

**CLINICAL PATHWAY FOR BREAST SURGERY: CONSERVING TREATMENT & MAJOR PROCEDURES**

|  | <b>Preadmission: Clinic/GP/Consultant<br/>Workup for surgery</b>   | <b>Admission to hospital<br/>Pre-operative care</b>  |
|--|--|--|
|  | DATE _____   | DATE _____   |
| <b>CONSULTS/<br/>REFERRALS</b>               | <ul style="list-style-type: none"> <li>• GP</li> <li>• Registered Medical Officer (RMO)</li> <li>• Consultant/Surgeon</li> <li>• Physiotherapist</li> <li>• Breast Care Nurse</li> <li>• Occupational Therapist (if appropriate)</li> <li>• Oncologist (if appropriate)</li> </ul>   | <ul style="list-style-type: none"> <li>• Consultant/Surgeon</li> <li>• RMO</li> <li>• Anaesthetist</li> <li>• Breast Care Nurse</li> </ul>   |
| <b>MEDICATIONS/<br/>PAIN MANAGEMENT</b>      | <ul style="list-style-type: none"> <li>• Pain control discussed                             <ul style="list-style-type: none"> <li>➢ Patient controlled analgesia (PCA)</li> <li>➢ Intra muscular injection (IMI)</li> <li>➢ Oral analgesia</li> </ul> </li> <li>Instruct to cease (as indicated by Dr):                             <ul style="list-style-type: none"> <li>➢ Warfarin</li> <li>➢ Aspirin</li> <li>➢ HRT</li> <li>➢ Non steroid anti inflam.</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>• Pain management discussed</li> </ul>  |
| <b>INVESTIGATIONS/<br/>ASSESSMENTS</b>       | <ul style="list-style-type: none"> <li>• Circle investigations performed:                             <ul style="list-style-type: none"> <li>➢ FBE,</li> <li>➢ group (hold &amp; save)</li> <li>➢ E&amp;U&amp;C</li> <li>➢ clotting profile</li> <li>➢ bone scan</li> <li>➢ liver ultrasound</li> <li>➢ respiratory function test</li> <li>➢ CXR</li> <li>➢ CT Scan</li> <li>➢ ECG</li> <li>➢ MSU</li> <li>➢ Other</li> </ul> </li> <li>• Results made available for transfer to theatre</li> <li>• Guide wire in situ (if indicated)</li> </ul> | <ul style="list-style-type: none"> <li>• Circle investigations performed (if not performed in preadmission clinic).</li> <li>• All results, including X-rays &amp; CT scans accompany woman to operating theatre</li> </ul>  |
| <b>OBSERVATIONS</b>                          | <ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Full ward test urine</li> <li>• Weight charted</li> <li>• Arm girth measurement (both arms)</li> </ul>   | <ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Guide wire secure (if in situ)</li> </ul>  |
| <b>GIT/<br/>METABOLIC</b>                    | <ul style="list-style-type: none"> <li>• Instructed to:                             <ul style="list-style-type: none"> <li>➢ fast from 2400hrs, am list</li> <li>➢ fast from 0700hrs, pm list</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>• Fasting                             <ul style="list-style-type: none"> <li>➢ fast from 2400hrs, am list</li> <li>➢ fast from 0700hrs, pm list</li> </ul> </li> </ul>  |
| <b>PROCEDURES/<br/>WOUND CARE</b>            | <ul style="list-style-type: none"> <li>• Surgical consent obtained</li> <li>• Drainage tubes discussed</li> <li>• Wound care discussed</li> </ul>  | <ul style="list-style-type: none"> <li>• Operation site prepared as appropriate</li> </ul>   |
| <b>MOBILITY</b>                              |  |  |
| <b>HYGIENE</b>                               |  | <ul style="list-style-type: none"> <li>• Shower prior to coming to hospital</li> </ul>   |
| <b>ELIMINATION</b>                           | <ul style="list-style-type: none"> <li>• Assess bowel function</li> </ul>  | <ul style="list-style-type: none"> <li>• Assess bowel function</li> </ul>  |
