

NURSING CARE PLAN No 38
Care of the Child with Cloacal Extrophy / Bladder Extrophy Post Operatively

Use in conjunction with careplan 1

Full Name:
 Address: Addressograph
 HCR:.....

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

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

Created by Urology Department
Issue Date: May 2017 / Review Date: May 2020