If normal clamp SPC.</b></li> <li>• <b>Monitor and record urethral urine output.</b></li> <li>• <b>Repeat Renal Ultrasound after a further 24hrs. If normal remove SPC.</b></li> <li>• <b>Urology CNSp will teach parents clean intermittent catheterisation.</b></li> </ul>		



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2d	Wounds / External Fixator	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> <li>Abdominal wound and bilateral osteotomy wounds with external pelvic fixator to stabilise the pelvis. Mermaid bandaging on legs to further enhance pelvic stability</li> <li>Remove wound dressings 24-48hrs post op.</li> <li>Observe and clean wounds daily using ANTT.</li> <li>Record and report any redness, swelling or ooze.</li> <li>Administer antibiotics as prescribed.</li> <li>Pin site care as per OLCHC guideline.</li> <li>Liaise with Orthopaedic CNSp to facilitate parental education regarding external fixator and pin site care. (Refer to Pin site management parent leaflet)</li> </ul> <p><b>NEUROVASCULAR ASSESSMENT</b></p> <ul style="list-style-type: none"> <li>Monitor colour of affected limb (<i>where appropriate</i>) - report and record deviations from normal.</li> <li>Monitor movement of affected limb and all digits (<i>where appropriate</i>) - report and record deviations.</li> <li>Monitor limb sensation (<i>where appropriate</i>), checking each digit separately - report and record deviations.</li> <li>Monitor temperature of affected limb, (<i>assess each digit separately using the back of the assessors hand</i>) - report and record deviations.</li> <li>Palpate all pulses distal to the external fixator.</li> <li>If observation is restricted, assess capillary refill times.</li> <li>Observe affected limb for swelling, oozing from any wound sites. Report and record deviations from normal.</li> </ul> <p><b>Record observations as follows:</b></p> <ul style="list-style-type: none"> <li>½ hourly for 2 hrs; 1 hourly for 2 hours; 2 hourly for 4 hours; 4 hourly thereafter or as condition indicates.</li> </ul> <p><b>*Compare all above with unaffected limb or use baseline assessment. Contact</b></p> <ul style="list-style-type: none"> <li><b>Orthopaedic SHO/Reg to report any deviations from normal</b></li> <li>Remove and replace mermaid bandages at each shift to observe condition of skin.</li> <li>Mermaid bandages left insitu over clothing for a further 2 weeks after removal of pelvic fixator.</li> </ul>		
<b>2E</b>	<b>Additional Specific</b>		
<b>Instruction:</b>			

Created by Urology Department  
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