



OBSTETRIC FISTULA POST-OP CONTINUATION PATHWAY

Affix ID label -OR- Name, ID#, Age, & Sex

Surgery: VVF UVF RVF

Date:	POD# _____ Night Shift	POD# _____ Day Shift	POD# _____ Eve Shift
_____ <small>Day-month-year</small> Patient and Family Teaching	Nurse _____	Nurse _____	Nurse _____
Nursing Assessment	<input type="checkbox"/> Dry <input type="checkbox"/> Intermittent Wet <input type="checkbox"/> Constant Wet <input type="checkbox"/> Vital signs Q shift <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Urine color _____ <input type="checkbox"/> Vaginal Bleeding or discharge	<input type="checkbox"/> Teach Catheter care: not to pull, kink or twist; keep bag off floor when out of bed <input type="checkbox"/> Report bladder fullness, pain, or spasm; or newly wet <input type="checkbox"/> Maintain adequate fluid intake to ensure urine clear and without clots <input type="checkbox"/> Dry <input type="checkbox"/> Intermittently Wet <input type="checkbox"/> Constantly Wet <input type="checkbox"/> Vital signs Q shift <input type="checkbox"/> Physical assessment Q shift <input type="checkbox"/> Ureteral Stents secure <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> N/A <input type="checkbox"/> Urine color at 1200 <input type="checkbox"/> Yellow <input type="checkbox"/> Pink/blood tinged <input type="checkbox"/> Tea Colored <input type="checkbox"/> Bloody <input type="checkbox"/> Clots present <input type="checkbox"/> Vaginal Bleeding or discharge <input type="checkbox"/> Notify surgeon if saturating >2 pads in 4 hours	<input type="checkbox"/> Teach Catheter care: not to pull, kink or twist; keep bag off floor when out of bed <input type="checkbox"/> Report bladder fullness, pain, or spasm; or newly wet <input type="checkbox"/> Maintain adequate fluid intake to ensure urine clear and without clots <input type="checkbox"/> Dry <input type="checkbox"/> Intermittently Wet <input type="checkbox"/> Constantly Wet <input type="checkbox"/> Vital signs Q shift <input type="checkbox"/> Physical assessment Q shift <input type="checkbox"/> Ureteral Stents secure <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> N/A <input type="checkbox"/> Urine color at 2000 <input type="checkbox"/> Yellow <input type="checkbox"/> Pink/blood tinged <input type="checkbox"/> Tea Colored <input type="checkbox"/> Bloody <input type="checkbox"/> Clots present <input type="checkbox"/> Vaginal Bleeding or discharge <input type="checkbox"/> Notify surgeon if saturating >2 pads in 4 hours
Nursing Care	<input type="checkbox"/> Catheter secure <input type="checkbox"/> Catheter patent <input type="checkbox"/> Clots present <input type="checkbox"/> Irrigated catheter per post-op order x _____ <input type="checkbox"/> Urine pots changed <input type="checkbox"/> Catheter Removed, on Voiding Protocol (see voiding record) (& Voiding Protocol from Day & Eve shifts)	<input type="checkbox"/> Pericare BID when vag pack removed <input type="checkbox"/> non-sterile <input type="checkbox"/> sterile, incision present <input type="checkbox"/> Catheter <input type="checkbox"/> N/A <input type="checkbox"/> Secure & <input type="checkbox"/> Patent <input type="checkbox"/> Irrigate catheter with normal saline PRN if obstruction suspected. Irrigate per protocol on post-op orders <input type="checkbox"/> If urine output is <30 ml in one hour, flush as above and notify Charge Nurse who will contact on-call fistula surgeon <input type="checkbox"/> Voiding Protocol <input type="checkbox"/> N/A <input type="checkbox"/> ≤4 hrs after catheter removed: bladder scan within 10 mins of void to determine post-void residual (PVR) <input type="checkbox"/> Notify Charge Nurse if PVR>150 ml or s/s of retention: decreasing amount of voids, dribbling urine, suprapubic pain <input type="checkbox"/> Ensure Oxybutynin discontinued	<input type="checkbox"/> Pericare BID when vag pack removed <input type="checkbox"/> non-sterile <input type="checkbox"/> sterile, incision present <input type="checkbox"/> Catheter <input type="checkbox"/> N/A <input type="checkbox"/> Secure & <input type="checkbox"/> Patent <input type="checkbox"/> Irrigate catheter with normal saline PRN if obstruction suspected. Irrigate per protocol on post-op orders <input type="checkbox"/> If urine output is <30 ml in one hour, flush as above and notify Charge Nurse who will contact on-call fistula surgeon <input type="checkbox"/> Voiding Protocol <input type="checkbox"/> N/A <input type="checkbox"/> ≤4 hrs after catheter removed: bladder scan within 10 mins of void to determine post-void residual (PVR) <input type="checkbox"/> Notify Charge Nurse if PVR>150 ml or s/s of retention: decreasing amount of voids, dribbling urine, suprapubic pain <input type="checkbox"/> Ensure Oxybutynin discontinued
Wound Care	<input type="checkbox"/> N/A <input type="checkbox"/> Dressing intact <input type="checkbox"/> Dressing changed _____ _____	<input type="checkbox"/> N/A <input type="checkbox"/> Abdominal repair: <input type="checkbox"/> OTA <input type="checkbox"/> Dressing clean, dry, & intact <input type="checkbox"/> Dressing changed Orders: _____ _____	<input type="checkbox"/> N/A <input type="checkbox"/> Abdominal repair: <input type="checkbox"/> OTA <input type="checkbox"/> Dressing clean, dry, & intact <input type="checkbox"/> Dressing changed Orders: _____ _____
IV & Medication	<input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> Flush IV cannula end of shift <input type="checkbox"/> No IV cannula	<input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> Flush IV cannula at end of shift <input type="checkbox"/> No IV cannula <input type="checkbox"/> Oxybutynin per order for suspected bladder spasm. D/C 24 hours before catheter removed <input type="checkbox"/> RVF : Nothing per rectum	<input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> Flush IV cannula at end of shift <input type="checkbox"/> No IV cannula <input type="checkbox"/> Oxybutynin per order for suspected bladder spasm. D/C 24 hours before catheter removed <input type="checkbox"/> RVF : Nothing per rectum
Activity and Safety		<input type="checkbox"/> Encourage ambulation <input type="checkbox"/> Other _____	<input type="checkbox"/> Encourage ambulation <input type="checkbox"/> Other _____
Nutrition and Fluid Balance	<input type="checkbox"/> 0400 water bottle filled to: <input type="checkbox"/> Catheter: 1500 ml <input type="checkbox"/> Voiding: 750 ml <input type="checkbox"/> 0400 Total I&O <input type="checkbox"/> & 24hr Total	<input type="checkbox"/> Regular <input type="checkbox"/> Other _____ <input type="checkbox"/> 1200 Water bottle filled to 1000 ml <input type="checkbox"/> Catheter: 1000 ml <input type="checkbox"/> Voiding: 750 ml <input type="checkbox"/> 1200 Total intake and output	<input type="checkbox"/> Regular <input type="checkbox"/> Other _____ <input type="checkbox"/> 2000 Water bottle filled to 500 ml <input type="checkbox"/> Catheter: 500 ml <input type="checkbox"/> Voiding: 500 ml <input type="checkbox"/> 2000 Total intake and output
Nursing Notes	_____ _____ _____	_____ _____ _____	_____ _____ _____

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