

## Integrated Care Pathway Trans Urethral Resection Bladder Tumour (TURBT)

- Use this pathway for all patients requiring planned surgery for TURBT

Patient name / Label
DOB:
Hospital Number
Consultant:

### How to use the pathway:

1. The pathway should be used from being seen in pre admission
2. The document forms a single, multidisciplinary record and should be used by all staff in place of separate unidisciplinary notes (history sheets, nursing kardex etc)
3. All staff must complete the signature sheet on page 2
4. The pathway is a prompt only, any deviations from the pathway, must be written in the variance column along with any action taken and the results of the action. The variance must also be signed. This process enables the practitioner to use their clinical judgement and also enables the pathway to be audited more easily
5. It is a legal document, therefore all entries on the pathway, **must** be signed for.
6. Where possible the pathway has been based on clinical evidence. Where no evidence is available, a decision has been made to use best clinical practise.
7. The pathway follows the patient throughout their stay in hospital and includes discharge planning.
8. To use the pathway, just follow the prompts, fill in the relevant spaces, add any variances and then sign in the relevant area. If there are any changes and there is no room on the page, write in the variance column.
9. If patients' condition requires lots of free text, extra sheets of clinical record can be added on a daily basis until the condition becomes stable. Deviation from the pathway should be avoided if possible. If the patient is removed from the pathway **or** extra clinical sheets are added this **must** be added to the variance page .

#### Abbreviations used:

BM	= Blood Glucose Monitoring	MSW	= Medical Social Worker
BP	= Blood Pressure	MRSA	= Methicillin Resistant Staphylococcus Aureus
D.O.B.	= Date of Birth	N	= No
Dr	= Doctor	NA	= Not applicable
FU	= Follow Up	O2	= Oxygen
GP	= General Practitioner.	PU	= Passing Urine
Hum	= Humidified	PAC	= Pressure Area Care
Hrly	= hourly	Pt	= Patient
Min	= Minute	TEDS	= anti –embolic stockings
MSU	= Mid Stream Urine	Y	= Yes

**If you have any problems with this pathway please contact the  
Urology Specialist Nurses on ext 4866**

**Integrated Care Pathway**  
**Trans-urethral resection of bladder tumour (TURBT) / Cystodiathermy**  
**Consultant** \_\_\_\_\_  
**Ward**.....

Attach Patient Label Here

Name:.....

Address:.....

.....

Hospital Number.....

Date of Birth.....

### SIGNATURE SHEET

Please give your full name, designation, initials and full signature below, if you write in this pathway. This is for legal purposes.

FULL NAME	BAND	FULL SIGNATURE	INITIALS
Alister Campbell	Consultant Urologist		
Melissa Davies	Consultant Urologist		
Peter Guy	Consultant Urologist		
Gregor McIntosh	Consultant Urologist		
Mohammed Saghir	Consultant Urologist		
Daphne Phillips	CNS 7		
Kate Chadwick	CNS 6		
	Locum Consultant		
	Sp/R		
	CT		
	F1		
	F1		



### Variance Sheet

Date & Time	Variance Number / Reason	Action Taken and result from action	Sign

**Integrated Care Pathway**  
**Trans-urethral resection of bladder tumour (TURBT) / Cystodiathermy**  
 Consultant \_\_\_\_\_  
 Ward.....

Attach Patient Label Here  
 Name:.....  
 Address:.....  
 Hospital Number.....  
 Date of Birth.....

