

## Laparoscopic Urology

DRG Number: \_\_\_\_\_

ELOS: \_\_\_\_\_

|                                     | Pre-Op                                                                                                                                                                                                                                                                                                                                                         | Day of Surgery<br>HR-Post-Op                                                                                                                                                                                                                                                                                                                                                                                                                                    | POD 1(possible<br>discharge)                                                                                                                                                                                                                                                                                                                                                                             | POD 2<br>Discharge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Post-Op<br>Follow-Up                                                                 |           |      |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------|------|
| Entrance<br>Date/Time/<br>Initial   | Date: _____<br>Time: _____<br>Initial: _____                                                                                                                                                                                                                                                                                                                   | Date: _____<br>Time: _____<br>Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                    | Date: _____<br>Time: _____<br>Initial: _____                                                                                                                                                                                                                                                                                                                                                             | Date: _____<br>Time: _____<br>Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date: _____<br>Time: _____<br>Initial: _____                                         |           |      |
| Goals                               | Informed consent process<br>...completed/forms signed<br>Pre-op testing completed within 30<br>...days prior to surgery<br>Pt/family verbalize understanding<br>...of pre-op teaching                                                                                                                                                                          | Pain controlled<br>Incision/dressing no/minimal<br>drainage/bleeding<br>Recovers uneventfully<br>from anesthesia<br>Tolerates operation w/o<br>complications<br>Maintains T<101 degrees F                                                                                                                                                                                                                                                                       | Tolerates diet<br>Pain controlled<br>Incision/dressing no/<br>minimal draining/bleeding<br>Tolerates ambulation<br>Tolerates operation<br>w/o complications<br>Maintains T<101° F                                                                                                                                                                                                                        | Tolerates diet<br>Pain controlled<br>Incision/dressing<br>no/minimal<br>drainage/bleeding<br>Tolerates operation<br>w/o complications<br>Maintains T<101° F                                                                                                                                                                                                                                                                                                                                                                                        | Pain controlled<br>Wound healing<br>is adequate<br>Tolerates<br>baseline<br>activity |           |      |
| Care<br>Remain<br>d                 | Height and weight                                                                                                                                                                                                                                                                                                                                              | Vital signs and temp q 4h x 24h<br>Intake and output q 4h                                                                                                                                                                                                                                                                                                                                                                                                       | Vital signs & temp q 8h<br>Intake and output q 4h                                                                                                                                                                                                                                                                                                                                                        | Vital signs & temp q 8h<br>Intake and output q 4h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Vital signs &<br>temp                                                                |           |      |
| Treatments                          | H&P<br>Consent signed<br>Type and screen                                                                                                                                                                                                                                                                                                                       | Foley to BSB<br>Incentive spirometer q 1h W/A<br>TED Hose - thigh high<br>Turn/cough/deep breathe q 2 h<br>Sequential compression device<br>...(SCD) On 7 hours, off 1 hour                                                                                                                                                                                                                                                                                     | Foley to BSB @ 0600<br>Incentive spirometer q2h W/A<br>TED Hose -- thigh high<br>Turn/cough/deep breathe q 2h<br>Sequential compression<br>device (SCD) on 7 hours,<br>off 1 hour                                                                                                                                                                                                                        | Incentive spirometer q2h W/A<br>TED hose -- thigh high<br>Turn/cough/deep breathe q 2h<br>Sequential compression device (SCD)<br>on 7 hours, off 1 hour                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |           |      |
