

Integrated care pathway

Trans Urethral Resection of Bladder Tumour (TURBT)

- Use this pathway for all patients requiring planned surgery for TURBT
The clinical pathway never replaces clinical judgment
Care outlined in this pathway must be altered if it is not clinically appropriate for the individual

Patient Label

How to use the pathway:

1. The document forms a single, multidisciplinary record and should be used by all staff.
2. All staff must complete a signature sheet.
3. The pathway is a prompt only, any deviations from the pathway, must be written in the nursing and medical documentation section.
4. It is a legal document, therefore all entries on the pathway, must be signed for.
5. Where possible the pathway has been used on clinical evidence. Where no clinical evidence is available, a decision has been made to use best clinical practice.
6. The pathway follows the patient throughout their stay in hospital and includes discharge planning.
7. To use the pathway just follow the prompts, fill in the relevant spaces, add any variances and then sign in the relevant areas.
8. If the patients' condition requires lots of free text, extra sheets of clinical record can be added on a daily basis.

Patient Label

Integrated care pathway TURBT

<p>Worcestershire Royal Acute Hospitals NHS Trust Integrated Care Pathway TURBT</p>	
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VARIENCE SHEET

DATE and TIME	VARIENCE / REASON	ACTION TAKEN AND RESULT FROM ACTION	SIGNATURE

Patient Label

Integrated care pathway TURBT

Worcestershire Royal Acute Hospitals NHS Trust Integrated Care Pathway TURBT	Consultant Ward
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Operation Notes

(from bluespier)

POST Op Mit C documentation? here if given

Worcestershire Royal Acute Hospitals NHS Trust Integrated Care Pathway TURBT	Consultant
	Ward

POST OP

Time returned to Ward:

Review Consultant

Registrar

Staff Grade

Post op instruction if not on operation sheet

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Date : Hb: WCC: Plat: Neut:
INR: APTT:
Na: K: Creat: Urea:
VTE assessment:

Name..... Designation.....

sign..... Time Date.....

Worcestershire Royal Hospitals NHS Trust Integrated Care Pathway TURBT	Consultant Ward
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Post-Operative on Return to the Ward – Nursing notes

		AM	PM	NIGHT	Variance
Investigations	FBC U&E;s If indicated clinically				
Observations / Treatments	Post-op observation as per NEWS chart Pain management IV cannula – patent, no signs of inflammation Anti-embolic stockings Fluid balance maintained Irrigation running – fast/medium/slow/off Urine colour - claret / rose / clear Neurological signs noted (spinal)				
Medication / pain management	Medications / pain relief / antibiotic therapy given as prescribed				
Hygiene / elimination/ skin assessment	Hygiene needs attended to – Catheter draining freely Skin intact				
Nutrition	Tolerating - normal diet / light diet / fluids only (RED TRAY)				
Activity / Mobility	Resting in Bed Breathing and circulation exercises encouraged				
Patient education and discharge planning	Patient given explanation / understands treatment plan Offered support and reassurance				
Expected outcomes	Patient understands post-operative care routines/ surgery and its effects Management of pain				

Patient Label

Integrated care pathway TURBT

Nursing Variance Documentation

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Worcestershire Acute Hospitals NHS Trust Integrated Care Pathway TURBT	Consultant
	Ward

Day One post-op – Medical Notes

Reviews		Time	Initials	Variance
	Consultant			
	Registrar			
	Staff Grade			
	Afebrile – Yes / No			
	24 VTE assessment			
	Pathology within expected range – YES / NO			
	Hb			
	WBC			
	Plat			
	Neut			
	Na			
	K			
	Creat			
	Urea			

PLAN.....

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Patient Label

Integrated care pathway TURBT

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Name....., Sign,.....

DesignationDate.....