Date \_\_\_\_\_ Date of Operation \_\_\_\_\_

**Urological assessment**

Frequency:	:
Nocturia:	
Haematuria	
Urgency	
Hesitancy	
Stream	
Incontinence	
Urinalysis: Blood Protein Leucocytes Nitrites	
MSU Yes / No Copy to GP Yes / No	
Medication:	

Flow Studies	Maximum urinary flow (Qmax):.....ml/sec
	Average flow (Qave):.....ml / sec
	Voided volume:.....ml
	Residual volume.....ml

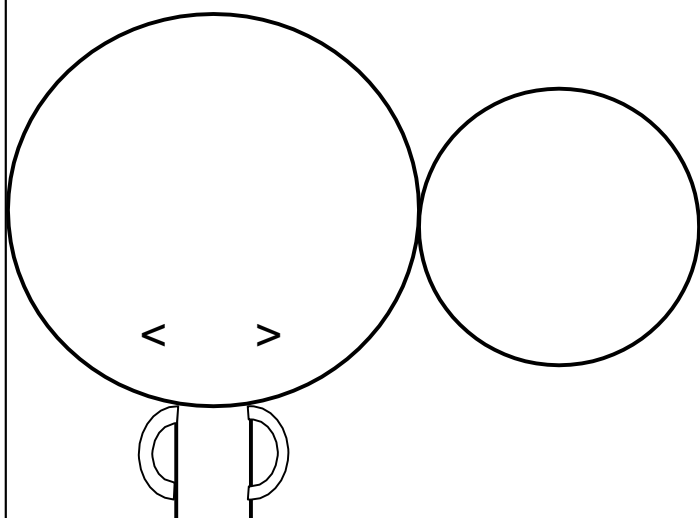
Other investigations / Advice  
 \_\_\_\_\_  
 \_\_\_\_\_

Follow up:  
 Print Name  
 and  
 Signature: \_\_\_\_\_ Date and Time \_\_\_\_\_ Band \_\_\_\_\_

<b>Trans-urethral resection of bladder tumour (TURBT) / Cystodiathermy</b> <b>Consultant</b> _____ <b>Ward</b> .....	<b>Attach Patient Label Here</b> Name:..... Address:..... Hospital Number..... Date of Birth.....
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<b>DATE:</b> <b>SURGEON:</b> <b>Assistant:</b> <b>Trans-urethral resection of bladder tumour (TURBT) / Cystodiathermy:</b> <b>ANY ADDITIONAL PROCEDURES:</b>	<b>ANAESTHETIST:</b> <b>Anaesthetic:- General / Spinal</b> <b>Calf compression :- Y / N</b>
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<b>ASSESSMENT:</b> Pre-op checklist with patient	Consent process completed
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<b><u>FINDINGS:</u></b> 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Tumour characteristics</b></td> </tr> <tr> <td>Single tumour</td> <td>Y/N</td> </tr> <tr> <td>Approximate size</td> <td>      cms</td> </tr> <tr> <td>Multiple tumours:</td> <td>Y/N</td> </tr> <tr> <td>Clinical stage:</td> <td>pTa / 1 / 2 / 3 / 4</td> </tr> <tr> <td>? Residual mass on EUA</td> <td>Y / N</td> </tr> <tr> <td>Weight of resected tumour</td> <td>      G</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Post operative chemotherapy given in theatre</td> <td>Yes / No</td> </tr> <tr> <td colspan="3">Agent Mitomycin C 40mg</td> </tr> <tr> <td colspan="3">Single shot</td> </tr> <tr> <td>Course Chemotherapy</td> <td></td> <td>Yes / No</td> </tr> <tr> <td>BCG</td> <td>6/52</td> <td>Yes / No</td> </tr> <tr> <td>Mitomycin</td> <td>6/52</td> <td>Yes / No</td> </tr> </table>	<b>Tumour characteristics</b>		Single tumour	Y/N	Approximate size	cms	Multiple tumours:	Y/N	Clinical stage:	pTa / 1 / 2 / 3 / 4	? Residual mass on EUA	Y / N	Weight of resected tumour	G	Post operative chemotherapy given in theatre		Yes / No	Agent Mitomycin C 40mg			Single shot			Course Chemotherapy		Yes / No	BCG	6/52	Yes / No	Mitomycin	6/52	Yes / No
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<b>INTERVENTIONS:</b> Urethrotomy performed Y / N Sheath size:.....French Haemostasis..... Perforations Yes / No Three way catheter.....FG Volume of water in balloon.....ml Antibiotics: Gentamicin Y / N Dose..... Other:..... <b>INVESTIGATIONS:</b> Biopsy taken Y / N																																	
<b>See over for photographs</b>																																	

