

PROTOCOL FOR: Hysterectomy: Care of the Patient

DESIRED
PATIENT
OUTCOMES:

1. Patient will be free of or demonstrate minimal signs of infection/post-op complications during hospitalization.
2. Patient will have adequate pain control by patient's self-report.

CLINICAL
ASSESSMENT
AND CARE:

1. Assess pulse, respirations, BPs, pain and temperature at least every 4 hours X 24 hours, then at least every 8 hours until discharge.
2. Assess Foley catheter for patency and adequate urinary output at least every 4 hours while catheter is in place.
3. Encourage coughing and deep breathing and use of incentive spirometer as ordered.
4. Assess IV site at least every four hours and prn.
5. Assess level of consciousness and ability to respond to verbal and physical stimuli at least every 4 hours.
6. Assess post-operative pain and pain management at least every 2-4 hours.
7. Assess for bowel sounds at least every 8 hours and as needed.
8. Assess the ability to void spontaneously and adequately after Foley is discontinued. Assess until patient has 2 spontaneous voids \geq 200cc each.
9. Assess incision(s) when applicable, at least every 8 hours and prn as needed.
10. Administer oxygen and/or apply pulse oximeter as ordered by Anesthesiologist.
11. Assist patient in turning side to side at least every 2 hours and as needed. Assist out of bed when patient awake and alert.
12. Encourage patient to ambulate and assist as needed.

APPROVAL: Nursing Standards Committee

CREDENTIALS: RN

EFFECTIVE DATE: 9/96

REVISION DATES: 3/97, 3/00