

CLINICAL PATHWAY
RADICAL PROSTATECTOMY RETROPUBIC

Expected LOS: 3 Days

Clinical Pathways are not considered a substitute for professional judgement.

Phase: Date:	Physician's Office	Pre-Surg Assessment Clinic	Day of Surgery Check-in
	/ / hrs	/ / hrs	/ / hrs
Patient Outcomes	<ul style="list-style-type: none"> - Patient understands plan of care and preop preparation. - Surgery booked - Pre-surgery appointments booked - +/- Anaesthesia appointment - Informed written consent for surgery and Blood/Blood Products initiated in office 	<ul style="list-style-type: none"> - Patient/family will be knowledgeable of pre and postop care <p>ONE DAY PRE-OP</p> <ul style="list-style-type: none"> - Patient/family will begin preparation for surgery 	<ul style="list-style-type: none"> - Patient will be prepared for surgery
Teaching	<ul style="list-style-type: none"> - Physician reviews pathway with patient/family - Patient is given preop package - Patient to book history and physical with family physician within 28 days prior to surgery - Patient is given prescription for antiembolic stockings and magnesium citrate (bottle (bowel prep.)) 	<ul style="list-style-type: none"> - Patient brings preop package - Preop video - Handouts: Preop teaching, physio instructions & PCA handout. - Patient/family learning needs identified & addressed - Instruct patient to apply antiembolic stockings the morning of surgery as per physician instructions 	<ul style="list-style-type: none"> - Review information as per patient and family needs. - Review perioperative transfer process
Discharge Planning Criteria	ELOS reviewed	- ELOS reviewed	
Pathway Reviewed with Patient/Family (Initial)		Yes ____ No ____	Yes ____ No ____
Patient/Family Satisfied with Progress?		<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes	<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes
Signatures:		<p style="text-align: right;">Initials</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: right;">Initials</p> <p>_____</p> <p>_____</p> <p>_____</p>



CLINICAL PATHWAY
RADICAL PROSTATECTOMY RETROPUBIC

Clinical Pathways are not considered a substitute for professional judgement.

Phase:	Physician's Office	Pre-Surg Assessment Clinic	Day of Surgery Check-in
Date:	/ / hrs	/ / hrs	/ / hrs
	INTERVENTIONS:		
Assessments		<ul style="list-style-type: none"> - Data Base completed - Consents witnessed & signed 	<ul style="list-style-type: none"> - Reconfirm consents and Data Base complete Preop check - Vital Signs - Determine effectiveness of bowel prep
Consults		<ul style="list-style-type: none"> - Preop anaesthesia consult as indicated according to: Level of risk, anxiety, lack of knowledge 	
Tests		<ul style="list-style-type: none"> - CBC, lytes, urea, creat - Chest x-ray, ECG 	<ul style="list-style-type: none"> - MRSA results - Capillary blood glucose prn - PT, PTT, INR prn
Treatments	<ul style="list-style-type: none"> - Prescription for antiembolic stockings. 		<ul style="list-style-type: none"> - Antiembolic stockings on patient prior to transfer to OR
Medications	<ul style="list-style-type: none"> - Physician to instruct patient to discontinue ASA, Warfarin, (Coumadin), Ticlopidine (Ticlid), Clopidogrel (Plavix) & herbal meds 5 days prior to surgery - Prescription for Magnesium Citrate 1 bottle 	<ul style="list-style-type: none"> - Review Mag. Citrate protocol - Review previously prescribed meds & meds to take a.m. of surgery - Review d/c ASA, Warfarin (Coumadin), Ticlopidine (Ticlid), Clopidogrel (Plavix) + herbal meds <p>ONE DAY PRE-OP</p> <ul style="list-style-type: none"> - Mag. Citrate 1 bottle - Meds with sip of H2O 	<ul style="list-style-type: none"> - Identify meds taken a.m. of Surgery - Heparin 1-2 hours preop as per orders
Nutrition		<ul style="list-style-type: none"> - Review clear fluids one day preop - Review NPO after midnight <p>ONE DAY PRE-OP</p> <ul style="list-style-type: none"> - Clear fluids 1 day prior to surgery - NPO after midnight 	<ul style="list-style-type: none"> - Reconfirm & reinforce NPO
Pain Management		<ul style="list-style-type: none"> - Review PCA education 	



CLINICAL PATHWAY
RADICAL PROSTATECTOMY RETROPUBLIC

Clinical Pathways are not considered a substitute for professional judgement.