| <b>PSYCHOSOCIAL</b>                          | <ul style="list-style-type: none"> <li>• Reassurance given</li> <li>• Identify special issues/needs, including                             <ul style="list-style-type: none"> <li>➢ emotional</li> <li>➢ practical</li> </ul> </li> <li>• Discuss &amp; provide support &amp; referrals as appropriate (refer to Psychosocial Guidelines for Women with Breast Disease)</li> </ul>   | <ul style="list-style-type: none"> <li>• Reassurance given</li> <li>• Identify special issues/needs, including                             <ul style="list-style-type: none"> <li>➢ emotional</li> <li>➢ practical</li> </ul> </li> <li>• Discuss &amp; provide support &amp; referrals as appropriate (refer to Psychosocial Guidelines for Women with Breast Disease)</li> </ul> |
| <b>DISCHARGE<br/>PLANNING/<br/>EDUCATION</b> | <ul style="list-style-type: none"> <li>• Literacy/cultural barriers considered</li> <li>• Patient pathway:                             <ul style="list-style-type: none"> <li>➢ given</li> <li>➢ explained</li> <li>➢ understood</li> </ul> </li> <li>• Length of stay discussed</li> <li>• Primary carer identified &amp; involved</li> <li>• Discharge destination identified</li> <li>• Risk screen tool completed</li> <li>• Quit smoking discussed (if appropriate)</li> <li>• Appropriate referrals initiated</li> </ul>                   | <ul style="list-style-type: none"> <li>• Literacy/cultural barriers considered</li> <li>• Questions invited, responses given</li> <li>• Primary carer present &amp; involved</li> <li>• Patient pathway reviewed</li> <li>• Discharge plans discussed &amp; checked</li> </ul>   |
| <b>INDIVIDUAL NEEDS</b>                      |  |  |
| <b>DESIRED OUTCOMES</b>                      | <ul style="list-style-type: none"> <li>• Woman aware of &amp; understands the reason for surgery</li> <li>• Appropriate post-op information provided</li> <li>• Preparation for surgery &amp; discharge understood</li> <li>• Psychosocial support mechanisms in place</li> </ul>  | <ul style="list-style-type: none"> <li>• Physically &amp; psychologically healthy &amp; prepared for surgery</li> <li>• Woman's condition stable</li> <li>• Appropriate post-op information provided</li> <li>• Preparation for surgery &amp; discharge understood</li> </ul>  |

**CLINICAL PATHWAY FOR BREAST SURGERY: CONSERVING TREATMENT & MAJOR PROCEDURES**

|  | <b>Day of Surgery</b><br><i>Postoperative care</i><br><b>DATE</b>   |      | <b>Post op Day 1</b><br><i>Postoperative care</i><br><b>DATE</b>  |      |
|--|---|------|---|------|
| <b>CONSULTS/<br/>REFERRALS</b>               | <ul style="list-style-type: none"> <li>• Consultant/Surgeon</li> <li>• RMO</li> <li>• Breast Care Nurse</li> </ul>  | sign | <ul style="list-style-type: none"> <li>• Consultant/Surgeon</li> <li>• RMO</li> <li>• Physiotherapist (exercise program)</li> <li>• Breast Care Nurse</li> <li>• Oncology referral (if appropriate)</li> </ul>  | sign |
| <b>MEDICATIONS/<br/>PAIN<br/>MANAGEMENT</b>  | <ul style="list-style-type: none"> <li>• As per drug chart</li> <li>• PCA</li> <li>• Pain controlled</li> <li>• Analgesia observations</li> </ul>   |      | <ul style="list-style-type: none"> <li>• As per drug chart</li> <li>• PCA</li> <li>• Pain controlled</li> <li>• Analgesia observations</li> </ul>   |      |
| <b>INVESTIGATIONS/<br/>ASSESSMENTS</b>       |   |      | <ul style="list-style-type: none"> <li>• FBE</li> </ul>   |      |
| <b>OBSERVATIONS</b>                          | <ul style="list-style-type: none"> <li>• Routine post anaesthetic observations</li> <li>• Drainage tubes patent/marked 2400hrs</li> <li>• IVI patent</li> </ul>   |      | <ul style="list-style-type: none"> <li>• 4/24 vital signs</li> <li>• IVT ceased</li> <li>• Drainage tubes patent/marked 2400</li> </ul>   |      |
| <b>GIT/<br/>METABOLIC</b>                    | <ul style="list-style-type: none"> <li>• Nil orally for 4 hrs. then graduate to:</li> <li>• Fluids, then graduate to:</li> <li>• Diet as tolerated when fully awake</li> <li>• IVI: Date inserted _____</li> <li>• IVT as ordered</li> </ul>  |      | <ul style="list-style-type: none"> <li>• Fluid &amp; light ward diet as tolerated</li> </ul>  |      |
