

Surgery: VVF UVF RVF

Date: **POD# 1 Night Shift** **POD# 1 Day Shift** **POD# 1 Eve Shift**
 Day-month-year Nurse _____ Nurse _____ Nurse _____

Patient and Family Teaching	<input type="checkbox"/> Encourage pt to report pain or nausea post-op <input type="checkbox"/> Teach Catheter care: not to pull, kink or twist; keep bag off floor when out of bed <input type="checkbox"/> Report bladder fullness, pain, or spasm; or newly wet <input type="checkbox"/> Maintain adequate fluid intake to ensure urine clear and without clots	<input type="checkbox"/> Encourage pt to report pain or nausea post-op <input type="checkbox"/> Teach Catheter care: not to pull, kink or twist; keep bag off floor when out of bed <input type="checkbox"/> Report bladder fullness, pain, or spasm; or newly wet <input type="checkbox"/> Maintain adequate fluid intake to ensure urine clear and without clots
Nursing Assessment <input type="checkbox"/> Dry <input type="checkbox"/> Intermittent Wet <input type="checkbox"/> Constant Wet <input type="checkbox"/> Vital signs per routine post-op, then Q 4 hours <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Spinal Record with VS/OBS <input type="checkbox"/> N/A <input type="checkbox"/> Hourly urine output Urine color <input type="checkbox"/> Vaginal Bleeding or discharge	<input type="checkbox"/> Dry <input type="checkbox"/> Intermittently Wet <input type="checkbox"/> Constantly Wet <input type="checkbox"/> Vital signs Q 4 hours <input type="checkbox"/> Physical assessment Q shift <input type="checkbox"/> Spinal Anaesthetics Record with VS/OBS <input type="checkbox"/> N/A <input type="checkbox"/> Strict fluid intake/output every 2 hours x 4 <input type="checkbox"/> assess from patient to catheter bag to ensure catheter draining well, not kinked, no visible clots present and pad dry <input type="checkbox"/> Ureteral Stents secure <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Urine colour at 1200 <input type="checkbox"/> Yellow <input type="checkbox"/> Pink/blood tinged <input type="checkbox"/> Tea Colored <input type="checkbox"/> Bloody <input type="checkbox"/> Clots present <input type="checkbox"/> Vaginal Bleeding or discharge <input type="checkbox"/> Notify surgeon if saturating >2 pads in 4 hours	<input type="checkbox"/> Dry <input type="checkbox"/> Intermittently Wet <input type="checkbox"/> Constantly Wet <input type="checkbox"/> Vital signs Q 4 hours <input type="checkbox"/> Physical assessment Q shift <input type="checkbox"/> Spinal Anaesthetics Record with VS/OBS <input type="checkbox"/> N/A <input type="checkbox"/> Strict fluid intake/output every 4 hours x 48 hrs <input type="checkbox"/> assess from patient to catheter bag to ensure catheter draining well, not kinked, no visible clots present and pad dry <input type="checkbox"/> Ureteral Stents secure <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Urine colour at 2000 <input type="checkbox"/> Yellow <input type="checkbox"/> Pink/blood tinged <input type="checkbox"/> Tea Colored <input type="checkbox"/> Bloody <input type="checkbox"/> Clots present <input type="checkbox"/> Vaginal Bleeding or discharge <input type="checkbox"/> Notify surgeon if saturating >2 pads in 4 hours
Nursing Care <input type="checkbox"/> Catheter secure <input type="checkbox"/> Catheter patent <input type="checkbox"/> Clots present <input type="checkbox"/> Irrigated catheter per post-op order x <input type="checkbox"/> Urine pots changed <input type="checkbox"/> Vaginal packing: <input type="checkbox"/> In place <input type="checkbox"/> Removed at 0600 , intact	<input type="checkbox"/> Peri-care BID when vag pack removed <input type="checkbox"/> non-sterile <input type="checkbox"/> sterile, incision present <input type="checkbox"/> Catheter secure <input type="checkbox"/> Catheter patent <input type="checkbox"/> Irrigate catheter with normal saline PRN if obstruction suspected. Irrigate per protocol on post-op orders <input type="checkbox"/> If urine output is <30 ml in one hour, flush as above and notify Charge Nurse who will contact on-call fistula surgeon <input type="checkbox"/> Vaginal packing: <input type="checkbox"/> In place <input type="checkbox"/> Out <input type="checkbox"/> Removed, intact	<input