

**CLINICAL PATHWAY  
TRANSURETHRAL RESECTION  
OF PROSTATE (TURP)**

Inclusion Criteria:  
Electively booked procedures  
Can start pathway day of surgery for inpatients  
Expected LOS: Postop day 2

**Clinical Pathways are not considered a substitute for professional judgement.**

Phase: Date:	Physician's Office	Pre-Admission Clinic	Pre Surgery/Day of Surgery
	/ / hrs	/ / hrs	/ / hrs
<b>Patient Outcomes</b>	Patient understands plan of care and pre-op prep Surgery booked Pre-surgery appointments booked +/- Anaesthesia appointment Informed written consent for surgery and/or blood & blood products initiated in office Post-operative appointment arranged	Patient/family will be knowledgeable of pre and post operative care	Patient will be prepared for surgery Consent signed
<b>Teaching</b>	Physician reviews pathway with patient/family Patient given pre-op package Patient to book history and physical with family physician within 28 days prior to surgery	Patient brings pre-op package Pre-op video Consent to Surgical planner Patient/family learning needs identified & addressed	Review information as per patient and family needs. Review length of time in: OR 1 hour PACU 1 1/2 hours
<b>Discharge Planning Criteria</b>	Follow up appointment made in surgeon's office	ELOS reviewed.	
<b>Pathway Reviewed with Patient/Family (Initial):</b>		_____ Yes    _____ No	_____ Yes    _____ No
<b>Patient/Family Satisfied with Progress?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/> if NO, see progress notes	YES <input type="checkbox"/> NO <input type="checkbox"/> if NO, see progress notes
<b>Signatures:</b>		Initials _____ _____ _____	Initials _____ _____ _____

REFERENCE ONLY



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Phase:	Physician's Office	Pre-Admission Clinic	Pre Surgery Clinic/Day of Surgery
Date:	/ / hrs	/ / hrs	/ / hrs
	INTERVENTIONS:	INTERVENTIONS:	INTERVENTIONS:
<b>Assessments</b>	History and Physical	Database completed Review consents signed	Reconfirm consents and database Vital signs Complete pre-op checklist
<b>Consults</b>	As needed: Internist Medicine Cardiology	Preop Anaesthesia consult as indicated according to: Level of risk, anxiety, lack of knowledge.	
<b>Tests</b>	Routine pre-op blood work as per guideline +/- coagulation studies pre-op	CBC, lytes, creatinine, urea Chest x-ray, ECG Group and reserve Urine C&S	MRSA results/yellow bracelet if pending Capillary blood glucose prn PT, PTT, INR prn on pts. who have anticoagulants stopped
<b>Treatments</b>			
<b>Medications</b>	Review medications Consult with prescribing physician regarding discontinuation of warfarin (Coumadin) 4 days prior to surgery and ASA, ticlopidine (Ticlid), clopidogrel, (Plavix) & herbal medications 7-8 days prior to surgery	Nursing to review: Previously prescribed meds, discontinuation of anticoagulants and current usage of herbal medications. Anaesthesia consult service as needed, will advise medication to be taken on morning of surgery.	Identify meds taken am of surgery  Ciprofloxacin 500 mg po with sips 1 hour pre-op
<b>Nutrition</b>		NPO after midnight.	Reconfirm and reinforce NPO
<b>Pain Management</b>			



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	/ / hrs	/ / hrs
<b>Patient Outcomes</b>	<p><b>OR:</b> Patient will have any concerns addressed Consents/ID confirmed</p> <p><b>PACU:</b> Patient will be stabilized &amp; discharged to post-op unit when criteria met. Patient will verbalize pain control CBI running freely</p>	<p>Patient and family informed of condition Free of infection <b>Clinical Indicator #1: I.V. antibiotics used? (RN to complete)</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Verbalizes pain control CBI running freely Up and walking</p>
<b>Teaching</b>	<p><b>OR:</b> Review procedure with patient and preparedness of patient Orient patient to OR procedures, and treatments (for example, IV &amp; catheter)</p> <p><b>PACU:</b> Pain control, initial DB&amp;C, Catheter care. Family to be informed of patient condition.</p>	<p>Orientation to room and nursing unit: _____ Reinforce DB&amp;C: _____ Review IV and catheter: _____ Reinforce pain management; patient to request analgesia: _____</p>
<b>Discharge Planning Criteria</b>	<p><b>OR:</b></p> <p><b>PACU:</b> Patient able to move as per PACU policy for discharge</p>	
<b>Pathway Reviewed with Patient/Family (Initial):</b>		_____ Yes _____ No
<b>Patient/Family Satisfied with Progress?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/> if NO, see progress notes
<b>Signatures:</b>		<p style="text-align: center;">Initials</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



