

**POST OP URINARY RETENTION (POUR):
IT'S IM "POUR" TANT TO AVOID IT!**

Team Leaders: Jean Moroski, RN, BSN, CCRN; Kim Kennedy, RN, MSN
Beaumont Health System, Royal Oak, Michigan

Team Members: Beth Gonnocci, RN, BSN; Danielle Grunwald, RN, BSN;
Lana Satkiewicz, RN, BSN; Sue Vansteel, RN, BHSA, BSN, MSM

Background: Post-operative urinary retention (POUR) is a common occurrence after surgery. The type of procedure/anesthesia and previous health history can influence its development. POUR accounts for increased length of stay in post anesthesia care units, readmissions to the emergency center and overall decrease in patient satisfaction.

Objectives: The purpose of this project was to identify patients at risk for POUR and to develop interventions to prevent and manage it when it does occur.

Process of Implementation: An audit tool was created to collect data to identify the incidence of POUR. Over a period of seven months, approximately 30% of the patients studied required intermittent catheterization to relieve POUR. The bladder bundle was developed and implemented to identify those at risk of POUR, implement preventative strategies and employ early intervention to treat it.

Statement of Successful Practice: We are receiving less concerns regarding POUR from patients, and the incidence of treating POUR in the Phase II PACU has decreased. Readmission rates for POUR have also decreased.

Implications for Advancing the Practice of Perianesthesia Nursing: Initiation of this bladder bundle is nurse driven. The development of the bladder bundle was accomplished by nurses and the screening and most interventions are either initiated by or recommended by nurses. With the strong interventions and screening guidelines imbedded in this bundle, nurses are effectively playing a major role in increasing patient satisfaction, addressing patient safety issues and expediting flow through the perioperative areas.