
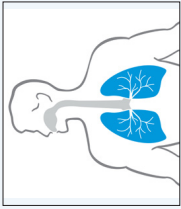






Hysterectomy Surgery

In general, this Care Map is what you can expect during your hospital stay of 1 to 2 days. Your health care team will make changes unique to your recovery. You will be discharged by _____. You and your nurse will fill this out as you work on discharge planning together.



	Day of Surgery Date: _____	Day 2 (First Day After Surgery) Date: _____
Tests 	<input type="checkbox"/> You may have blood drawn to check certain levels such as hemoglobin. <input type="checkbox"/> You may receive oxygen after you leave the surgery recovery room. <input type="checkbox"/> An oxygen sensor on your finger will check the levels of oxygen in your blood. <input type="checkbox"/> When your oxygen levels are OK, your nurse will remove your oxygen. <input type="checkbox"/> Take deep breaths and cough often. <input type="checkbox"/> Use your incentive spirometer (machine to help with deep breathing) every 1 to 2 hours when you are awake.	<input type="checkbox"/> You may have blood drawn to check certain levels such as hemoglobin. <input type="checkbox"/> Take deep breaths and cough often. <input type="checkbox"/> An oxygen sensor on your finger will check the levels of oxygen in your blood. <input type="checkbox"/> Use your incentive spirometer every 1 to 2 hours when you are awake.
Breathing 	<input type="checkbox"/> The nurse will ask you about your pain level. <input type="checkbox"/> You will receive pain medicine as needed. <input type="checkbox"/> Talk with your nurse about other ways to manage your pain.	<input type="checkbox"/> The nurse will ask you about your pain level. <input type="checkbox"/> You will receive pain medicine as needed. <input type="checkbox"/> Talk with your nurse about other ways to manage your pain.
Comfort 	<input type="checkbox"/> You may have a catheter in your bladder. <input type="checkbox"/> Tell your nurse when you pass gas or have a bowel movement.	<input type="checkbox"/> The nurse will remove the catheter. <input type="checkbox"/> Tell your nurse when you pass gas or have a bowel movement.

	Day of Surgery Date: _____	Day 2 (First Day After Surgery) Date: _____
Food 	<input type="checkbox"/> Ask for anti-nausea medicine if you need it. <input type="checkbox"/> You may have ice chips or clear liquids as soon as you get to your room after surgery. <input type="checkbox"/> You may have clear liquids and soft foods several hours after surgery. <input type="checkbox"/> You will receive fluids through the intravenous (IV) line in your hand or arm.	<input type="checkbox"/> Ask for anti-nausea medicine if you need it. <input type="checkbox"/> Eat your regular diet. <input type="checkbox"/> Try to drink at least 8 glasses of liquids. <input type="checkbox"/> Your IV fluids will be stopped when you are drinking well.
Activity 	<input type="checkbox"/> Change your position in bed. <input type="checkbox"/> Your nurse will help you get out of bed 4 to 6 hours after surgery. <input type="checkbox"/> Wear compression stockings while you are in bed. <input type="checkbox"/> Walk in the halls with help if you need.	<input type="checkbox"/> Walk in the halls 4 times or more times with help if you need. <input type="checkbox"/> Walk 1 <input type="checkbox"/> Walk 2 <input type="checkbox"/> Walk 3 <input type="checkbox"/> Walk 4 <input type="checkbox"/> Sit in a chair as much as you are able. <input type="checkbox"/> You may take a shower when you can walk by yourself. <input type="checkbox"/> Wear compression stockings while you are in bed.
When You are Ready to Leave the Hospital	<input type="checkbox"/> You are ready to leave the hospital when you are able to: <input type="checkbox"/> walk <input type="checkbox"/> eat and drink without problems <input type="checkbox"/> take pain medicine by mouth <input type="checkbox"/> urinate with no problems (or have a catheter for home use).	
Discharge Plans 	<input type="checkbox"/> Talk with your nurse about: <input type="checkbox"/> who will take you home <input type="checkbox"/> who will help you at home <input type="checkbox"/> your needs at home.	