<b>Post Operation Instructions:</b>

# **Photographs / Stickers**(Prosthesis/Equipment/ sutures etc)

**Pre op**

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**Post Op**





## Post Operation on Return to ward – Nursing notes (all fields are mandatory)

<b>Respiratory System</b>	<b>Cardiovascular System</b>	
O2 Saturations =	BP & TPR – frequency – 1*/2*/4*/QDS/TDS/BD/OD	
Supplementary O2 = Nasal specs. / O2 mask / Hum O2	Change to frequency	
Chest Physiotherapy Y / N	If yes, action:	
<b>GenitoUrinary System</b>	TEDS Y / N	
Catheter in situ Yes / No Catheter volumes - 6hrly/2 hrly/1 hrly Bladder irrigation in progress Yes <input type="checkbox"/> No <input type="checkbox"/>	Removed for 30mins daily Y / N	
<b>Comments &amp; action</b>	Change every 3 days for clean pair – due .....	
Catheter removal plan:::(MSU Copy to GP Y/N )	<b>Wound</b>	
Adequate urine output - Yes <input type="checkbox"/> No <input type="checkbox"/>	Any existing wounds?	
Catheter care given Yes / No / N.A	Dressing details;	
<b>Comments &amp; actions</b>	Dressing form Y / N	
<b>Gastro-intestinal system</b>	<b>Skin</b>	
Tolerating – normal diet <input type="checkbox"/> Light diet <input type="checkbox"/> : Fluids <input type="checkbox"/>	<b>Braden score =</b>	
<b>Nutritional assessment score =</b>	Assessment of broken areas	
BM monitoring – frequency .....	<b>Mobility</b>	
<b>Pain and Nausea</b>	Pressure area care (as per policy) <input type="checkbox"/>	
Control method – Oral	Frequency of PAC	
Control adequate (pain score <4) - Yes <input type="checkbox"/> No <input type="checkbox"/> . If no, action	State patient mobility	
<b>Personal hygiene/ mouth care</b>	Cot side assessment form completed Y / N	
Please free text what care you gave ...	<b>Manual Handling assessment</b>	
<b>Infection:</b>	Score:	
Any signs of infection Yes / No	Action & comments:	
MRSA pathway in use Yes/No		
Additional notes	<b>Communication</b>	
	Relatives / Drs/ MSW	
	<b>Discharge Planning</b>	
	Pu'ing good volumes	Yes / No
	Urine clear or clot free	Yes /No
	Good bladder control	Yes / No
	Pt discharged with catheter	Yes / No / NA
	Community team informed	Yes / No / NA
	Pt informed of FU plan	Yes / No
Print name / Band .....	Signature	Date + time
Print name / Band .....	Signature	Date + time
Print name / Band .....	Signature	Date + time

Document and check for variance on page 3

<p><b>Trans-urethral resection of bladder tumour (TURBT) / Cystodiathermy Pathway</b></p> <p><b>Ward</b>.....</p> <p><b>Consultant</b>.....</p>	<p><b>Label Here</b> Name:.....</p> <p>Address:.....</p> <p>.....</p> <p>Hospital Number.....</p> <p>Date of Birth.....</p>
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To be completed by medical & nursing staff

