VOIDING ALGORITHM FOR MANAGING POSTOPERATIVE URINARY RETENTION IN PHASE II PATIENTS

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BACKGROUND INFORMATION:
Postoperative urinary retention (POUR) is defined in literature as a bladder volume greater than 400 mL and an inability to void more than 150 mL in high-risk surgical populations. POUR may result in permanent urinary dysfunction, increased lengths of stay, readmissions, and decreased patient satisfaction. The Post Anesthesia Care Unit (PACU) lacked a standard for managing POUR in Phase II patients. Due to inconsistencies in assessments, interventions, and documentation, outpatients were readmitted or suffered from complications of POUR.

OBJECTIVES OF PROJECT:
To standardize an approach for managing POUR, PACU nurses utilize an evidenced-based voiding algorithm. It includes evaluating risk factors, measuring urinary output, and assessing post-void residual, when applicable.

PROCESS OF IMPLEMENTATION:
Nurses were educated on POUR concepts and taught how to utilize the voiding algorithm, which indicated that high-risk Phase II patients must void 150 mL prior to discharge. If the high-risk patient is unable to void or voids less than 150 mL, the nurse assesses the volume via bladder scan. For bladder volumes greater than 400 mL, the nurse calls the provider for further orders. To verify learning, nurses answered questions about POUR. Chart audits were completed on high-risk outpatients to assess efficacy and use of the algorithm.

STATEMENT OF SUCCESSFUL PRACTICE:
All 42 active PACU nurses scored 100% on POUR remediation questions. Chart audits demonstrated that PACU nurses documented the amount voided for high-risk cases 117 out of 132 occurrences. 32 out of 36 patients were bladder scanned according to the algorithm. Without the voiding algorithm, 11 outpatients (8.3%) would have been discharged home with POUR.

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:
Through education and multiple implementations, PACU nurses consistently measure urine output and bladder scan appropriate patients. The voiding algorithm potentially prevented complications, increased diligence, and improved documentation in high-risk patients.