Coastal HSDA part of the Vancouver Coastal Health Authority

GYNECOLOGY – ABDOMINAL HYSTERECTOMY CLINICAL PATHWAY

Site: VCH Coastal Cerner Sites

Instructions:

I. Review once per shift for patient care guideline only. Do not record patient care on this document.
II. Document all tasks completed and any problems, interventions, and evaluations in CERNER EHR.
III. Review previous shift documentation - unless documenting on outcomes for the first time.
IV. **Bolded items are desired patient outcomes/required interventions**

Within Defined Limits (WDL)

VS	Monitor VS as ordered.
Sedation Assessment	If Pasero sedation score greater than 2 and/or respiratory rate is 8/min or less: stop all opioids and IMMEDIATELY page Prescribing Provider. Reassess respiratory rate and sedation score q15min for 1h following final dose of naloxone, then q1h for 4h.
Hemoglobin	Notify treating provider if hemoglobin <80.
Vaginal Bleeding	Light to moderate sanguineous discharge, decreasing with each post op day.
Dressing	Change dressings as ordered.
Incision	Incision is clean, free from redness, and is well approximated.
Voiding	Monitor urine output after each void.
Post Void Residual (PVR)	After each void. If post void residual is less than 100 mL or less than 1/3 of voided volume on two consecutive occasions, discontinue trial of void. In & Out Catheterization: if PVR is greater than ~~500~~ 300 mL. Insert Urinary Catheter: If unable to void after 3 hours or PVR greater than ~~500~~ 300 mL on two occasions insert catheter for 12 hour or teach intermittent self catheterization.

Patient Resource Materials:

1)	GG.235.A135	Patient Information for Abdominal Hysterectomy
2)	FN.200.P74	Preventing Pneumonia: ICOUGH

Gynecology Abdominal Hysterectomy Clinical Pathway			
Date	**PAC**	**SSCU/Pre-op**	**Day of Surgery Post-op**
NEURO Delirium			Assess/address risk factors: pain, retention, restraint, sensory impairment, lytes, alcohol, meds, hypoxia, nutrition. **No evidence of delirium, e.g. confusion, agitation, anxiety**
RESP Respiratory impairment	Review iCOUGH Protocol		Follow iCOUGH Protocol if applicable **Chest clear**
CVS Hypovolemia DVT/PE		**VS** once, on arrival Prophylactic heparin and antibiotics as ordered.	**VS as ordered**
Hematology Anemia,	HGB, Cross Match		
GI Nausea/vomiting, constipation		Confirm NPO Status	Diet as ordered **No nausea and/or vomiting**
GU Urine output, PV loss			Vaginal Bleeding WDL ~~Remove Foley Catheter at 0600~~ **Voiding WDL (if no urinary catheter)** **Start trial of Void (if no urinary catheter)**
Pain	PCA pamphlet if appropriate		**Pain level <4 on pain scale or level acceptable to patient**
MUSC/SKEL Mobility	**Leg exercises**	**AAT**	**Leg exercises** **Dangle**
General Dressing	Pre-op Video		**Abdominal Dressing WDL**
Psychosocial Fear and anxiety			Nurse will discuss pt's concerns and fears related to surgery and diagnosis
Patient Teaching/ Discharge Planning Pain control, complications, hygiene, activity, constipation prevention	Shower the night before and morning of surgery day. Review current medications and ask re: 7 days before surgery stop taking ASA, NSAIDs, vitamins/herbal preparations. Take regular medications pre-op with a sip of water, unless otherwise ordered. Arrange transport home. Discuss length of stay. Review Pamphlet "Patient information for Abdominal Hysterectomy"	Confirm regular medications taken pre-op. Reinforce pre- op teaching. Ensure transport arrangements have been made. **Patient has a primary support person available**	Orient to unit and hospital routine Reinforce pre-op teaching Review pain cale/management Review purpose of lines, tubes drains (PCA, drain, foley cath). **Patient and family understands outcome of surgery**