**Date and time**                      **Clinical Record – legible signature & grade MANDATORY for each entry**

**Day 1**

<p>Operation / Current diagnosis</p> <p>Active problem</p> <p>Progress – improving / stable / unstable</p>	<p><b>Name</b></p> <p><b>Date</b></p> <p>Hb</p> <p>WBC</p> <p>Plat</p> <p>Neut</p> <hr/> <p>INR</p> <p>APTT</p> <hr/> <p>Na K</p> <p>Urea</p> <p>eGFR</p> <p>Creat</p> <p>CRP</p> <p>TP</p> <p>ALB</p> <p>Glo</p> <p>Bil</p> <p>ALT</p> <p>ALP</p> <p>GGT</p> <p>Amy</p>

If required, extra clinical sheets can be added per day...document use on variance sheet on page 3

**Day 1- Nursing notes (all fields are mandatory)**

<b>Respiratory System</b>	<b>Cardiovascular System</b>	
O2 Saturations =	BP & TPR – frequency – 1*/2*/4*/QDS/TDS/BD/OD	
Supplementary O2 = Nasal specs. / O2 mask / Hum O2	Change to frequency	
Chest Physiotherapy Y / N	If yes, action:	
<b>GenitoUrinary System</b>	TEDS Y / N	
Catheter in situ Yes / No Catheter volumes - 6hrly/2 hrly/1 hrly Bladder irrigation in progress Yes <input type="checkbox"/> No <input type="checkbox"/>	Removed for 30mins daily Y / N	
<b>Comments &amp; action</b>	Change every 3 days for clean pair – due .....	
Catheter removal plan: (MSU Copy to GP Y/N )	<b>Wound</b>	
Catheter removed as instruction Yes / No / N.A	Any existing wounds?	
Catheter care given Yes / No / N.A	Dressing details;	
Adequate urine output - Yes <input type="checkbox"/> No <input type="checkbox"/>	Dressing form Y / N	
<b>Comments &amp; actions</b>	<b>Skin</b>	
<b>Gastro-intestinal system</b>	<b>Braden score =</b>	
Tolerating – normal diet <input type="checkbox"/> Light diet <input type="checkbox"/> Fluids <input type="checkbox"/>	Assessment of broken areas	
<b>Nutritional assessment score =</b>	<b>Mobility</b>	
BM monitoring – frequency .....	Pressure area care (as per policy) <input type="checkbox"/>	
<b>Pain and nausea</b>	Frequency of PAC	
Control method – Oral	State patient mobility	
Control adequate (pain score <4) - Yes <input type="checkbox"/> No <input type="checkbox"/> . If no, action	Cot side assessment form completed Y / N	
<b>Personal hygiene/ mouth care</b>	<b>Manual Handling assessment</b>	
Please free text what care you gave ...	Score:	
<b>Infection:</b>	Action & comments:	
Any signs of infection Yes / No	<b>Communication</b>	
MRSA pathway in use Yes/No	Relatives / Drs/ MSW	
Additional notes	Patient advised re catheter care & Plan Yes /No/NA	
Print name / Band .....	<b>Discharge Planning</b>	
Print name / Band .....	Signature	Date + time
Print name / Band .....	Signature	Date + time
	Signature	Date + time