Phase: Date:	O.R. / PACU	Day of Surgery - Postop	Postop Day 1
	/ / hrs	/ / hrs	/ / hrs
Patient Outcomes	<p>OR: Patient will have any concerns addressed</p> <p>PACU: Patient will be stabilized & discharged to postop unit when criteria met. Patient will verbalize pain control</p>	<p>Pt/family will be informed of postop condition _____</p> <p>Pt will: Verbalize pain control _____ Attempt to sit out of bed 1st night _____</p>	<p>Vital Signs stable _____</p> <p>Pt will: Tolerate increase in diet _____ Tolerate increase in activity _____ Participate in ADL _____</p>
Teaching	<p>OR: Review preparedness of patient</p> <p>PACU: Pain control: PCA education commenced Initial DB & C Orientation re: Catheter IV Drain Monitoring Length of stay in PACU</p>	<p>Reinforce: DB & C _____ PCA/Epidural _____ Repositioning _____ Orient to room and nursing unit _____ Review drain, IV and catheter _____ Begin catheter care instructions (if patient is able to participate) _____</p>	<p>Review: Activity _____ Diet _____ Bloodwork _____ Pain Management _____ Drains _____ Catheter care instructions _____</p>
Discharge Planning Criteria			<ul style="list-style-type: none"> - ELOS reviewed - Planned discharge date is written on bedside communication board
Pathway Reviewed with Patient/Family (Initial):		_____ Yes _____ No	_____ Yes _____ No
Patient/Family Satisfied with Progress?		YES <input type="checkbox"/> NO <input type="checkbox"/> if NO, see progress notes	YES <input type="checkbox"/> NO <input type="checkbox"/> if NO, see progress notes
Signatures:		Initials	Initials
		_____	_____
		_____	_____
		_____	_____

REFERENCE ONLY



CLINICAL PATHWAY
RADICAL PROSTATECTOMY RETROPUBIC

Clinical Pathways are not considered a substitute for professional judgement.

Phase:	O.R. / PACU	Day Surgery - Postop	Post-Op Day 1
Date:	/ / hrs	/ / hrs	/ / hrs
		INTERVENTIONS:	
Assessments	PACU: Assessment as per PACU record	VS q2hx4, then q4h or as per PCA monitoring Fluid balance q2h, then q4h Pain assessment Hemovac output q2hx4, then q4h Call Surgeon if urine output <30 mL/h x 2 consecutive hrs	VS q4h or as per PCA monitoring Fluid balance q8h Pain assessment Hemovac output q8h, discontinue if <30 mL/q8h Call Surgeon if Hgb<100
Consults		RTif on O2 protocol	
Tests	PACU: CBC, lytes, urea, creat		CBC, lytes, urea, creat
Treatments	OR: Antiembolic Stockings Bair Hugger as per Anesthesia PACU: O2 Bair Hugger DB & C IV ringer's lactate at 250 mL/h x 5 hours as per order (continue to floor) Skin care prn	O2 protocol DB & C Antiembolic stockings as per orders Continue IV ringer's lactate x 5 hrs then decrease to 150 mL/h overnight as per orders	O2 protocol DB & C Antiembolic stockings as per orders IV 2/3 & 1/3 at 125 mL/h as per orders
Medications	OR: Antibiotic prophylaxis IV v/o to anesthesia from surgeon PACU: As per Anesthesia	- Antiemetics - VTE prophylaxis - Antibiotic prophylaxis IV - Belladonna & opium (B&O) supp for spasms prn as per orders	- Antiemetics - VTE prophylaxis - B & O supp for spasms prn - Stool softener as per orders Routine meds resumed Reassess anti coagulants
Nutrition	PACU: NPO	Ice Chips	Clear fluid breakfast --> Full fluid supper
Activity/Safety	PACU: Assist with re-positioning prn	AAT with assistance Turn q2h Dangle at hs prn	AAT with assistance Walking with assistance x 3
Elimination	PACU: Foley catheter	Foley catheter	Catheter care Foley catheter Start with daytime leg bag
Pain Management	OR: As per Anaesthesia PACU: PCA OR Narcotics as per orders	PCA OR: Analgesia as per orders	PCA OR: Analgesia as per orders



**CLINICAL PATHWAY
RADICAL PROSTATECTOMY RETROPUBIC**

Clinical Pathways are not considered a substitute for professional judgement.

