**Jiaxing Maternity and Child Health Care Hospital**

**Clinical Pathway for Surgery of Uterine Leiomyomas**

**Applicable objects:**

1. The first diagnosis is Uterine Leiomyoma (ICD 10: D 25).
2. Perform total/subtotal abdominal hysterectomy or abdominal/laparoscopic myomectomy.
3. Standard day of hospitalization ≤11.

Full name: Gender: Age:

Hospitalization number:

Date of hospitalisation:

Date of hospital discharge:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Day 1-3 of hospitalization** | **Day 1-3 of hospitalization** | **Day 1-3 of hospitalization** |
| Primary treatment work | 🗆 Inquiry medical history and do physical examination.  | 🗆 Analyze each preoperative examination. | 🗆 Complete preoperative ward round and record. |
| 🗆 Prescribe medication orders. | 🗆 Complete regular ward round and record. | □ Complete preoperative communication, signature of informed consent (operation and blood transfusion products). |
| 🗆 Make Primary diagnosis. | 🗆 Discussion with patients or their families. | 🗆 Prescribe operative orders. |
| 🗆 Write medical record. | 🗆 Formulate surgical plan. | 🗆 Complete preoperative skin, gastrointestinal and other preparation. |
|  |  | 🗆 Preoperative anesthesia consultation. |
|  |  | 🗆 Complete preoperative summary. |
| Primary medication orders | **Day 1-3 of hospitalization** | **Day 1-3 of hospitalization** | **Day 1-3 of hospitalization** |
| 🗆 Routine gynaecological care | 🗆 Routine gynaecological care | 🗆 Perform total/subtotal abdominal hysterectomy or abdominal/laparoscopic myomectomy tomorrow. |
| 🗆 Grade II (mild) suboptimal care | 🗆 Grade II (mild) suboptimal care | 🗆 Preoperative fasting |
| 🗆 Ordinary diet | 🗆 Ordinary diet | 🗆 Preoperative skin preparation |
| 🗆 Gynecological examination |  | 🗆 Cross blood preparation |
| 🗆 Leucorrhea routine screening |  | 🗆 Antibiotic skin test |
| 🗆 Routine blood test |  | 🗆 Gastrointestinal preparation |
| 🗆 Routine urine test |  | 🗆 Preoperative indwelling urethral catheterization |
| 🗆 Routine stool test |  |  |
| 🗆 Coagulation tests |  |  |
| 🗆 Blood chemistry test |  |  |
| 🗆 infectious diseases test |  |  |
| 🗆 electrocardiogram |  |  |
| 🗆 chest X-ray |  |  |
| 🗆 Pelvic and abdominal ultrasonography |  |  |
| Disease variation record | 🗆 YES 🗆 NOVariation reason:   | 🗆 YES 🗆 NOVariation reason:   | 🗆 YES 🗆 NOVariation reason:   |
| Signature |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Day 2-4 of hospitalization****(Operation Day)** | **Day 3-5 of hospitalization****(Postoperation Day 1)** | **Day 4-6 of hospitalization****(Postoperation Day 2)** |
| Primary treatment work | 🗆 Complete operation | 🗆 Ward round and record | 🗆 Ward round and record |
| 🗆 Complete operation record | 🗆 Antimicrobial prophylaxis | 🗆 Antimicrobial prophylaxis |
| 🗆 Complete operation record | 🗆 Perform dressing changes | 🗆 Perform dressing changes |
| 🗆 Complete postoperation record |  | 🗆 Perform dressing changes |
| 🗆 Postoperative ward round |  | 🗆 Reexamination of blood routine |
| 🗆 Explain intraoperative situation to patients’ family |  |  |
| Primary medication orders | **Day 2-4 of hospitalization****(Operation Day)** | **Day 3-5 of hospitalization****(Postoperation Day 1)** | **Day 4-6 of hospitalization****(Postoperation Day 2)** |
| 🗆 Postoperative gynaecological  care | 🗆 Grade I (mild) suboptimal care | 🗆 Grade I (mild) suboptimal care |
| 🗆 Grade I (severe) suboptimal care | 🗆 Liquid diet | □ Semiliquid diet |
| 🗆 Fasting | 🗆 Indwelling urethral catheterization | 🗆 Perineal disinfection |
| 🗆 Indwelling urethral catheterization | 🗆 Perineal disinfection | 🗆 Antimicrobial therapy |
| 🗆 Record 24-hour rehydration volume | 🗆 Antimicrobial therapy | 🗆 Rehydration if necessary |
| 🗆 Record 24-h urine and feces output | 🗆 Rehydration | 🗆 Remove urinary catheter |
| 🗆 Antimicrobial therapy | □ Routine blood test | 🗆 Perform dressing changes if necessary |
| 🗆 Rehydration | □ Routine urine test |  |
| 🗆 Apply hemostasis treatments when necessary | □ Routine blood test |  |
|  | □ Electrolyte test |  |
| Disease variation record | 🗆 YES 🗆 NOVariation reason:   | 🗆 YES 🗆 NOVariation reason:   | 🗆 YES 🗆 NOVariation reason:   |
| Signature |  |  |  |

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| --- | --- | --- |
|  | **Day 5-7 of hospitalization****(Postoperation Day 3)** | **Day 9-11 of hospitalization****(Postoperation Day7)** |
| Primary treatment work | 🗆 Postoperative ward round and record | 🗆 Check the healing of incision and remove the suture |
| 🗆 Antimicrobial discontinuation | □ Determine the date of discharge |
| 🗆 Perform dressing changes if necessary | 🗆 Explanation of the caveats and revisit time |
|  | 🗆 Complete discharge record |
|  | **Day 5-7 of hospitalization****(Postoperation Day 3)** | **Day 9-11 of hospitalization****(Postoperation Day7)** |
| Primary medication orders | 🗆 Grade II (mild) suboptimal care | 🗆 Discharge |
| □ Ordinary diet |  |
| □ Perineal disinfection |  |
| Disease variation record | 🗆 YES 🗆 NOVariation reason:   | 🗆 YES 🗆 NOVariation reason:   |
| Signature |  |  |