**Document and check for variance on page 3**



**Day 2- Nursing notes (all fields are mandatory)**

<b>Respiratory System</b>	<b>Cardiovascular System</b>	
O2 Saturations =	BP & TPR – frequency – 1*/2*/4*/QDS/TDS/BD/OD	
Supplementary O2 = Nasal specs. / O2 mask / Hum O2	Change to frequency	
Chest Physiotherapy Y / N	If yes, action:	
<b>GenitoUrinary System</b>	TEDS Y / N	
Catheter in situ Yes / No Catheter volumes - 6hrly/2 hrly/1 hrly Bladder irrigation in progress Yes <input type="checkbox"/> No <input type="checkbox"/>	Removed for 30mins daily Y / N	
<b>Comments &amp; action</b>	Change every 3 days for clean pair – due .....	
Catheter removal plan: (MSU Copy to GP Y/N )	<b>Wound</b>	
Catheter removed as instruction Yes / No / N.A	Any existing wounds?	
Catheter care given Yes / No / N.A	Dressing details;	
Adequate urine output - Yes <input type="checkbox"/> No <input type="checkbox"/>	Dressing form Y / N	
<b>Comments &amp; actions</b>	<b>Skin</b>	
<b>Gastro-intestinal system</b>	<b>Braden score =</b>	
Tolerating – normal diet <input type="checkbox"/> Light diet <input type="checkbox"/> Fluids <input type="checkbox"/>	Assessment of broken areas	
<b>Nutritional assessment score =</b>	<b>Mobility</b>	
BM monitoring – frequency .....	Pressure area care (as per policy) <input type="checkbox"/>	
<b>Pain and nausea</b>	Frequency of PAC	
Control method – Oral	State patient mobility	
Control adequate (pain score <4) - Yes <input type="checkbox"/> No <input type="checkbox"/> . If no, action	Cot side assessment form completed Y / N	
<b>Personal hygiene/ mouth care</b>	<b>Manual Handling assessment</b>	
Please free text what care you gave ...	Score:	
<b>Infection:</b>	Action & comments:	
Any signs of infection Yes / No	<b>Communication</b>	
MRSA pathway in use Yes/No	Relatives / Drs/ MSW	
Additional notes	Patient advised re catheter care & Plan Yes /No/NA	
Print name / Band .....	<b>Discharge Planning</b>	
Print name / Band .....	Signature	Date + time
Print name / Band .....	Signature	Date + time
	Signature	Date + time

**Document and check for variance on page 3**



### Day 3- Nursing notes (all fields are mandatory)

<b>Respiratory System</b> O2 Saturations = Supplementary O2 = Nasal specs. / O2 mask / Hum O2 Chest Physiotherapy Y / N	<b>Cardiovascular System</b> BP & TPR – frequency – 1*/2*/4*/QDS/TDS/BD/OD Change to frequency If yes, action:
<b>GenitoUrinary System</b> Catheter in situ Yes / No Catheter volumes - 6hrly/2 hrly/1 hrly Bladder irrigation in progress Yes <input type="checkbox"/> No <input type="checkbox"/>	TEDS Y / N Removed for 30mins daily Y / N Change every 3 days for clean pair – due .....
<b>Comments &amp; action</b> Catheter removal plan:(MSU Copy to GP Y/N ) Catheter removed as instruction Yes / No / N.A Catheter care given Yes / No / N.A Adequate urine output - Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Wound</b> Any existing wounds? Dressing details; Dressing form Y / N
<b>Gastro-intestinal system</b> Tolerating – normal diet <input type="checkbox"/> Light diet <input type="checkbox"/> Fluids <input type="checkbox"/> <b>Nutritional assessment score =</b> BM monitoring – frequency .....	<b>Skin</b> <b>Braden score =</b> Assessment of broken areas
<b>Pain and nausea</b> Control method – Oral Control adequate (pain score <4) - Yes <input type="checkbox"/> No <input type="checkbox"/> . If no, action	<b>Mobility</b> Pressure area care (as per policy) <input type="checkbox"/> Frequency of PAC State patient mobility Cot side assessment form completed Y / N
<b>Personal hygiene/ mouth care</b> Please free text what care you gave ...	<b>Manual Handling assessment</b> Score: Action & comments:
<b>Infection:</b> Any signs of infection Yes / No MRSA pathway in use Yes/No	<b>Communication</b> Relatives / Drs/ MSW Patient advised re catheter care & Plan Yes /No/NA
Additional notes	<b>Discharge Planning</b> Pu'ing good volumes Yes / No Urine clear or clot free Yes /No Pt discharged with catheter Yes /No/NA Community team informed Yes /No/NA Pt informed of follow up plan Yes
Print name / Band .....	Signature   Date + time
Print name / Band .....	Signature   Date + time
Print name / Band .....	Signature   Date + time

Document and check for variance on page 3