

OUR LADY'S CHILDREN'S HOSPITAL  
NURSING CARE PLAN 8  
Care of a child undergoing a hypospadias repair



Care plan 8 Problem		Care of the child undergoing Hypospadias repair Goals	Issue date: July 2018 Review date: July 2021
<p>..... has had a hypospadias repair and has a</p> <p><input type="checkbox"/> urethral stent</p> <p><input type="checkbox"/> urethral catheter</p>		<p><b>Pre-operative care:</b> the child/infant and family will be safely prepared for theatre physically and psychologically.</p> <p><b>Post-Operative care:</b> the child/infant will have a safe and comfortable recovery post-operatively.</p> <p><b>Discharge preparation:</b> the child and family will receive the appropriate advice and education prior to discharge</p>	
Commenced date, time signature & grade	NO.	Nursing intervention	Discontinued date, time, signature, grade
	1.	<p><b>Pre-Operative care</b></p> <ul style="list-style-type: none"> <li>▪ Explain procedure to patient and family. Involve play specialist in the process.</li> <li>▪ Discuss with child his/her preferred method of induction if appropriate. Discuss any other requests that the parent or child may have in relation to surgery.</li> <li>▪ Ensure child has a bath/shower prior to surgery.</li> </ul> <p style="padding-left: 40px;">Fast from Milk solids from: _____</p> <p style="padding-left: 40px;">Clear fluids from: _____</p> <ul style="list-style-type: none"> <li>▪ Place fasting sign over bed and explain to parents and child the meaning of same.</li> <li>▪ Remove food from child's reach.</li> <li>▪ <b>Specific pre-operative needs</b> e.g. I.V. fluids, bowel preparation, stoma siting, swabs, transfusions etc.</li> <li>▪ Complete pre-operative checklist, date and sign, ensure consent is signed.</li> <li>▪ Administer pre-medication and or other medications if prescribed:</li> <li>▪ Accompany child/infant and parent safely to theatre</li> <li>▪ Child/infant may bring comforter to theatre with him/her</li> </ul>	
	2.	<p><b>Post-Operative care</b></p> <ul style="list-style-type: none"> <li>▪ <b>Check that Airway, Breathing, Circulation and Condition are stable</b> prior to safe transfer from Recovery Unit to the ward.</li> </ul> <ul style="list-style-type: none"> <li>▪ Assess and respond promptly to altered <b>respiratory effort, shock and haemorrhage:</b></li> <li>▪ Monitor colour, pulse, respirations, blood pressure, oxygen saturations, and temperature as directed by the surgeon/anaesthetist/ nursing staff and record in PEWS chart</li> </ul> <p>_____</p> <ul style="list-style-type: none"> <li>▪ Report and record any deviations from normal.</li> <li>▪ When stable monitor observations as condition indicates.</li> </ul>	
	3.	<p><b>Fluid Intake</b> (<i>encourage parental involvement</i>)</p> <ul style="list-style-type: none"> <li>▪ Monitor and record strict intake. (<i>See also IV Care Plan</i>).</li> <li>▪ Discontinue IV fluids once is tolerating oral fluids and _____ has an adequate output.</li> <li>▪ Observe for Nausea and vomiting. Assess possible cause. Support child, provide emesis bowl. <ul style="list-style-type: none"> <li>◦ Administer anti-emetics and evaluate same _____</li> <li>◦ Record colour, consistency and volume of vomitus in intake/output chart</li> </ul> </li> </ul> <p><b>Desired intake</b> Infant ....100mls/kg/hr 1-3 years .....95mls/kg/day 4-10 years .....75mls/kg/day 11-14 years ....55mls/kg/day</p> <p><b>Other needs</b>.....</p>	
	4.	<p><b>Output &amp; care of stent / catheter</b></p> <p>Urethral stent <input type="checkbox"/> Size: _____ Planned date of removal: ____ / ____ / _____</p> <p>Note: Stent is held in place with a suture.</p> <ul style="list-style-type: none"> <li>▪ Ensure stent is continuously dripping.</li> </ul>	

Reviewed 2018

Patient Name.....