| Acct                                | Ad lib                                                                                                                                                                                                                                                                                                                                                         | This p.m.<br>Ambulate                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ambulate tid                                                                                                                                                                                                                                                                                                                                                                                             | Ambulate tid, ad lib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ad lib                                                                               |           |      |
| Diet                                | Nothing by mouth after midnight<br>Clear liquid diet dinner                                                                                                                                                                                                                                                                                                    | Clear liquid diet<br>advance as tolerated                                                                                                                                                                                                                                                                                                                                                                                                                       | Regular diet                                                                                                                                                                                                                                                                                                                                                                                             | Regular diet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Regular diet                                                                         |           |      |
| Labs/Tests                          | CT scan<br>ECG/EKG if >50<br>Chest PA & LAT XR<br>CBC/PLT CT<br>Serum calcium, potassium, and<br>creatinine<br>C&S urine<br>PT/PTT<br>Type and screen                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Serum Creatinine @ 0500                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Serum<br>creatinine (if<br>S/P lap<br>nephrectomy)                                   |           |      |
| Meda/IV                             | 1 bottle Magnesium Citrate for<br>bowel prep day before surgery                                                                                                                                                                                                                                                                                                | MED: Misc. See MARVCCS for individual<br>Cefazolin (N) Ancef prep 1 gm IV<br>Ciprofloxacin (N) Cipro prep (if Cyst<br>Decort only) 500 mg IV<br>LR Lactated Ringers @ 1000cc/hr<br>Morphine injection: q3-4h pm 1-2mg IV<br>Oxydnone with acetaminophen q4-6h pm<br>1-2 PO<br>Promethazine: Phenergan q4-6h pm 12.5mg IV<br>or PO<br>Acetaminophen: Tylenol q6h pm 650 mg PO<br>if creatinine <1.8 - Toradol 30 mg IV x 1<br>followed by 15 mg PO q6h x 4 doses | MED: Misc. See MARVCCS<br>for individualization<br>LR Lactated Ringers @ 1000cc/hr,<br>saline lock when taking PO<br>Ciprofloxacin: Cipro x 5 days (if<br>Cyst Decort only) 500mg (1/2<br>tablets) PO BID<br>Oxydnone with<br>acetaminophen q4-6h pm 1-2<br>PO<br>Promethazine: Phenergan q4-6h<br>pm 12.5mg IV or PO<br>Acetaminophen: Tylenol q6h pm<br>650 mg PO<br>Saline lock DC prior to discharge | Saline lock DC prior to<br>discharge<br>Promethazine: Phenergan q4-<br>6h pm 12.5mg or PO<br>Acetaminophen: Tylenol q6h<br>pm 650 mg PO<br>Ciprofloxacin: Cipro x 5 days (if<br>Cyst Decort only) 500mg (1/2<br>tablet) PO BID<br>Oxydnone with<br>acetaminophen q4-6h pm 1-2<br>PO                                                                                                                                                                                                                                                                |                                                                                      |           |      |
| Cons                                | PreAnesthesia Clinic<br>Case Manager                                                                                                                                                                                                                                                                                                                           | Respiratory care for incentive<br>spirometer                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      |           |      |
| Teaching/<br>Continuum of Care Plan | Tch: Orientation to VUMC Where<br>family will wait, parking, etc.<br>Tch: Physician instructs re<br>procedure anticipated, risks &<br>benefits, etc.<br>Tch: Pre-op processes: When and<br>where to arrive for surgery<br>CCP: Anticipated LOS and plan of<br>care per pathway<br>CCP: Initiate d/c planning<br>Notify CMCNS of pt/families<br>w/special needs | Tch: Post-op processes routines<br>to anticipate, TC&DB, incentive<br>spirometer (by RT), etc.<br>Tch: When/how to request pain<br>medication<br>CCP: Adm/psychosocial DB &<br>Multi-Disciplinary CCP Initiate                                                                                                                                                                                                                                                  | Tch: Post-op processes<br>routines to anticipate,<br>TC&DB, incentive<br>spirometer (by RT), etc.<br>Tch: When/how to<br>request pain medication                                                                                                                                                                                                                                                         | Tch: Discharge self-care & activity<br>Shower daily, pat incision sites dry.<br>Remove ster strips in 14 days. No<br>restriction on activity.<br>Tch: DIC meds:<br>MOM or mag citrate for constipation,<br>extra strength Tylenol or Percocet for<br>pain, continue w/Cipro (Cyst decort only)<br>Tch: Reportable S&Ss, how and when to<br>contact HCP for T>101°F, wound<br>erythema, increased tenderness or abd<br>pain<br>CCP: DIC prescription(s) written and<br>received by pt/family<br>CCP: RU appts. scheduled & confirmed<br>w/pt/family |                                                                                      |           |      |
| SIGNATURE                           | INT.                                                                                                                                                                                                                                                                                                                                                           | SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INT.                                                                                                                                                                                                                                                                                                                                                                                                     | SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INT.                                                                                 | SIGNATURE | INT. |
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