

Name
Hospital number
DOB
Please affix label

Enhanced recovery after bladder augmentation: Your child's care pathway and diary

Your child's consultant

Post-operative ward

Bed/cubicle number

Expected date of discharge

Discharge criteria

- Eating a normal diet
- Bowels have opened
- Satisfactory pain relief with standard oral painkillers (non-morphine based)
- Back to usual mobility levels
- Catheter care plan is in place
- Catheter care equipment is available
- Catheter care training is completed
- Readmission process is confirmed and understood

Key contact numbers post-discharge

Clinic follow up date

Pre-operative assessment

Date

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Appointment with

--

Questions to ask

Answers received

How you and your child are feeling

Before the operation

Date of operation

Time to arrive

Fasting times

Food and milk – six hours
Breast milk – four hours
Water & carbohydrate loading drink – one hour

Name of anaesthetist

Name of surgeon

After the operation – day 0

You will meet:

	Name	✓ met
Surgeon	<input type="text"/>	<input type="checkbox"/>
Named nurse (day shift)	<input type="text"/>	<input type="checkbox"/>
Named nurse (night shift)	<input type="text"/>	<input type="checkbox"/>
Ward housekeeper	<input type="text"/>	<input type="checkbox"/>
Other ward staff	<input type="text"/>	<input type="checkbox"/>

Aims for today:

	✓ met
Pain <ul style="list-style-type: none"> • The nurse has assessed my child's pain regularly • My child's pain is well-controlled • My child has an epidural in place which has been reviewed by the pain team 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mobility <ul style="list-style-type: none"> • My child has sat up in bed 	<input type="checkbox"/>
Food and drink <ul style="list-style-type: none"> • My child will only be allowed to have sips for comfort and will receive a fluid drip into their veins • If my child feels/is sick, they have been given anti-sickness medication 	<input type="checkbox"/> <input type="checkbox"/>
Medicines and tests <ul style="list-style-type: none"> • My child is receiving antibiotics into the veins for 48hrs after the operation • My child has had a blood test 	<input type="checkbox"/> <input type="checkbox"/>

Questions to ask

Answers received

How you and your child are feeling

After the operation – day 1

You will meet:

	Name	✓ met
Surgeon	<input type="text"/>	<input type="checkbox"/>
Named nurse (day shift)	<input type="text"/>	<input type="checkbox"/>
Named nurse (night shift)	<input type="text"/>	<input type="checkbox"/>
Ward housekeeper	<input type="text"/>	<input type="checkbox"/>
Other ward staff	<input type="text"/>	<input type="checkbox"/>

Aims for today:

	✓ met
Pain	
<ul style="list-style-type: none"> • The nurse has assessed my child's pain regularly 	<input type="checkbox"/>
<ul style="list-style-type: none"> • My child's pain is well-controlled 	<input type="checkbox"/>
<ul style="list-style-type: none"> • My child has an epidural/NCA/PCA in place which has been reviewed by the pain team 	<input type="checkbox"/>
Mobility	
<ul style="list-style-type: none"> • My child has been encouraged to do their breathing exercises 	<input type="checkbox"/>
<ul style="list-style-type: none"> • My child has sat in the chair for at least 30 minutes today 	<input type="checkbox"/>
Food and drink	
<ul style="list-style-type: none"> • My child is drinking as much as they want to/can tolerate 	<input type="checkbox"/>
<ul style="list-style-type: none"> • If they are drinking well, the fluid drip into their veins has been stopped 	<input type="checkbox"/>
<ul style="list-style-type: none"> • If they are drinking well, the tube going into their stomach (NG) has been removed 	<input type="checkbox"/>
<ul style="list-style-type: none"> • My child has been given anti-sickness medication 	<input type="checkbox"/>
Medicines and tests	
<ul style="list-style-type: none"> • My child continues to receive antibiotics into the veins for 2 days after the operation 	<input type="checkbox"/>
<ul style="list-style-type: none"> • My child has had a blood test 	<input type="checkbox"/>

Questions to ask

Answers received

How you and your child are feeling

After the operation – day 2

You will meet:

	Name	✓ met
Surgeon	<input type="text"/>	<input type="checkbox"/>
Named nurse (day shift)	<input type="text"/>	<input type="checkbox"/>
Named nurse (night shift)	<input type="text"/>	<input type="checkbox"/>
Ward housekeeper	<input type="text"/>	<input type="checkbox"/>
Other ward staff	<input type="text"/>	<input type="checkbox"/>

Aims for today:

	✓ met
Pain	
• The nurse has assessed my child’s pain regularly	<input type="checkbox"/>
• My child’s pain is well-controlled	<input type="checkbox"/>
• My child has an epidural/NCA/PCA in place which has been reviewed by the pain team	<input type="checkbox"/>
Mobility	
• My child has done their breathing exercises	<input type="checkbox"/>
• My child has sat in the chair for at least 30 minutes on two separate occasions	<input type="checkbox"/>
Food and drink	
• If my child is drinking well, they have started to eat a light diet	<input type="checkbox"/>
• If my child is still not drinking well, the fluid into their veins will continue	<input type="checkbox"/>
• If my child still has a tube into their stomach, this will be reviewed	<input type="checkbox"/>
• If my child feels/is sick, they have been given anti-sickness medication	<input type="checkbox"/>
Medicines and tests	
• My child receives their last day of IV antibiotics today and will change to oral antibiotics	<input type="checkbox"/>
• My child may or may not have a blood test	<input type="checkbox"/>

Questions to ask

Answers received

How you and your child are feeling

After the operation – day 3

You will meet:

	Name	✓ met
Surgeon	<input type="text"/>	<input type="checkbox"/>
Named nurse (day shift)	<input type="text"/>	<input type="checkbox"/>
Named nurse (night shift)	<input type="text"/>	<input type="checkbox"/>
Ward housekeeper	<input type="text"/>	<input type="checkbox"/>
Other ward staff	<input type="text"/>	<input type="checkbox"/>

Aims for today:

✓ met

Pain

- The nurse has assessed my child's pain regularly
- My child's pain is well-controlled
- The pain team has reviewed my child and may consider stopping +/- removing the epidural/NCA/PCA

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Mobility

- My child has done their breathing exercises (if the epidural is still in place)
- My child has sat in the chair for at least 30 minutes on two occasions
- My child has moved around the room/ward (if the epidural has been removed)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Food and drink

- If they were eating fine yesterday, my child will be able to eat a full diet again today
- If they were drinking well yesterday, my child will be able to start eating a light diet
- If my child still has a tube into their stomach, this will be reviewed
- If my child feels/is sick, they have been given anti-sickness medication

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Medicines and tests

- My child is taking antibiotics orally and will do for 5 days
- My child may or may not have a blood test

<input type="checkbox"/>
<input type="checkbox"/>

Questions to ask

Answers received

How you and your child are feeling

After the operation – day 4

You will meet:

	Name	✓ met
Surgeon	<input type="text"/>	<input type="checkbox"/>
Named nurse (day shift)	<input type="text"/>	<input type="checkbox"/>
Named nurse (night shift)	<input type="text"/>	<input type="checkbox"/>
Ward housekeeper	<input type="text"/>	<input type="checkbox"/>
Other ward staff	<input type="text"/>	<input type="checkbox"/>

Aims for today:

	✓ met
Pain <ul style="list-style-type: none"> • The nurse has assessed my child's pain regularly • My child's pain is well-controlled • If the epidural has not already been stopped, it will be today • Ideally my child is just taking oral painkillers 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mobility <ul style="list-style-type: none"> • My child is moving around the ward normally 	<input type="checkbox"/>
Food and drink <ul style="list-style-type: none"> • My child is eating normally 	<input type="checkbox"/>
Discharge planning <ul style="list-style-type: none"> • We have started to be trained how to care for my child's catheter(s) 	<input type="checkbox"/>

Questions to ask

Answers received

How you and your child are feeling

After the operation – day 5

You will meet:

	Name	✓ met
Surgeon	<input type="text"/>	<input type="checkbox"/>
Named nurse (day shift)	<input type="text"/>	<input type="checkbox"/>
Named nurse (night shift)	<input type="text"/>	<input type="checkbox"/>
Ward housekeeper	<input type="text"/>	<input type="checkbox"/>
Other ward staff	<input type="text"/>	<input type="checkbox"/>

Aims for today:

	✓ met
Pain	
<ul style="list-style-type: none">• My child's pain is well-controlled• My child is just taking oral painkillers	<input type="checkbox"/>
Mobility	
<ul style="list-style-type: none">• My child is moving around the ward normally	<input type="checkbox"/>
Food and drink	
<ul style="list-style-type: none">• My child is eating normally	<input type="checkbox"/>
Discharge planning	
<ul style="list-style-type: none">• We are being trained how to care for my child's catheter(s)	<input type="checkbox"/>

Questions to ask

Answers received

How you and your child are feeling

After the operation – day 6

You will meet:

	Name	✓ met
Surgeon	<input type="text"/>	<input type="checkbox"/>
Named nurse (day shift)	<input type="text"/>	<input type="checkbox"/>
Named nurse (night shift)	<input type="text"/>	<input type="checkbox"/>
Ward housekeeper	<input type="text"/>	<input type="checkbox"/>
Other ward staff	<input type="text"/>	<input type="checkbox"/>

Aims for today:

	✓ met
Pain	
<ul style="list-style-type: none"> • My child's pain is well-controlled • My child is just taking oral painkillers 	<input type="checkbox"/>
Mobility	
<ul style="list-style-type: none"> • My child is moving around the ward normally 	<input type="checkbox"/>
Food and drink	
<ul style="list-style-type: none"> • My child is eating normally 	<input type="checkbox"/>
Catheter care	
<ul style="list-style-type: none"> • The surgeons may consider removing the ureteric stent 	<input type="checkbox"/>
Discharge planning	
<ul style="list-style-type: none"> • We are being trained how to care for my child's catheter(s) • My child may be fit for discharge 	<input type="checkbox"/>

Questions to ask

Answers received

How you and your child are feeling

After the operation – day 7

You will meet:

	Name	✓ met
Surgeon	<input type="text"/>	<input type="checkbox"/>
Named nurse (day shift)	<input type="text"/>	<input type="checkbox"/>
Named nurse (night shift)	<input type="text"/>	<input type="checkbox"/>
Ward housekeeper	<input type="text"/>	<input type="checkbox"/>
Other ward staff	<input type="text"/>	<input type="checkbox"/>

Aims for today:

	✓ met
Pain	<input type="checkbox"/>
<ul style="list-style-type: none"> • My child's pain is well-controlled • My child is just taking oral painkillers 	<input type="checkbox"/>
Mobility	<input type="checkbox"/>
<ul style="list-style-type: none"> • My child is moving around the ward normally 	<input type="checkbox"/>
Food and drink	<input type="checkbox"/>
<ul style="list-style-type: none"> • My child is eating normally 	<input type="checkbox"/>
Discharge planning	<input type="checkbox"/>
<ul style="list-style-type: none"> • We have been trained how to care for my child's catheter(s) • We have received the equipment needed for catheter care • We know who to contact if we have a problem at home • My child is fit for discharge 	<input type="checkbox"/>

Questions to ask

Answers received

How you and your child are feeling