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Date:	/ / hrs	/ / hrs
	INTERVENTIONS:	INTERVENTIONS:
<b>Assessments</b>	<p><b>OR:</b> Preop checklist reviewed Skin condition pre and post surgery</p> <p><b>PACU:</b> Assessment as per PACU record</p>	Routine vital signs and post op care Pain assessment Monitor CBI
<b>Consults</b>		RT prn for O2 protocol
<b>Tests</b>	Blood work prn based on patient assessment	Blood work prn based on patient assessment
<b>Treatments</b>	CBI running open Manual irrigation prn with normal saline if catheter obstructed with blood clots	O2 protocol prn IV therapy as per orders CBI open x 8 hrs
<b>Medications</b>	See pain management	Docusate sodium 100 mg po bid Ciprofloxacin 500 mg po bid Dimenhydrinate 25-50 mg IV/IM po q4h prn See pain management
<b>Nutrition</b>	<p><b>OR:</b> NPO</p> <p><b>PACU:</b> Ice chips</p>	DAT
<b>Activity/Safety</b>	<p><b>OR:</b> Cautery safety Teeth inspection Positioning: supine or lithotomy/leg Holders &amp; padding</p> <p><b>PACU:</b> Assist with repositioning/turning, spinal precautions Foot and ankle excersises</p>	Up walking
<b>Elimination</b>	Catheter	I&O - intake only CBI/foley Irrigate foley prn
<b>Pain Management</b>	Belladonna and Opium suppository for bladder spasm Analgesic as per anaesthesia orders	Analgesia as per orders: Acetaminophen 325 mg with 30 mg of codeine 1-2 tabs po q4-6h prn B&O suppository



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Phase: Date:	Postop Day 1	Postop Day 2
	/ / hrs	/ / hrs
<b>Patient Outcomes</b>	Vital signs remain stable Tolerates increase in diet Tolerates increase in activity Participates in ADL's Patient will verbalize pain control CBI to be light pink to clear with no clots	Vital signs stable Ambulates independently Pass voiding trial
<b>Teaching</b>	Review: - Activity - Diet - Pain management - Catheter care	Reinforce what to expect post-operatively Review patient education material and booklet Reinforce that the following are normal up to 8 weeks - Urgency - Frequency upon voiding - Hematuria Remind patient of post operative appointment with surgeon
<b>Discharge Planning Criteria</b>	Prepare patient and family for implementation of discharge planning.	Discharge home with instruction To arrange follow-up appointment with surgeon
<b>Pathway Reviewed with Patient/Family (Initial):</b>	_____ Yes      _____ No	_____ Yes      _____ No
<b>Patient/Family Satisfied with Progress?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> if NO, see progress notes	YES <input type="checkbox"/> NO <input type="checkbox"/> if NO, see progress notes
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	/ / hrs	/ / hrs
	INTERVENTIONS:	INTERVENTIONS:
Assessments	Vital signs as per routine	Vital signs as per routine
Consults	RT prn	
Tests	CBC, lytes, urea, creatinine in am	
Treatments	O2 protocol prn DB&C D/C I.V. when drinking well CBI adjusted to keep clear as per orders	At 0600 hours fill bladder with 150 mL of Normal Saline and discontinue CBI and foley. Start voiding trial
Medications	B&O suppositories as ordered Ciprofloxacin 500 mg po bid	Analgesic prn Prescription for: Ciprofloxacin 500 mg po bid Docusate sodium 100 mg po
Nutrition	DAT	DAT
Activity/Safety	AAT	AAT
Elimination	Catheter care	To void post catheter removal 3 bottle voiding trial
Pain Management	Analgesics as required as per orders	