| <b>PROCEDURES/<br/>WOUND CARE</b>            | <ul style="list-style-type: none"> <li>• Dressing intact</li> <li>• Minimal bleeding from wound</li> <li>• Secure drainage tubes</li> </ul>   |      | <ul style="list-style-type: none"> <li>• Dressing dry &amp; intact</li> <li>• Report excessive bleeding</li> <li>• Secure drainage tube &amp; bottle</li> </ul>   |      |
| <b>MOBILITY</b>                              | <ul style="list-style-type: none"> <li>• RIB until fully awake</li> <li>• Up with supervision</li> </ul>  |      | <ul style="list-style-type: none"> <li>• Ambulate as tolerated</li> <li>• Patient performs physio exercises as instructed</li> </ul>  |      |
| <b>HYGIENE</b>                               | <ul style="list-style-type: none"> <li>• Post-op sponge</li> </ul>  |      | <ul style="list-style-type: none"> <li>• Shower with assistance</li> </ul>  |      |
| <b>ELIMINATION</b>                           | <ul style="list-style-type: none"> <li>• FBC</li> <li>• Voided post-op</li> <li>• Toilet as desired</li> </ul>  |      | <ul style="list-style-type: none"> <li>• FBC</li> <li>• Voiding</li> <li>• Bowels open</li> </ul>   |      |
| <b>PSYCHOSOCIAL</b>                          | <ul style="list-style-type: none"> <li>• Identify special issues/needs, including                             <ul style="list-style-type: none"> <li>➢ emotional</li> <li>➢ practical</li> </ul> </li> <li>• Discuss &amp; provide support &amp; referrals as appropriate (refer to Psychosocial Guidelines for Women with Breast Disease)</li> </ul>   |      | <ul style="list-style-type: none"> <li>• Identify special issues/needs, including                             <ul style="list-style-type: none"> <li>➢ emotional</li> <li>➢ practical</li> </ul> </li> <li>• Discuss &amp; provide support &amp; referrals as appropriate (refer to Psychosocial Guidelines for Women with Breast Disease)</li> </ul>   |      |
| <b>DISCHARGE<br/>PLANNING/<br/>EDUCATION</b> | <ul style="list-style-type: none"> <li>• Discharge services referrals considered, including:                             <ul style="list-style-type: none"> <li>➢ Post Acute Care (PAC)</li> <li>➢ Social Worker</li> <li>➢ District Nursing Service</li> <li>➢ Hospital in the Home (HITH)</li> <li>➢ District Nursing</li> </ul> </li> <li>• Referrals for services completed where possible</li> </ul> |      | <ul style="list-style-type: none"> <li>• Discharge services referrals considered, including:                             <ul style="list-style-type: none"> <li>➢ Post Acute Care (PAC)</li> <li>➢ Social Work</li> <li>➢ District Nursing Service</li> <li>➢ Hospital in the Home (HITH)</li> <li>➢ District Nursing</li> </ul> </li> <li>• Referrals for services completed where possible</li> <li>• Encouraged to                             <ul style="list-style-type: none"> <li>➢ ask questions, &amp;</li> <li>➢ verbalise concerns</li> </ul> </li> <li>• Discharge plans discussed</li> </ul> |      |
| <b>INDIVIDUAL<br/>NEEDS</b>                  |   |      |   |      |
| <b>OUTCOMES<br/>ACHIEVED</b>                 | <ul style="list-style-type: none"> <li>• Haemodynamic stability maintained</li> <li>• Vital signs within normal limits</li> <li>• Tolerating fluids/ light ward diet</li> <li>• Emotionally stable &amp; supported</li> <li>• Drainage tubes patent &amp; draining</li> <li>• Drainage within normal limits</li> </ul>  |      | <ul style="list-style-type: none"> <li>• Vital signs within normal limits</li> <li>• Tolerating light diet</li> <li>• Minimal bleeding from wound site</li> <li>• Minimal drainage from drainage tubes</li> <li>• Emotionally stable &amp; supported</li> </ul>   |      |

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|  | <b>Postop Day 2<br/>Postoperative care<br/>DATE</b>  |      | <b>Post-op Day 3<br/>Discharge for conservative surgery<br/>DATE</b>   |      |
|--|--|------|--|------|
