

**POST OP URINARY RETENTION:
EVALUATING AND REDEFINING A COLLABORATIVE PROTOCOL BASED ON EVIDENCE**

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BACKGROUND INFORMATION:

In a collaborative effort to decrease the rates of Catheter Associated Urinary Tract Infections (CAUTI) at this Magnet hospital, reducing the number of catheters placed during total joint replacement (TJR) surgery was an initiative agreed by the multidisciplinary team who belong to the Orthopedic Collaborative Practice Group. The prevalence of CAUTIs in this patient population was as high as 13%.

Consequently, nurses practicing in the Post Anesthesia Care Unit (PACU) and Orthopedic Unit identified patients exhibiting signs and symptoms of urinary retention requiring postoperative catheter insertion. These observations led to the development of an evidence based practice project.

OBJECTIVES OF PROJECT:

- Determine TJR patient % exhibiting signs and symptoms of post op urinary retention (POUR) and needing intervention
- Identify patients at high risk for POUR.
- Develop formal guidelines and standards of care for bladder management of the high risk TJR patient
- Demonstrate that best practice standards are being met.

PROCESS OF IMPLEMENTATION:

A data collection tool was designed based on the risk factors identified in the literature. An audit of patient records by PACU and Orthopedic nurses was completed. A convenience sample of 296 patients was used over a six month period. Data was analyzed using simple statistics.

STATEMENT OF SUCCESSFUL PRACTICE:

Our project results have identified an incident rate of 21% for POUR. A practice change guideline was made for placement of Foley catheter in the OR on high risk patients for 24 hours. This change resulted in a decreased rate in the incidence of POUR as well as decrease in CAUTI rates to 6% as shown in quarterly reports. The protocol guideline enhanced patient safety, satisfaction, and improved outcomes.

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

An organized appraisal of existing protocols, based on evidence assures quality care is being delivered. Improvement in nursing practice can be supported through collaborative and interdisciplinary processes in a shared governance structure creating an environment of continued clinical excellence.