Sláinte Leanaí Éireann
Children's Health Ireland

NURSING CARE PLAN No 29
UROLOGY

(All care plans must be used in conjunction with care plan 1)

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

Care Plan No 29 Problem	UROLOGY	Issue Date: May 2022 Review Date: May 2025
..... has had reconstructive urological surgery	.....'s bladder will be continuously drained of urine post operatively to ensure optimal drainage of bladder and therefore success of surgery.	

No 1	NURSING INTERVENTION / OUTPUT	Commencement Date, Time Signature, Grade	Discontinued Date, Time, Signature, Grade
	..... has the following catheter/s insitu • Ureteric catheter size ..... • Mitrofanoff catheter size.....@ .....cm level • Suprapubic catheter size ..... • Urethral catheter ..... Monitor and record STRICT one hourly output initially for the first 48 hours. If stable after this time reassess frequency in consultation with the surgical team.		
1A			
	• Monitor and record bowel motions. Administer stool softener..... and adequate fluid intake to ensure bowels regularly as constipation may result in..... straining and so putting unnecessary pressure on the bladder. • If ..... is on a bowel management program e.g. washouts- recommence normal program when patient is back on full diet.		
2	**INTAKE**		
	• Monitor and record strict one hourly intake. *(Please refer to Careplan 9 for Care of the IV cannula)* • Aim for fluid intake of 1.2-1.5 litres water based drinks daily.		
3	**FLUSHING**		
	Please refer to the post-operative notes re. flushing catheters: ..... mls; .....hourly • Measure and empty both Mitrofanoff and suprapubic 1 hourly urine chamber/leg bag before flushing. • Using a clean non-touch technique, 50ml catheter tip syringe and .....mls of room temperature normal saline, slowly flush the Mitrofanoff catheter. • Observe the suprapubic catheter for the return of the .....ml flush. • Document all flushes and return of same on fluid balance chart. • If the flush does not return via the suprapubic, it can also be flushed +/- aspirated as required.		
4	**TROUBLESHOOTING**		
	If the following occurs **URGENT** intervention is needed: • Reduction by half of the previous hour's output • Cessation of output • Patient complains of suprapubic pain, fullness, urge to urinate		

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WHAT TO DO	Commencement Date, Time Signature, Grade	Discontinued Date, Time, Signature, Grade
• Check fluid intake • Check the catheter tubing hasn't kinked • Is the collection bag below the level of the bladder? • Milk the tubing to release any mucous plug • Flush the suprapubic catheter with 5-10mls of saline and aspirate to check for mucus • If there is still no flow of urine: contact the Urology CNSp or Surgical Registrar **IMMEDIATELY**		
5 CATHETER CARE		
• Remove Mepore™ from around catheter site/s 24-48 hours post op • Clean catheter site with saline and with gauze • Re-apply mepore only if site is oozing • Inspect and clean catheter site daily • Apply Vaseline if sites are beginning to dry and crust • Change elastoplast tapes if soiled, ensuring catheter tubing is anchored securely. • Change tapes after showering / bathing • Catheters should be anchored at 2 points on the abdomen and changed one at a time • **NEVER** anchor catheters to the leg		
6 MOBILISATION		
• Liase with surgical consultant re. mobilisation ..... • Liase with physiotherapist • Change urinary drainage bags to leg bags to allow for easier mobilisation		
7 EDUCATION		
• Liase with CNSp ..... re. education on self / parental care as soon as the patient is capable. • Complete teaching assessment sheet.		

Developed by Ann Costigan & Liz Boyce

Issue Date: March 2022 / Review Date: March 2025