| <b>CONSULTS/<br/>REFERRALS</b>               | <ul style="list-style-type: none"> <li>• Consultant/Surgeon</li> <li>• RMO</li> <li>• Breast Care Nurse</li> <li>• Physiotherapist</li> <li>• HITH/District nursing (consider managing care at home following major surgery)</li> </ul>  | sign | <ul style="list-style-type: none"> <li>• Consultant/Surgeon</li> <li>• RMO</li> <li>• Breast Care Nurse</li> <li>• Physiotherapist</li> <li>• HITH/District nursing (consider managing care at home following major surgery)</li> </ul>  | sign |
| <b>MEDICATIONS/<br/>PAIN<br/>MANAGEMENT</b>  | <ul style="list-style-type: none"> <li>• As per drug chart</li> <li>• Pain controlled</li> </ul>   |      | <ul style="list-style-type: none"> <li>• As per drug chart</li> <li>• Pain controlled</li> </ul>   |      |
| <b>INVESTIGATIONS/<br/>ASSESSMENTS</b>       | <ul style="list-style-type: none"> <li>• Pathology results received &amp; discussed with woman &amp; support person</li> <li>• Plan for future care management discussed</li> <li>• Extra tests/further surgery organised as appropriate</li> </ul>  |      | <ul style="list-style-type: none"> <li>• Pathology results received &amp; discussed with woman &amp; support person</li> <li>• Plan for future care management discussed</li> <li>• Extra tests/further surgery organised as appropriate</li> </ul>  |      |
| <b>OBSERVATIONS</b>                          | <ul style="list-style-type: none"> <li>• BD vital signs</li> </ul>   |      | <ul style="list-style-type: none"> <li>• BD vital signs</li> </ul>   |      |
| <b>GIT/<br/>METABOLIC</b>                    | <ul style="list-style-type: none"> <li>• Fluids &amp; diet as tolerated</li> </ul>   |      | <ul style="list-style-type: none"> <li>• Fluids &amp; diet as desired</li> </ul>   |      |
| <b>PROCEDURES/<br/>WOUND CARE</b>            | <ul style="list-style-type: none"> <li>• Remove drainage tubes (if ordered)</li> <li>• Check &amp; reinforce/renew dressing (as required)</li> </ul>   |      | <ul style="list-style-type: none"> <li>• Remove drainage tubes (if ordered)</li> <li>• Check &amp; reinforce/renew dressing (as required)</li> </ul>   |      |
| <b>MOBILITY</b>                              | <ul style="list-style-type: none"> <li>• Ambulate as desired</li> <li>• Patient performs physio exercises as instructed</li> </ul>   |      | <ul style="list-style-type: none"> <li>• Ambulate as desired</li> <li>• Patient performs physio exercises, as instructed</li> </ul>  |      |
| <b>HYGIENE</b>                               | <ul style="list-style-type: none"> <li>• Self shower</li> </ul>  |      | <ul style="list-style-type: none"> <li>• Self shower</li> </ul>  |      |
| <b>ELIMINATION</b>                           | <ul style="list-style-type: none"> <li>• Toilet as desired</li> <li>• Bowels opened</li> </ul>   |      | <ul style="list-style-type: none"> <li>• Toilet as desired</li> <li>• Bowels opened</li> </ul>   |      |
| <b>PSYCHOSOCIAL</b>                          | <ul style="list-style-type: none"> <li>• Identify special issues/ needs, including:                             <ul style="list-style-type: none"> <li>➢ emotional</li> <li>➢ psychological</li> <li>➢ spiritual</li> <li>➢ sexuality issues</li> </ul> </li> <li>• Discuss &amp; provide support</li> <li>• Referrals as appropriate (see Psychosocial Guidelines for Women with Breast Disease)</li> </ul> |      | <ul style="list-style-type: none"> <li>• Identify special issues/ needs, including:                             <ul style="list-style-type: none"> <li>➢ emotional</li> <li>➢ psychological</li> <li>➢ spiritual</li> <li>➢ sexuality issues</li> </ul> </li> <li>• Discuss &amp; provide support</li> <li>• Referrals as appropriate (see Psychosocial Guidelines for Women with Breast Disease)</li> </ul>   |      |
