

Prostactectomy (Radical)

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p><b>Deficient knowledge: Preoperative</b>  <b>Related factors:</b>                      Unfamiliarity with disease and treatment  <b>Symptoms / Risk factors:</b>                      Increase in anxiety level                      Multiple questions                      Verbalized lack of knowledge  <b>Outcome / Goal:</b>                      Patient verbalize understanding of disease and procedure</p>		<p><b>Teaching: Preoperative</b>                      Describe diagnostic procedures                      Describe the preoperative routines                      Determine the patient's expectations of the surgery                      Provide time for the patient to ask questions and discuss concerns  <b>Teaching: Disease Process</b>                      Acknowledge patient's knowledge about condition                      Discuss therapy/treatment options                      Identify possible etiologies, as appropriate  <b>Teaching: Procedure/Treatment</b>                      Describe the preprocedure/pretreatment activities                      Explain all procedure as appropriate                      Explain the purpose of the procedure/treatment                      Include the family/significant others, as appropriate                      Introduce the patient to the staff who will be involved in the procedure/treatment</p>	
	<p><b>Anxiety</b>  <b>Related factors:</b>                      Health status                      Threat to or change in Health status                      Environment  <b>Symptoms / Risk factors:</b>                      Anxious                      Blocking of thought                      Difficulty concentrating                      Scared  <b>Outcome / Goal:</b>                      Will experience a reduction in anxiety</p>		<p><b>Anxiety reduction</b>                      Assess reasons for anxiety                      Spend time talking with patient. Allow to express feelings                      Spend time talking with resident. Allow to express feelings.                      Administer medications as ordered and monitor for side effects, effectiveness.  <b>Calming Technique</b>  <b>Emotional Support</b>  <b>Presence</b></p>	
	<p><b>Risk for infection</b>  <b>Related factors:</b>                      Indwelling catheter                      Inadequate primary defenses: Renal failure                      Wound drains  <b>Symptoms / Risk factors:</b>                      Surgical resection                      Instrumentation                      Bladder irrigation  <b>Outcome / Goal:</b>                      Risk for infection reduced through treatment</p>		<p><b>Infection Protection</b>                      Monitor temperature  <b>Tube Care: Urinary</b>                      Monitor color and odor of urine                      Obtain culture of cloudy, foul-smelling urine                      Monitor urinalysis for presence of white blood cells  <b>Urinary Catheter care</b>                      Check the area around the urethra for inflammation                      Check the drainage tube frequently to make sure it is not kinked.                      Keep the urinary drainage bag below the level of the bladder                      Make sure that the urinary drainage bag does not drag and pull on the catheter.</p>	
	<p><b>Acute pain</b>  <b>Related factors:</b>                      Bladder spasm                      Result from surgery                      Surgical drains  <b>Symptoms / Risk factors:</b>                      Verbal or coded report                      Facial mask                      Escape of urine from around catheter                      Pulling or tugging at catheter  <b>Outcome / Goal:</b>                      Patient verbalizes relief of pain and spasm</p>		<p><b>Pain Management</b>                      Assess concurrence of spasm or pain with irrigation or catheter care                      Maintain traction on the catheter                      Administer medication as prescribed                      Obs. pain (effectiveness of medication)                      Optimize the patient's comfort in bed</p>	

Prostatectomy (Radical)

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p><b>Sexual dysfunction</b>  <i>Symptoms / Risk factors:</i>                      Injury to perineal nerves during surgery                      Presence of indwelling urinary catheter                      Incontinence following removal of catheter  <i>Outcome / Goal:</i>                      Patient is able to discuss concerns about sexual functioning</p>		<p><b>Sexual Counseling</b>                      Teach the patient which nerves are necessary for erection and ejaculation                      Offer the patient suggestions for alternatives to usual sexual practices                      Inform the patient that retrograde ejaculation often occurs after prostatectomy                      Discuss urinary incontinence as a consequence of prostatectomy</p>	
	<p><b>Deficient knowledge: Postoperative</b>  <i>Related factors:</i>                      Need for home management                      Lack of previous experience with prostate surgery  <i>Symptoms / Risk factors:</i>                      Questions                      Lack of questions                      Verbalized misconceptions  <i>Outcome / Goal:</i>                      Patient verbalizes understanding of need for follow-up care</p>		<p><b>Wound Care</b>                      Teach wound care: Suprapubic and retropubic wounds                      Teach wound care: Suprapubic, retropubic wounds and Perineal wounds                      Teach the patient about the incontinence - can last up to 1 year post op</p>	