

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 2015 Review date: July 2017	
<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>Pre-operative care: the child/infant and family will be safely prepared for theatre physically and psychologically.</p> <p>Post-Operative care: the child/infant will have a safe and comfortable recovery post-operatively.</p> <p>Discharge preparation: 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.	Pre-Operative care	
		<ul style="list-style-type: none"> ▪ Explain procedure to patient and family. Involve play specialist in the process. ▪ 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. ▪ Ensure child has a bath/shower prior to surgery. <p style="margin-left: 40px;">Fast from Milk solids from: _____</p> <p style="margin-left: 40px;">Clear fluids from: _____</p> <ul style="list-style-type: none"> ▪ Place fasting sign over bed and explain to parents and child the meaning of same. ▪ Remove food from child's reach. ▪ Specific pre-operative needs e.g. I.V. fluids, bowel preparation, stoma siting, swabs, transfusions etc. ▪ Complete pre-operative checklist, date and sign, ensure consent is signed. ▪ Administer pre-medication and or other medications if prescribed: ▪ Accompany child/infant and parent safely to theatre ▪ Child/infant may bring comforter to theatre with him/her 	
	2.	Post-Operative care	
		<ul style="list-style-type: none"> ▪ Check that Airway, Breathing, Circulation and Condition are stable prior to safe transfer from Recovery Unit to the ward. <ul style="list-style-type: none"> ▪ Assess and respond promptly to altered respiratory effort, shock and haemorrhage: ▪ Monitor colour, pulse, respirations, blood pressure, oxygen saturations, and temperature as directed by the surgeon/anaesthetist/ nursing staff <p style="margin-left: 40px;">_____</p> <ul style="list-style-type: none"> ▪ Report and record any deviations from normal. ▪ When stable monitor observations as condition indicates. 	
	3.	Fluid Intake (<i>encourage parental involvement</i>)	
		<ul style="list-style-type: none"> ▪ Monitor and record strict intake. (<i>See also IV Care Plan</i>). ▪ Discontinue IV fluids once is tolerating oral fluids and _____ has an adequate output. ▪ Observe for Nausea and vomiting. Assess possible cause. Support child, provide emesis bowl. <ul style="list-style-type: none"> ◦ Administer anti-emetics and evaluate same _____ ◦ Record colour, consistency and volume of vomitus in intake/output chart <p>Desired intake Infant100mls/kg/hr 1-3 years95mls/kg/day 4-10 years75mls/kg/day 11-14 years55mls/kg/day</p> <p>Other needs.....</p>	
	4.	Output & care of stent / catheter	
		<p>Urethral stent <input type="checkbox"/> Size: _____</p> <p style="margin-left: 40px;">Planned date of removal: ____ / ____ / ____</p> <p>Note: Stent is held in place with a suture.</p> <ul style="list-style-type: none"> ▪ Ensure stent is continuously dripping. ▪ 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. 	

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		<ul style="list-style-type: none"> ▪ Please use nappies without a silicone filling as the silicone forms beads when wet, which may block the stent. 	
		<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"> ▪ Ensure catheter is continuously draining. Desired urinary output is - Infant/child 1-2mls/kg/hour - Adolescent0.5-1ml/kg/hour ▪ The draining system should be appropriate to the individual patient needs <ul style="list-style-type: none"> ○ On bed rest - 24hour drainage bag ○ Ambulant - leg bag by day & connect 24hour drainage bag to the leg bag at night ▪ Catheter bag must be positioned below the bladder on an appropriate stand ensuring bag is not touching the floor. 	
		<p>General care of urethral stent / catheter</p> <ul style="list-style-type: none"> ▪ Attend to catheter care daily or more frequently if required (<i>NPC guidelines 2013</i>) ▪ Record child's output ▪ Administer antibiotics as prescribed ▪ Provide education and support for parents / carers to change nappies in preparation for discharge. 	
	5.	Hygiene needs (<i>Encourage parental involvement</i>)	
		<p>_____ 's penile wound is dressed with</p> <ul style="list-style-type: none"> ◦ Primary dressing ◦ Secondary dressing ◦ Secured with <ul style="list-style-type: none"> ▪ Keep dressing as dry as possible. ▪ If soiled by faeces clean outer dressing as much as possible, do not disturb inner dressing until discussed with surgeons. ▪ For removal of dressing on ____ / ____ / _____ ▪ Pre removal of dressing: <ul style="list-style-type: none"> ◦ Administer adequate analgesia and mild sedative as charted ◦ Loosen outer dressing with 'Appeel' medical adhesive remover spray ◦ Gently cleanse wound with saline, soak in bath if required to remove dressing ▪ Pat wound dry gently with gauze 	
	6.	Pain / spasm	
		<p>_____ is at risk of suffering with bladder spasm and pain due to presence of the stent/catheter in the bladder.</p> <p>Prevention/Management of pain / spasm:</p> <ul style="list-style-type: none"> ▪ Assess pain using a validated age-appropriate pain scale ▪ Administer analgesia as prescribed ▪ Refer to Careplan 9: IV Access if the child is receiving Intravenous Morphine. ▪ Administer anti-cholenergenics as prescribed. (Note: Do not administer these on morning of removal of stent / catheter as it may cause urinary retention). ▪ Monitor effectiveness of medications administered. ▪ Ensure adequate intake. ▪ Administer stool softeners as needed, to prevent constipation. 	
	7.	Preparation for discharge	
		<ul style="list-style-type: none"> ▪ Educate parents on catheter, 'double nappy' and wound care prior to discharge. Give advice leaflet. ▪ Ensure parents are confident with providing nappy / catheter care prior to discharge home. ▪ Give parents re-admission date for removal of stent / catheter 	