type="checkbox"/> Peri-care BID when vag pack removed <input type="checkbox"/> non-sterile <input type="checkbox"/> sterile, incision present <input type="checkbox"/> Catheter secure <input type="checkbox"/> Catheter patent <input type="checkbox"/> Irrigate catheter with normal saline PRN if obstruction suspected. Irrigate per protocol on post-op orders <input type="checkbox"/> If urine output is <30 ml in one hour, flush as above and notify Charge Nurse who will contact on-call fistula surgeon <input type="checkbox"/> Vaginal packing: <input type="checkbox"/> In place <input type="checkbox"/> Out <input type="checkbox"/> Removed, intact
Wound Care <input type="checkbox"/> N/A <input type="checkbox"/> Dressing intact <input type="checkbox"/> Dressing changed	<input type="checkbox"/> N/A <input type="checkbox"/> Abdominal repair: leave dressing intact x 48hrs., then remove and leave open to air <input type="checkbox"/> Dressing clean, dry, & intact <input type="checkbox"/> Dressing changed <input type="checkbox"/> OTA Orders: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Abdominal repair: leave dressing intact x 48hrs., then remove and leave open to air <input type="checkbox"/> Dressing clean, dry, & intact <input type="checkbox"/> Dressing changed <input type="checkbox"/> OTA Orders: _____
IV & Medication <input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> IV Fluids _____ @ _____ ml/hr <input type="checkbox"/> Flush IV cannula end of shift <input type="checkbox"/> No IV cannula <input type="checkbox"/> Oxybutynin per order for suspected bladder spasm. D/C 24 hours before catheter removed <input type="checkbox"/> RVF: Nothing per rectum	<input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> IV Fluids _____ @ _____ ml/hr <input type="checkbox"/> Flush IV cannula at end of shift <input type="checkbox"/> No IV cannula <input type="checkbox"/> Oxybutynin per order for suspected bladder spasm. D/C 24 hours before catheter removed <input type="checkbox"/> RVF: Nothing per rectum	<input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> IV Fluids _____ @ _____ ml/hr <input type="checkbox"/> Flush IV cannula at end of shift <input type="checkbox"/> No IV cannula <input type="checkbox"/> Oxybutynin per order for suspected bladder spasm. D/C 24 hours before catheter removed <input type="checkbox"/> RVF: Nothing per rectum
Activity and Safety <input type="checkbox"/> Bedrest <input type="checkbox"/> Off bedrest	<input type="checkbox"/> Bedrest <input type="checkbox"/> Walking ad lib <input type="checkbox"/> Assist to the bathroom for the first time	<input type="checkbox"/> Bedrest <input type="checkbox"/> Encourage ambulation <input type="checkbox"/> Other _____
Nutrition and Fluid Balance <input type="checkbox"/> 0400 water bottle filled to 1500 ml <input type="checkbox"/> 0400 Total I&O <input type="checkbox"/> & 24hr Total	<input type="checkbox"/> Regular <input type="checkbox"/> Other _____ <input type="checkbox"/> 1200 Water bottle filled to 1000 ml <input type="checkbox"/> 1200 Total intake and output	<input type="checkbox"/> Regular <input type="checkbox"/> Other _____ <input type="checkbox"/> 2000 Water bottle filled to 500 ml <input type="checkbox"/> 2000 Total intake and output
Nursing	_____ _____ _____	_____ _____ _____

Surgery: VVF UVF RVF

Date: <small>Day-month-year</small>	POD# 2 Night Shift Nurse _____	POD# 2 Day Shift Nurse _____	POD# 2 Eve Shift Nurse _____
Patient and Family Teaching		<input type="checkbox"/> Encourage pt to report pain or nausea post-op <input type="checkbox"/> Teach Catheter care: not to pull, kink or twist; keep bag off floor when out of bed <input type="checkbox"/> Report bladder fullness, pain, or spasm; or newly wet <input type="checkbox"/> Maintain adequate fluid intake to ensure urine clear and without clots	<input type="checkbox"/> Encourage pt to report pain or nausea post-op <input type="checkbox"/> Teach Catheter care: not to pull, kink or twist; keep bag off floor when out of bed <input type="checkbox"/> Report bladder fullness, pain, or spasm; or newly wet <input type="checkbox"/> Maintain adequate fluid intake to ensure urine clear and without clots
