




# Patient Care Guide Radical Prostatectomy




# The James



Name/Room # \_\_\_\_\_

	Pre Procedure	Procedure Day	Immediate Post-Op
<b>Location</b>	<input type="checkbox"/> Prep Center	<input type="checkbox"/> Ambulatory Surgery Unit (ASU) <input type="checkbox"/> Inpatient Unit	<input type="checkbox"/> Inpatient Unit
 <b>Education</b>	<input type="checkbox"/> Prostate Surgery Education Packet	<input type="checkbox"/> Taken to surgery on cart <input type="checkbox"/> Family to wait in Atrium, Staff will update family	<input type="checkbox"/> You may have bladder spasm <input type="checkbox"/> Coughing and deep breathing <input type="checkbox"/> Pain control
<b>Care/ Treatment</b>	<input type="checkbox"/> Sign consent	<input type="checkbox"/> Frequent vital signs	<input type="checkbox"/> Vital signs <input type="checkbox"/> Bladder catheter care
<b>Tests/ Procedures</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Blood tests
 <b>Nutrition</b>	<input type="checkbox"/> Nothing to eat or drink after midnight the day before surgery	<input type="checkbox"/>	<input type="checkbox"/> Clear liquid diet
 <b>Medicine</b>	<input type="checkbox"/> As ordered	<input type="checkbox"/> As ordered <input type="checkbox"/> IV started	<input type="checkbox"/> IV antibiotic <input type="checkbox"/> IV pain medicine <input type="checkbox"/> IV fluids
<b>Activity</b>	<input type="checkbox"/> No restrictions	<input type="checkbox"/>	<input type="checkbox"/> Up to chair
<b>Preparing for . . .</b>	<input type="checkbox"/> Discharge with bladder catheter <input type="checkbox"/> Discuss after discharge needs	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Discharge from hospital with bladder catheter
<b>Notes:</b>			

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	Post Op Day 1	Post Op Day 2	After Discharge
<b>Location</b>	<input type="checkbox"/> Inpatient Unit	<input type="checkbox"/> Inpatient Unit	You will be discharged to: <input type="checkbox"/> Home <input type="checkbox"/> Extended Care Facility
 <b>Education</b>	<input type="checkbox"/> Bladder catheter care <input type="checkbox"/> Kegel exercises to improve bladder control	<input type="checkbox"/> Signs and symptoms of infection <input type="checkbox"/> Bladder catheter care/leg bag for urine collection <input type="checkbox"/> Referral to Prostate Cancer Support Group	<b>Call and report:</b> <input type="checkbox"/> Signs and symptoms of infection <input type="checkbox"/> Signs and symptoms of bleeding <input type="checkbox"/> Severe pain <input type="checkbox"/> Drainage from site, redness, numbness
<b>Care/ Treatment</b>	<input type="checkbox"/> Vital signs <input type="checkbox"/> Bladder catheter care	<input type="checkbox"/> Bladder catheter care	<input type="checkbox"/>
<b>Tests/ Procedures</b>	<input type="checkbox"/> Blood test	<input type="checkbox"/>	<input type="checkbox"/>
 <b>Nutrition</b>	<input type="checkbox"/> Diet as tolerated	<input type="checkbox"/> Regular diet	<input type="checkbox"/> Regular diet
 <b>Medicine</b>	<input type="checkbox"/> IV antibiotic <input type="checkbox"/> IV pain medicine	<input type="checkbox"/> Stool softener	<input type="checkbox"/> Take medicines as directed <input type="checkbox"/> Report any side effects
<b>Activity</b>	<input type="checkbox"/> Walking with help	<input type="checkbox"/> Shower with leg bag on to collect urine	<b>Key Points:</b> <input type="checkbox"/>
<b>Preparing for ...</b>	<input type="checkbox"/> Discharge from hospital with bladder catheter and leg bag to collect urine	<input type="checkbox"/> <input type="checkbox"/>	<b>Follow-up with:</b> Doctor: _____ Office: _____ Date: _____ Time: _____

The information in this handout tells you what to expect before, during, and after your hospital stay. Every person is different, so your patient care team may adjust this guide to meet your personal care needs.