Worcestershire Royal Acute Hospitals NHS Trust Integrated Care Pathway TURBT	Consultant Ward
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Day One – post-operatively

		AM	PM	Night	Variance
Medications / pain management	Given as prescribed on chart including Clexane Pain management adequate Anticoagulation and Medications reviewed by Pharmacist				
Observations / Treatments	Observations as per NEWS chart (0-1) Signs of infection (Sepsis risk) IV fluids discontinued IV cannula site patent / removed Bladder Irrigation discontinued Anti-embolic stockings in situ Fluid balance chart completed Urine colour noted claret / rose / clear				
Hygiene / Elimination	Assisted hygiene needs as required Catheter draining For urinary catheter removal Patient voiding – with post void residual < 250mls Skin intact				
Nutrition	Discontinue IV therapy No nausea / vomiting 2 litres oral fluid intake Tolerating normal diet				
Activity / Mobility	Pre-operative mobility Falls assessment Cot side assessment of need				
Patient education / discharge	If trial of voiding successful home with 3-4 month clinic follow-up (histology dependent) If trial of voiding failed – home with catheter with				

planning	further trial of voiding 2 weeks Patient education for catheter care (catheter passport)				
Expected outcomes	Patient to be discharged home Patient informed of follow-up / discharge process EDS completed TTO's dispensed				

Nursing Variance documentation

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Worcestershire Royal Acute Hospitals NHS Trust Integrated Care Pathway TURBT	Consultant..... Ward.....
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Day two post-operatively – Medical notes

Reviews		Time	Initials	Variance
	Consultant			
	Registrar			
	Staff Grade			
	Afebrile – Yes / No			
	Pathology within expected range – YES / NO			
	Hb			
	WBC			
	Plat			
	Neut			
	Na			
	K			

Patient Label

Integrated care pathway TURBT

	Creat Urea			
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Plan.....

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NAME..... Signature

Designation Date

Worcestershire Royal Acute Hospitals NHS Trust Integrated Care Pathway TURBT	Consultant
	Ward

Day Two – post-operatively nursing notes

		AM	PM	Night	Variance
Medications / pain management	Given as prescribed on chart including Clexane Pain management adequate Anticoagulation and Medications reviewed by Pharmacist				
Observations / treatments	Observations as per NEWS chart (0-1) Signs of infection (Sepsis risk) IV fluids discontinued IV cannula site patent / removed Bladder Irrigation discontinued Anti-embolic stockings in situ Fluid balance chart completed Urine colour noted claret / rose / clear				
Hygiene /elimination	Assisted hygiene needs as required Catheter draining For urinary catheter removal Patient voiding – with post void residual < 250mls Skin intact				
Nutrition	Normal diet				
Activity / mobility	Pre-operative mobility Falls assessment Cot side assessment of need				

Patient education/ discharge planning	If trial of voiding successful home with 3-4 month clinic follow-up (histology dependent) If trial of voiding failed – home with catheter with further trial of voiding 2 weeks Patient education for catheter care (catheter passport)				
Expected outcomes	Patient for discharge Discharge documentation				

Nursing Variance

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Name Signature

Designation Date

Worcestershire Royal Acute Hospitals NHS Trust Integrated Care Pathway TURBT	Consultant Ward
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Discharge criteria for nurse lead discharge

Discharge Criteria	Yes
Observations Stable	<input type="checkbox"/>
Pain score - 0	<input type="checkbox"/>
Eating and drinking normally.	<input type="checkbox"/>
Cannula removed.	<input type="checkbox"/>
Post twoc PVR < 250mls – Home without catheter.	<input type="checkbox"/>
Failed twoc – home with	<input type="checkbox"/>

catheter, two in two weeks to be booked. (Email relevant secretary)	
Patient taught catheter care, Spare catheter bags provided (if required).	<input type="checkbox"/>
Discharge documentation given to patient.	<input type="checkbox"/>
TTO'S issued and discussed with patient	<input type="checkbox"/>
Patient going to discharge lounge.	<input type="checkbox"/>

Name, sign.....Date.....

Worcestershire Royal Acute Hospitals NHS Trust Integrated Care Pathway TURBT	Consultant Ward
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Date /Time	Variance code	Expand on variance to clinical pathway for clinical relevance, clinical history and data collection. Document Variance / Action /outcome. (Include name, signature, date and designation)

Patient Label

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Variance Codes

Patient related = 1 1.1 patient condition 1.2 patient choice 1.3 other	Staff related = 2 2.1 clinical decision 2.2 other	Hospital related = 3 3.1 Bed availability 3.2 Equipment availability 3.3 Service availability	Community Related =4 4.1 Community care booking 4.2 Community care availability 4.3 Family / carer support availability
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