Nursing Assessment	<input type="checkbox"/> Dry <input type="checkbox"/> Intermittent Wet <input type="checkbox"/> Constant Wet <input type="checkbox"/> Vital signs Q 4hrs <input type="checkbox"/> Physical Assessment <input type="checkbox"/> I&O Q 4 hours <input type="checkbox"/> Urine color _____ <input type="checkbox"/> Vaginal Bleeding or discharge	<input type="checkbox"/> Dry <input type="checkbox"/> Intermittently Wet <input type="checkbox"/> Constantly Wet <input type="checkbox"/> Vital signs Q 4 hours <input type="checkbox"/> Physical assessment Q shift <input type="checkbox"/> Strict fluid intake/output every 4 hours <input type="checkbox"/> assess from patient to catheter bag to ensure catheter draining well, not kinked, no visible clots present and pad dry <input type="checkbox"/> Ureteral Stents secure <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Urine colour at 1200 <input type="checkbox"/> Yellow <input type="checkbox"/> Pink/blood tinged <input type="checkbox"/> Tea Colored <input type="checkbox"/> Bloody <input type="checkbox"/> Clots present <input type="checkbox"/> Vaginal Bleeding or discharge <input type="checkbox"/> Notify surgeon if saturating >2 pads in 4 hours	<input type="checkbox"/> Dry <input type="checkbox"/> Intermittently Wet <input type="checkbox"/> Constantly Wet <input type="checkbox"/> Vital signs Q shift <input type="checkbox"/> Physical assessment Q shift <input type="checkbox"/> Strict fluid intake/output every 4 hours <input type="checkbox"/> assess from patient to catheter bag to ensure catheter draining well, not kinked, no visible clots present and pad dry <input type="checkbox"/> Ureteral Stents secure <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Urine colour at 2000 <input type="checkbox"/> Yellow <input type="checkbox"/> Pink/blood tinged <input type="checkbox"/> Tea Colored <input type="checkbox"/> Bloody <input type="checkbox"/> Clots present <input type="checkbox"/> Vaginal Bleeding or discharge <input type="checkbox"/> Notify surgeon if saturating >2 pads in 4 hours
Nursing Care	<input type="checkbox"/> Catheter secure <input type="checkbox"/> Catheter patent <input type="checkbox"/> Clots present <input type="checkbox"/> Irrigated catheter per post-op order x _____ <input type="checkbox"/> Urine pots changed <input type="checkbox"/> Vaginal packing: <input type="checkbox"/> In place <input type="checkbox"/> Removed at 0600 , intact	<input type="checkbox"/> Peri-care BID when vag pack removed <input type="checkbox"/> non-sterile <input type="checkbox"/> sterile, incision present <input type="checkbox"/> Catheter secure <input type="checkbox"/> Catheter patent <input type="checkbox"/> Irrigate catheter with normal saline PRN if obstruction suspected. Irrigate per protocol on post-op orders <input type="checkbox"/> If urine output is <30 ml in one hour, flush as above and notify Charge Nurse who will contact on-call fistula surgeon <input type="checkbox"/> Vaginal packing: <input type="checkbox"/> In place <input type="checkbox"/> Out <input type="checkbox"/> Removed, intact	<input type="checkbox"/> Peri-care BID when vag pack removed <input type="checkbox"/> non-sterile <input type="checkbox"/> sterile, incision present <input type="checkbox"/> Catheter secure <input type="checkbox"/> Catheter patent <input type="checkbox"/> Irrigate catheter with normal saline PRN if obstruction suspected. Irrigate per protocol on post-op orders <input type="checkbox"/> If urine output is <30 ml in one hour, flush as above and notify Charge Nurse who will contact on-call fistula surgeon <input type="checkbox"/> Vaginal packing: <input type="checkbox"/> In place <input type="checkbox"/> Out <input type="checkbox"/> Removed, intact
Wound Care	<input type="checkbox"/> N/A <input type="checkbox"/> Dressing intact <input type="checkbox"/> Dressing changed	<input type="checkbox"/> N/A <input type="checkbox"/> Abdominal repair: leave dressing intact x 48hrs., then remove and leave open to air <input type="checkbox"/> Dressing clean, dry, & intact <input type="checkbox"/> Dressing changed <input type="checkbox"/> OTA Orders: _____	<input type="checkbox"/> N/A <input type="checkbox"/> Abdominal repair: leave dressing intact x 48hrs., then remove and leave open to air <input type="checkbox"/> Dressing clean, dry, & intact <input type="checkbox"/> Dressing changed <input type="checkbox"/> OTA Orders: _____