| <b>DISCHARGE<br/>PLANNING/<br/>EDUCATION</b> | <ul style="list-style-type: none"> <li>• Reinforce care at home as per patient pathway</li> <li>• <u>Conserving surgery:</u></li> <li>• Explain discharge:                             <ul style="list-style-type: none"> <li>➢ medications</li> <li>➢ appointments</li> <li>➢ wound care</li> <li>➢ resuming normal activities</li> </ul> </li> <li>• Support services organised</li> </ul>                 |      | <ul style="list-style-type: none"> <li>• Reinforce care at home as per patient pathway</li> <li>• <u>Conserving surgery:</u></li> <li>• Reinforce explanation of discharge:                             <ul style="list-style-type: none"> <li>➢ medications</li> <li>➢ appointments</li> </ul> </li> <li>• Support services organised/in place</li> <li>• Woman has:                             <ul style="list-style-type: none"> <li>➢ medication</li> <li>➢ discharge summary</li> <li>➢ GP letter</li> <li>➢ Follow-up appointments</li> </ul> </li> </ul>   |      |
| <b>INDIVIDUAL<br/>NEEDS</b>                  |  |      |  |      |
| <b>DESIRED<br/>OUTCOMES/</b>                 | <ul style="list-style-type: none"> <li>• Vital signs within normal limits</li> <li>• Minimal bleeding from wound site</li> <li>• Minimal drainage from drainage tubes (if in situ)</li> <li>• Tolerating fluids &amp; diet</li> <li>• Self caring</li> <li>• Ambulant</li> <li>• Emotionally stable &amp; supported</li> <li>• Discharge plans finalised (<u>conserving surgery</u>)</li> </ul>              |      | <ul style="list-style-type: none"> <li>• Vital signs within normal limits</li> <li>• Minimal bleeding from wound site</li> <li>• Minimal drainage from drainage tubes (if in situ)</li> <li>• Tolerating fluids &amp; diet</li> <li>• Self caring</li> <li>• Ambulant</li> <li>• Emotionally stable</li> <li>• All referred services visited/made contact</li> <li>• Woman aware of pathology results</li> <li>• Future care planned &amp; understood by woman</li> <li>• Considered emotionally &amp; physically fit for discharge (<u>conserving surgery</u>)</li> <li>• Discharged (<u>conserving surgery</u>)</li> </ul> |      |

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|  | <b>Post- op day 4<br/>Postoperative care, major surgery<br/>DATE</b>  |      | <b>Post op Day 5<br/>Discharge day, major surgery<br/>DATE</b>  |      |
|--|---|------|---|------|
| <b>CONSULTS/<br/>REFERRALS</b>               | <ul style="list-style-type: none"> <li>• Consultant/Surgeon</li> <li>• RMO</li> <li>• Breast Care Nurse/Prosthetist</li> <li>• Physiotherapist (plan for ongoing home care explained)</li> <li>• Oncology referral (if appropriate)</li> <li>• Oncology nurse (if appropriate)</li> </ul>   | sign | <ul style="list-style-type: none"> <li>• Consultant/Surgeon</li> <li>• RMO</li> <li>• HITH/District nursing to manage drainage tubes if still in situ on discharge</li> <li>• Breast Care Nurse</li> </ul>  | sign |
| <b>MEDICATIONS/<br/>PAIN<br/>MANAGEMENT</b>  | <ul style="list-style-type: none"> <li>• As per drug chart</li> <li>• Pain controlled</li> </ul>  |      | <ul style="list-style-type: none"> <li>• As per drug chart</li> <li>• Pain controlled</li> </ul>  |      |
| <b>INVESTIGATIONS/<br/>ASSESSMENTS</b>       |   |      |   |      |
| <b>OBSERVATIONS</b>                          | <ul style="list-style-type: none"> <li>• BD vital signs</li> </ul>  |      | <ul style="list-style-type: none"> <li>• Discharge observations (vital signs)</li> <li>• Wound observations</li> </ul>  |      |
| <b>GIT/<br/>METABOLIC</b>                    | <ul style="list-style-type: none"> <li>• Fluids &amp; diet as tolerated</li> </ul>  |      | <ul style="list-style-type: none"> <li>• Fluid &amp; diet as tolerated</li> </ul>   |      |
| <b>PROCEDURES/<br/>WOUND CARE</b>            | <ul style="list-style-type: none"> <li>• Removal of drainage tubes, if ordered</li> <li>• Prothesis fitted (if appropriate)</li> <li>• Check &amp; renew dressing (if required)</li> </ul>  |      | <ul style="list-style-type: none"> <li>• Remove drainage tubes (if not already removed &amp; if ordered)</li> <li>• Check &amp; renew dressing (if required)</li> </ul>   |      |