Phase:

Date:

	Postop Day 2	Postop Day 3
	/ / hrs	/ / hrs
Patient Outcomes	Vital signs stable _____ PCA discontinued _____ PT will: Ambulate with minimal assistance Tolerate increase in diet Understand rationale for increased fluids once IV discontinued _____ Participate in ADL _____ Verbalize pain control _____ Change catheter from regular to leg bag _____ Clinical Indicator #1: Pt will demonstrate catheter care Yes _____ No _____ (initial) If no, reason: _____	Vital signs stable _____ PT will: Ambulate independently _____ Verbalize pain control on oral analgesia +/- B&O supp for spasms _____ AND No PCA x 12 hours _____ Pt/family will verbalize understanding of: Discharge plan _____ Follow-up _____ Prescription _____ Diet _____ Activity _____ Incision care _____
Teaching	Reinforce need for: Ambulation _____ F&A exercises _____ Diet _____ Pain Management _____ Catheter care _____ Patient to learn how to change catheter bag for daytime leg bag _____	Review discharge instructions: Follow-up _____ F&A exercises _____ Catheter care _____ Community resources _____ Prescription _____ Diet and activity _____ Incision care _____
Discharge Planning Criteria	ELOS reviewed _____ Update bedside communication board with diet, time and transportation arrangements _____	Give prescription for antibiotic (to start prior to catheter removal), analgesia and stool softener _____ Appointment for staple removal _____ Appointment for catheter removal _____
Pathway Reviewed with Patient/Family (initials)	_____ Yes _____ No	_____ Yes _____ No
Patient/Family Satisfied with Progress?	YES <input type="checkbox"/> NO <input type="checkbox"/> if NO, see progress notes	YES <input type="checkbox"/> NO <input type="checkbox"/> if NO, see progress notes
Signatures:	_____ Initials _____ _____	_____ Initials _____ _____



CLINICAL PATHWAY
RADICAL PROSTATECTOMY RETROPUBIC

Clinical Pathways are not considered a substitute for professional judgement.

Phase: Date:	Postop Day 2	Postop Day 3
	/ / hrs	/ / hrs
Assessments	VS q8h Fluid balance bid Pain assessment Hemovac output q8h Discontinue hemovac in am if output less than 30 mL/q8h, as per orders	VS routine Prior to discharge assess: Wound status Bowel status Pain assessment Vital signs
Consults		
Tests	CBC, lytes, urea, creat	
Treatments	DB & C IV 2/3 & 1/3 at 125 mL/h as per orders Discontinue when drinking well Dressing change Antiembotic stockings as per orders	DB & C Dressing change - incision open to air Antiembotic stockings as per orders
Medications	- Antiemetics - VTE prophylaxis - Laxative supp in am & prn - Stool softener - B&O supp for spasms prn as per orders	- Antiemetics - VTE prophylaxis - Laxative supp prn - Stool softener - B&O supp for spasms prn as per orders Anticoagulants/Antiplatelets (ASA, Warfarin, Ticlopidine, Clopidogrel) to be re-assessed prior to discharge
Nutrition	DAT Push fluids	DAT Push fluids
Activity/Safety	Ambulation/AAT with minimal assistance Assist with ADL Shower in evening if hemovac drain removed.	Ambulation/AAT independently ADL independently Bath/shower
Elimination	Catheter care Foley catheter Leg bag daytime	Catheter care Foley catheter Leg bag daytime
Pain Management	PCA discontinued THEN Analgesia as per orders	Analgnesia as per orders.

REFERENCE ONLY