IV & Medication	<input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> IV Fluids _____ @ _____ ml/hr <input type="checkbox"/> Flush IV cannula end of shift <input type="checkbox"/> No IV cannula	<input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> IV Fluids _____ @ _____ ml/hr <input type="checkbox"/> Flush IV cannula at end of shift <input type="checkbox"/> No IV cannula <input type="checkbox"/> Oxybutynin per order for suspected bladder spasm. D/C 24 hours before catheter removed <input type="checkbox"/> RVF: Nothing per rectum	<input type="checkbox"/> IV Fluids _____ @ _____ ml/hr <input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> Flush IV cannula at end of shift <input type="checkbox"/> No IV cannula <input type="checkbox"/> Oxybutynin per order for suspected bladder spasm. D/C 24 hours before catheter removed <input type="checkbox"/> RVF: Nothing per rectum
Activity and Safety	<input type="checkbox"/> Bedrest <input type="checkbox"/> Off bedrest	<input type="checkbox"/> Bedrest <input type="checkbox"/> Walking ad lib <input type="checkbox"/> Assist to the bathroom for the first time	<input type="checkbox"/> Bedrest <input type="checkbox"/> Encourage ambulation <input type="checkbox"/> Other _____
Nutrition and Fluid Balance	<input type="checkbox"/> 0400 water bottle filled to 1500 ml <input type="checkbox"/> 0400 Total I&O <input type="checkbox"/> & 24hr Total	<input type="checkbox"/> Regular <input type="checkbox"/> Other _____ <input type="checkbox"/> 1200 Water bottle filled to 1000 ml <input type="checkbox"/> 1200 Total intake and output	<input type="checkbox"/> Regular <input type="checkbox"/> Other _____ <input type="checkbox"/> 2000 Water bottle filled to 500 ml <input type="checkbox"/> 2000 Total intake and output
Nursing Notes	_____ _____ _____	_____ _____ _____	_____ _____ _____

Surgery: VVF UVF RVF

Date: <small>Day-month-year</small>	POD# 3 Night Shift	POD# 3 Day Shift	POD# 3 Eve Shift
Patient and Family Teaching	Nurse _____	Nurse _____	Nurse _____
Nursing Assessment	<input type="checkbox"/> Dry <input type="checkbox"/> Intermittent Wet <input type="checkbox"/> Constant Wet <input type="checkbox"/> Vital signs Q shift <input type="checkbox"/> Physical Assessment <input type="checkbox"/> I&O Q 4 hours <input type="checkbox"/> Urine color _____ <input type="checkbox"/> Vaginal Bleeding or discharge	<input type="checkbox"/> Encourage pt to report pain or nausea post-op <input type="checkbox"/> Teach Catheter care: not to pull, kink or twist; keep bag off floor when out of bed <input type="checkbox"/> Report bladder fullness, pain, or spasm; or newly wet <input type="checkbox"/> Maintain adequate fluid intake to ensure urine clear and without clots <input type="checkbox"/> Dry <input type="checkbox"/> Intermittently Wet <input type="checkbox"/> Constantly Wet <input type="checkbox"/> Vital signs Q shift <input type="checkbox"/> Physical assessment Q shift <input type="checkbox"/> Strict fluid intake/output every 4 hours <input type="checkbox"/> assess from patient to catheter bag to ensure catheter draining well, not kinked, no visible clots present and pad dry <input type="checkbox"/> Ureteral Stents secure <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Urine colour at 1200 <input type="checkbox"/> Yellow <input type="checkbox"/> Pink/blood tinged <input type="checkbox"/> Tea Colored <input type="checkbox"/> Bloody <input type="checkbox"/> Clots present <input type="checkbox"/> Vaginal Bleeding or discharge <input type="checkbox"/> Notify surgeon if saturating >2 pads in 4 hours _____ _____	<input type="checkbox"/> Encourage pt to report pain or nausea post-op <input type="checkbox"/> Teach Catheter care: not to pull, kink or twist; keep bag off floor when out of bed <input type="checkbox"/> Report bladder fullness, pain, or spasm; or newly wet <input type="checkbox"/> Maintain adequate fluid intake to ensure urine clear and without clots <input type="checkbox"/> Dry <input type="checkbox"/> Intermittently Wet <input type="checkbox"/> Constantly Wet <input type="checkbox"/> Vital signs Q shift <input type="checkbox"/> Physical