| <b>MOBILITY</b>                              | <ul style="list-style-type: none"> <li>• Ambulate as tolerated</li> <li>• Patient performs physio exercise as instructed</li> </ul>   |      | <ul style="list-style-type: none"> <li>• Ambulate as tolerated</li> <li>• Patient performs physio exercise as instructed</li> </ul>   |      |
| <b>HYGIENE</b>                               | <ul style="list-style-type: none"> <li>• Self shower</li> </ul>   |      | <ul style="list-style-type: none"> <li>• Self shower</li> </ul>   |      |
| <b>ELIMINATION</b>                           | <ul style="list-style-type: none"> <li>• Toilet as desired</li> </ul>   |      | <ul style="list-style-type: none"> <li>• Toilet as desired</li> </ul>   |      |
| <b>PSYCHOSOCIAL</b>                          | <ul style="list-style-type: none"> <li>• Identify special issues/ needs, including:                             <ul style="list-style-type: none"> <li>➢ emotional</li> <li>➢ psychological</li> <li>➢ spiritual</li> <li>➢ sexuality issues</li> </ul> </li> <li>• Discuss &amp; provide support</li> <li>• Referrals as appropriate (ref Psychosocial Guidelines for Women with Breast Disease)</li> </ul>  |      | <ul style="list-style-type: none"> <li>• Identify special issues/ needs, including:                             <ul style="list-style-type: none"> <li>➢ emotional</li> <li>➢ psychological</li> <li>➢ spiritual</li> <li>➢ sexuality issues</li> </ul> </li> <li>• Discuss &amp; provide support</li> <li>• Referrals as appropriate (ref Psychosocial Guidelines for Women with Breast Disease)</li> </ul>                  |      |
| <b>DISCHARGE<br/>PLANNING/<br/>EDUCATION</b> | <ul style="list-style-type: none"> <li>• Discharge services referrals completed. Consider:                             <ul style="list-style-type: none"> <li>➢ Breast Care Nurse</li> <li>➢ Post Acute Care</li> <li>➢ Social Worker</li> <li>➢ District Nursing Service</li> <li>➢ Hospital in the Home</li> <li>➢ Programs of Aids for Disabled People (PADP)</li> </ul> </li> <li>• Organise follow up appointments with:                             <ul style="list-style-type: none"> <li>➢ Surgeon</li> <li>➢ Oncologist (if appropriate)</li> <li>➢ Prosthetist (if appropriate)</li> </ul> </li> <li>• In consultation with woman &amp; carer identify &amp; discuss:                             <ul style="list-style-type: none"> <li>➢ symptoms</li> <li>➢ pain management</li> <li>➢ coping mechanisms</li> </ul> </li> <li>• Care team contact numbers identified/added on patient pathway</li> </ul> |      | <ul style="list-style-type: none"> <li>• Discharge plans reinforced</li> <li>• Explain discharge:                             <ul style="list-style-type: none"> <li>➢ medications</li> <li>➢ appointments</li> </ul> </li> <li>• Check appropriate referral services have made contact re followup plans</li> <li>• Arrange fitting of temporary prothesis</li> <li>• Support person present to collect the woman</li> </ul> |      |
| <b>INDIVIDUAL<br/>NEEDS</b>                  |   |      |   |      |
| <b>OUTCOMES<br/>ACHIEVED</b>                 | <ul style="list-style-type: none"> <li>• Pain controlled</li> <li>• Vital signs within normal limits</li> <li>• Minimal bleeding from wound site</li> <li>• Minimal drainage from drainage tubes (if in situ)</li> <li>• Woman expresses understanding &amp; satisfaction with discharge care plans</li> <li>• Emotionally stable &amp; supported</li> </ul>  |      | <ul style="list-style-type: none"> <li>• Pain controlled</li> <li>• Vital signs within normal limits</li> <li>• Minimal bleeding from wound site</li> <li>• Minimal drainage from drainage tubes (if still in situ)</li> <li>• Considered emotionally &amp; physically fit for discharge</li> <li>• Discharged @ ____ hrs ____/____/____</li> </ul>   |      |