HCRN.....

Ward.....

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	<ul style="list-style-type: none"> <li>▪ Ensure 'double nappies' are used to prevent the catheter from becoming soiled by faeces and to protect the wound dressing from becoming wet with urine.</li> <li>▪ Please use nappies without a silicone filling as the silicone forms beads when wet, which may block the stent.</li> </ul>	
	<p>Urethral catheter <input type="checkbox"/> Size: _____ Planned date of removal: ____ / ____ / _____</p> <p>Held in place with a: balloon <input type="checkbox"/> tape <input type="checkbox"/> stitch <input type="checkbox"/> <i>please tick as appropriate</i></p> <ul style="list-style-type: none"> <li>▪ Ensure catheter is continuously draining. Desired urinary output is - <b>Infant/child</b> ..... 1-2mls/kg/hour - <b>Adolescent</b> .....0.5-1ml/kg/hour</li> <li>▪ The draining system should be appropriate to the individual patient needs <ul style="list-style-type: none"> <li>○ On bed rest - 24hour drainage bag</li> <li>○ Ambulant - leg bag by day &amp; connect 24hour drainage bag to the leg bag at night</li> </ul> </li> <li>▪ Catheter bag must be positioned below the bladder on an appropriate stand ensuring bag is not touching the floor.</li> </ul>	
	<p><b>General care of urethral stent / catheter</b></p> <ul style="list-style-type: none"> <li>▪ Attend to catheter care daily or more frequently if required (<i>NPC guidelines 2013</i>)</li> <li>▪ Record child's output</li> <li>▪ Administer antibiotics as prescribed</li> <li>▪ Provide education and support for parents / carers to change nappies in preparation for discharge.</li> </ul>	
5.	<b>Hygiene needs</b> ( <i>Encourage parental involvement</i> )	
	<p>_____ 's penile wound is dressed with</p> <ul style="list-style-type: none"> <li>○ Primary dressing .....</li> <li>○ Secondary dressing .....</li> <li>○ Secured with .....</li> <li>▪ Keep dressing as dry as possible.</li> <li>▪ If soiled by faeces clean outer dressing as much as possible, do not disturb inner dressing until discussed with surgeons.</li> <li>▪ For removal of dressing on ____ / ____ / _____</li> <li>▪ Pre removal of dressing: <ul style="list-style-type: none"> <li>○ Administer adequate analgesia and mild sedative as charted</li> <li>○ Loosen outer dressing with 'Appeel' medical adhesive remover spray</li> <li>○ Gently cleanse wound with saline, <b>soak in bath if required to remove dressing</b></li> </ul> </li> <li>▪ Pat wound dry gently with gauze</li> </ul>	
6.	<b>Pain / spasm</b>	
	<p>_____ is at risk of suffering with bladder spasm and pain due to presence of the stent/catheter in the bladder.</p> <p><b>Prevention/Management of pain / spasm:</b></p> <ul style="list-style-type: none"> <li>▪ Assess pain using a validated age-appropriate pain scale</li> <li>▪ Administer analgesia as prescribed</li> <li>▪ Refer to Careplan 9: IV Access if the child is receiving Intravenous Morphine.</li> <li>▪ Administer anti-cholenergenics as prescribed. (<b>Note: Do not administer</b> these on morning of removal of stent / catheter as it may cause urinary retention).</li> <li>▪ Monitor effectiveness of medications administered.</li> <li>▪ Ensure adequate intake.</li> <li>▪ Administer stool softeners as needed, to prevent constipation.</li> </ul>	
7.	<b>Preparation for discharge</b>	
	<ul style="list-style-type: none"> <li>▪ Educate parents on catheter, 'double nappy' and wound care prior to discharge. Give advice leaflet.</li> <li>▪ Ensure parents are confident with providing nappy / catheter care prior to discharge home.</li> <li>▪ Give parents re-admission date for removal of stent / catheter</li> </ul>	