assessment Q shift <input type="checkbox"/> Strict fluid intake/output every 8 hours <input type="checkbox"/> assess from patient to catheter bag to ensure catheter draining well, not kinked, no visible clots present and pad dry <input type="checkbox"/> Ureteral Stents secure <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Urine colour at 2000 <input type="checkbox"/> Yellow <input type="checkbox"/> Pink/blood tinged <input type="checkbox"/> Tea Colored <input type="checkbox"/> Bloody <input type="checkbox"/> Clots present <input type="checkbox"/> Vaginal Bleeding or discharge <input type="checkbox"/> Notify surgeon if saturating >2 pads in 4 hours _____ _____
Nursing Care	<input type="checkbox"/> Catheter secure <input type="checkbox"/> Catheter patent <input type="checkbox"/> Clots present <input type="checkbox"/> Irrigated catheter per post-op order x _____ <input type="checkbox"/> Urine pots changed	<input type="checkbox"/> Peri-care BID <input type="checkbox"/> non-sterile <input type="checkbox"/> sterile, incision present <input type="checkbox"/> Catheter secure <input type="checkbox"/> Catheter patent <input type="checkbox"/> Irrigate catheter with normal saline PRN if obstruction suspected. Irrigate per protocol on post-op orders <input type="checkbox"/> If urine output is <30 ml in one hour, flush as above and notify Charge Nurse who will contact on-call fistula surgeon	<input type="checkbox"/> Peri-care BID <input type="checkbox"/> non-sterile <input type="checkbox"/> sterile, incision present <input type="checkbox"/> Catheter secure <input type="checkbox"/> Catheter patent <input type="checkbox"/> Irrigate catheter with normal saline PRN if obstruction suspected. Irrigate per protocol on post-op orders <input type="checkbox"/> If urine output is <30 ml in one hour, flush as above and notify Charge Nurse who will contact on-call fistula surgeon
Wound Care	<input type="checkbox"/> N/A <input type="checkbox"/> Dressing intact <input type="checkbox"/> Dressing changed _____ _____	<input type="checkbox"/> N/A <input type="checkbox"/> Abdominal repair: <input type="checkbox"/> OTA <input type="checkbox"/> Dressing clean, dry, & intact <input type="checkbox"/> Dressing changed Orders: _____ _____	<input type="checkbox"/> N/A <input type="checkbox"/> Abdominal repair: <input type="checkbox"/> OTA <input type="checkbox"/> Dressing clean, dry, & intact <input type="checkbox"/> Dressing changed Orders: _____ _____
IV & Medication	<input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> IV Fluids _____ @ _____ ml/hr <input type="checkbox"/> Flush IV cannula end of shift <input type="checkbox"/> No IV cannula	<input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> IV Fluids _____ @ _____ ml/hr <input type="checkbox"/> Flush IV cannula at end of shift <input type="checkbox"/> No IV cannula <input type="checkbox"/> Oxybutynin per order for suspected bladder spasm. D/C 24 hours before catheter removed <input type="checkbox"/> RVF : Nothing per rectum	<input type="checkbox"/> VIP Score _____ (score>2, remove & restart IV) <input type="checkbox"/> IV Fluids _____ @ _____ ml/hr <input type="checkbox"/> Flush IV cannula at end of shift <input type="checkbox"/> No IV cannula <input type="checkbox"/> Oxybutynin per order for suspected bladder spasm. D/C 24 hours before catheter removed <input type="checkbox"/> RVF : Nothing per rectum
Activity and Safety		<input type="checkbox"/> Encourage ambulation <input type="checkbox"/> Other _____	<input type="checkbox"/> Encourage ambulation <input type="checkbox"/> Other _____
Nutrition and Fluid Balance	<input type="checkbox"/> 0400 water bottle filled to 1500 ml <input type="checkbox"/> 0400 Total I&O <input type="checkbox"/> & 24hr Total	<input type="checkbox"/> Regular <input type="checkbox"/> Other _____ <input type="checkbox"/> 1200 Water bottle filled to 1000 ml <input type="checkbox"/> 1200 Total intake and output	<input type="checkbox"/> Regular <input type="checkbox"/> Other _____ <input type="checkbox"/> 2000 Water bottle filled to 500 ml <input type="checkbox"/> 2000 Total intake and output
Nursing Notes	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____

Affix ID label **-OR-** Name, ID#, Age, & Sex