

Please note this is an **EXAMPLE COMPETENCY FOR PRACTICE** and is to serve as an educational and organizational resource only. **Please always follow the policies and procedures for your institution and practice. Please always follow treating physician's orders.**

Nursing Competency: Discharging a Patient Home After GYN HDR Brachytherapy

Through return demonstration in the clinical setting and evidence of daily work, the brachytherapy nurse in orientation will use this tool to obtain evaluation of the knowledge, skills, and abilities necessary to independently function as a registered nurse in the oncology (brachytherapy) service. The evaluator will validate competencies based on direct observation with attention to the orientee's consistency in demonstrating the competency.

Employee Name:

Date:

Assessment	Comment
<p>Assessment</p> <ul style="list-style-type: none"> • Demonstrates the ability to perform a physiological and psychosocial assessment on the patient following gynecologic HDR brachytherapy. <p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Demonstrates the ability to identify nursing diagnoses based on assessment data (e.g., risk for impaired skin or mucosal integrity, risk for infection, acute pain, anxiety, risk for bleeding). <p>Outcome</p> <ul style="list-style-type: none"> • Demonstrates the ability to identify patient goals based on nursing diagnoses (e.g., understanding discharge instructions, safe recovery at home, recognition of warning symptoms). <p>Planning</p> <ul style="list-style-type: none"> • Demonstrates the ability to develop an individualized plan of care to achieve patient goals and outcomes. <p>Interventions</p>	

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- Implements nursing actions based on the plan of care, policies and procedures, and professional nursing standards.

Discharging Gynecologic HDR Brachytherapy Patient

- **Discharge Teaching**

- Verbal and written discharge instructions will be provided to the patient (and a support person if requested).
- Instructions must include:
 - a. **Medications** – pain control, antibiotics if prescribed, bowel regimen.
 - b. **Diet** – return to normal diet unless otherwise instructed; encourage hydration and fiber to prevent constipation.
 - c. **Activity** – avoid heavy lifting, strenuous exercise, sexual activity, or inserting anything into the vagina (tampons, douches, intercourse) until cleared by the physician.
 - d. **Perineal Care** – gentle hygiene after urination/defecation; avoid scrubbing.

B. Bleeding and Spotting

- Spotting is normal for several days after implant removal.
- Bright red bleeding, passage of clots, or bleeding soaking more than one pad per hour is **not normal** and should prompt immediate medical evaluation.
- Patients should be advised to contact the provider or seek urgent/emergency care if heavy bleeding occurs.

C. Infection Prevention and Monitoring

- Educate on signs/symptoms of infection: fever >101°F, foul-smelling vaginal discharge, severe pelvic pain, or swelling at implant site.
- Provide written instructions for when and how to contact the care team.

D. Urinary and Bowel Function

- Review normal expectations and when to report changes (e.g., dysuria, urinary retention, constipation >3 days, new incontinence).
- If discharged with a urinary catheter: provide home care instructions, ensure patient understands

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how to empty/clean catheter, and review follow-up plan for removal and voiding trial.

E. Pain Management

- Review prescribed medications (acetaminophen, NSAIDs, narcotics if applicable).
- Encourage use of comfort measures (sitz baths, rest, positioning).

F. Follow-Up and Contact Information

- Ensure patient has written contact information for the clinic during business hours and after-hours on-call physician via hospital operator.
- Review follow-up appointment schedule (often within 1–2 weeks).

G. Transportation and Discharge Process

- Patients must be discharged with a responsible adult driver.
 - a. Patients may not leave independently, by ride-share, or public transportation after anesthesia.
- Patients are discharged via wheelchair after anesthesia. Refusal must be documented in EMR.

H. Physician and Orders

- Discharge orders must be placed by the physician.
- Physician sees the patient prior to discharge to confirm readiness.
- All lines and drains are removed unless otherwise ordered (e.g., IV, Foley catheter). Document removals in EMR.

I. Patient Questions

- Provide time for patient to ask questions.
- Confirm patient understanding of instructions using teach-back method.
- Give After hours/weekends contact number: Educate patient on how to Call [insert hospital paging operator] and ask for the on-call physician for Radiation Oncology.

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J. Recognizes importance of vaginal dilator use after gynecologic HDR brachytherapy:

- Understands that radiation to the cervix/vagina can cause scarring, fibrosis, and narrowing (vaginal stenosis/adhesions) and that dilator use is a long-term requirement for vaginal health after pelvic radiation therapy
- Recognizes that consistent dilator use helps keep vaginal walls open, flexible, and reduces discomfort during exams, Pap smears, or future intercourse.
 - If patient has aversion to the dilator or are unable to obtain the dilator for any reason, or prefers other forms of vaginal penetration to prevent vaginal stenosis and adhesions, education is provided accordingly.
 - Patient should be educated on use of water-based lubricant or use in the shower to ease insertion

Provides education on vaginal dilator use:

- Reviews physician instructions on when to begin use (typically after healing, ~ 4 weeks post-treatment, unless otherwise directed).
 - Teaches patient the frequency of use (daily, 5-10 minutes).
- C. Instructs on how to use and clean dilator

Educate about Recognizing the signs when to call provider:

- Bright red bleeding or passing clots after dilator use.
- Severe or persistent pelvic pain.
- Signs of infection (fever, foul-smelling discharge, swelling).
- Inability to insert dilator after repeated attempts.
- Provides written instructions and resources (brochures, support groups, follow-up contacts).
- Uses teach-back method to confirm patient understanding.

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Employee Name (Printed): .

Date: .

Employee Signature: .

Date: .

Supervisor or Trainer Signature:

Date: .