

Your
Hospital's
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CLINICAL PATHWAY TURP

DRG NO 337

PATIENT IDENTIFICATION

Initiating UNIT:		Initiating DATE:		Initiating TIME:		DRG NO: 337	LENGTH OF STAY: 2.0
	PRE-ADMISSION Date _____	or	PACU Date _____	Day 1 (Day of Surgery) Date _____	Day 2 Date _____	Day 3 Date _____	
ACTIVITY				<input type="checkbox"/> Bedrest <input type="checkbox"/> Turn <input type="checkbox"/> Cough	<input type="checkbox"/> OOB as tolerated <input type="checkbox"/> Discharge in PM		
TEST SPECIMENS	<input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> PT & PTT <input type="checkbox"/> EKG <input type="checkbox"/> CXR <input type="checkbox"/> Type + Screen			<input type="checkbox"/> CBC } PM Labs <input type="checkbox"/> Lytes } as ordered	<input type="checkbox"/> CBC } If <input type="checkbox"/> Lytes } indicated		
DIET	<input type="checkbox"/> NPO after MN day of prior to surgery			<input type="checkbox"/> Diet as tolerated <input type="checkbox"/> Encourage fluids	<input type="checkbox"/> Diet as tolerated <input type="checkbox"/> Encourage fluids		
MEDS	<input type="checkbox"/> Pre-op Antibiotics as ordered		<input type="checkbox"/> Pain medication prn as ordered by Anesthesia	<input type="checkbox"/> PO Antibiotics as ordered <input type="checkbox"/> Pain medications as ordered	<input type="checkbox"/> Continue Antibiotics <input type="checkbox"/> Continue PRN pain medications <input type="checkbox"/> Stool Softener as indicated		
CONSULTS	<input type="checkbox"/> Anesthesia						
IVs	<input type="checkbox"/> Per Anesthesia	<input type="checkbox"/> As ordered	<input type="checkbox"/> As ordered	<input type="checkbox"/> Continue IV Hydration	<input type="checkbox"/> DC IV in am		
TREATMENT	<input type="checkbox"/> Teds - as indicated	<input type="checkbox"/> TUR procedure <input type="checkbox"/> Foley	<input type="checkbox"/> I & O <input type="checkbox"/> Manual irrigation as needed <input type="checkbox"/> Assess urine for color & clots <input type="checkbox"/> GU irrigation to maintain patency	<input type="checkbox"/> I & O <input type="checkbox"/> Manual irrigation as needed <input type="checkbox"/> Assess urine for color & clots <input type="checkbox"/> GU irrigation to maintain patency	<input type="checkbox"/> I & O <input type="checkbox"/> Assess urine for color & clots <input type="checkbox"/> Remove Foley		
VITAL SIGNS	<input type="checkbox"/> Per Routine			<input type="checkbox"/> Per Routine			
DISCHARGE PLANNING	<input type="checkbox"/> Assess for discharge needs				<input type="checkbox"/> Discharge in PM if stable	<input type="checkbox"/> Discharge follow-up phone call in PM	
TEACHING	<input type="checkbox"/> Video - It's As Easy As Coughing & Deep Breathing <input type="checkbox"/> Handouts ___ Before & After Your Surgery ___ Transurethral Resection of the Prostate				<input type="checkbox"/> TURP Discharge Instruction Sheet		
EVALUATION	_____Initials _____Unit	_____Init'ls _____Unit	_____Initials _____Unit	_____Initials _____Unit	_____Initials _____Unit	_____Initials _____Unit	_____Initials _____Unit

Clinical pathways are tools to facilitate and guide multi-disciplinary patient care. They do not represent a standard of care or replace physician orders or clinical judgment. Modifications are made based on documented individual patient needs.

PART OF THE MEDICAL RECORD