Gynecology Abdominal Hysterectomy Clinical Pathway			
Date	POD 1	POD 2	POD 3
NEURO Delirium	**No evidence of delirium, e.g. confusion, agitation, anxiety**	**No evidence of delirium, e.g. confusion, agitation, anxiety**	**No evidence of delirium, e.g. confusion, agitation, anxiety**
RESP Respiratory impairment	Follow iCOUGH Protocol if applicable **Chest sounds clear**	Follow iCOUGH Protocol if applicable **Chest sounds clear**	Follow iCOUGH Protocol if applicable **Chest sounds clear**
CVS Hypovolemia DVT/PE	**VS WDL** DVT prophylaxis No evidence DVT/PE	**VS WDL** DVT prophylaxis No evidence DVT/PE	**VS WDL** DVT prophylaxis No evidence DVT/PE
Hematology Anemia	**Hemoglobin WDL**		
GI Nausea/vomiting, constipation	DAT or as ordered Assess for bowel sounds and flatus. DC IV if tolerating fluids **No nausea and/or vomiting**	DAT or as ordered Assess for bowel sounds and flatus. **No nausea and/or vomiting**	DAT or as ordered **No nausea and/or vomiting**
GU Urine output, PV loss	Vaginal Bleeding WDL Remove urinary catheter at 0600 **Voiding WDL** **PVR WDL**	Vaginal Bleeding WDL **Voiding WDL**	Vaginal Bleeding WDL **Voiding WDL**
Pain	**Pain level <4 on pain scale or level acceptable to patient**	**Pain level <4 on pain scale or level acceptable to patient**	**Pain level <4 on pain scale or level acceptable to patient**
MUSC/SKEL AAT Mobility	Wash at sink **Up to chair** **Walking in room/hall**	**Mobilizing independently**	**Mobilizing independently**
General Dressing	**Abdominal dressing as ordered**	**Shower, May remove dressing** **Abdominal dressing as ordered**	Assess suture/staple removal as ordered **Abdominal dressing as ordered**
Psychosocial Fear and Anxiety	Nurse will discuss pt's concerns and fears related to surgery and diagnosis **Pt describes anxiety as acceptable**	Nurse will discuss pt's concerns and fears related to surgery and diagnosis **Pt describes anxiety as acceptable**	Nurse will discuss pt's concerns and fears related to surgery and diagnosis **Pt describes anxiety as acceptable**
Patient Teaching/ Discharge Planning Pain control, complications, hygiene, activity, constipation prevention	**Begin discharge teaching and ~~sign~~ assess discharge outcomes** Review pamphlet "Patient information for Abdominal Hysterectomy"	**Continue discharge teaching and ~~sign~~ assess discharge outcomes** Review pamphlet "Patient information for Abdominal Hysterectomy" **Discharge home by 10 a.m. if outcomes met and physician's order**	**Complete discharge teaching and ~~sign~~ assess discharge outcomes** Review pamphlet "Patient information for Abdominal Hysterectomy" **Discharge home by 10 a.m. if outcomes met and physician's order**

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DISCHARGE OUTCOMES
Patient must: Have effective pain control on oral analgesics Incision approximated with minimal redness and no discharge Scant vaginal bleeding Bowel sounds and/or passing flatus, abdominal distention within normal limits Ambulate independently or at pre-op functional level A suitable discharge plan is in place Teaching: Patients or caregivers must demonstrate awareness of: • Activity restriction in relation to lifting, driving, household activities, returning to work and sexual intercourse • Patient will state the signs and symptoms of common potential complications and appropriate action to be taken (e.g. wound/urinary/vaginal infections/DVT/PE) • Pain management – patient understands the importance of taking analgesics and reporting severe pain to physician • Medications on discharge • Methods to promote bowel functions and prevent constipations • Follow-up appointment with surgeon • Referral to Home Care Nursing if required for suture removal (see orders) • Personal hygiene recommendations (e.g. incision care, avoid tampon use and douching)