



To Void or Not To Void

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Introduction

Urinary retention is a common phenomenon post anesthesia and surgery. Post-operative Urinary Retention (POUR) is associated with many risk factors. Identifying high risk patient populations and assessing them for voiding will enhance patient safety.

The Post Anesthesia Care Unit in this oncology hospital does not have a standardized voiding criteria guideline in place. As a result, there is lack of standardization among PACU nursing providers and an identified knowledge gap in determining voiding criteria for surgical oncology patients.

Based on this identified knowledge gap, a nursing initiative was developed to evaluate the literature and determine best practice guidelines for nursing staff in determining voiding criteria to create a standardize guideline for patient care delivery in the PACU.

Objectives

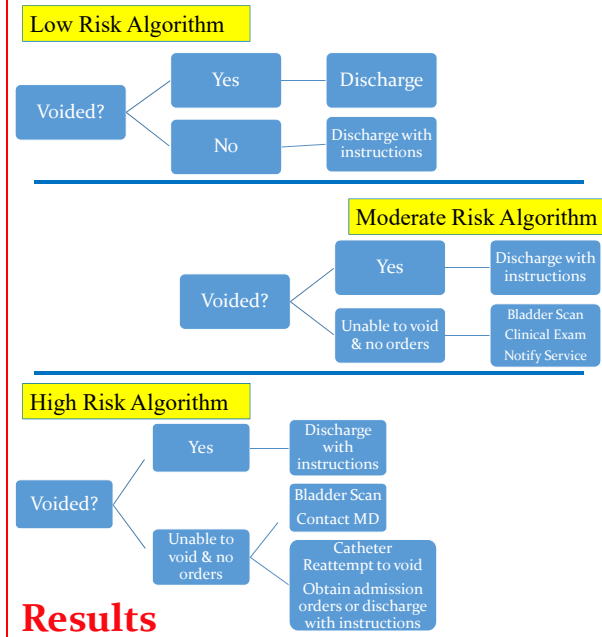
- Assess influential factors for POUR among outpatient surgical population.

- Collaborate with anesthesia, surgical oncologist, PACU nursing to develop standardized voiding guidelines for clinical nursing staff.

Implementation



Voiding Criteria Guidelines



Results

- Pre education survey results indicated 67% of PACU staff were uncomfortable in identifying risk categories associated with POUR.
- Post education survey results indicated that 100% of nursing staff were comfortable in identifying risk categories associated with POUR.

- Post education results showed 100% of PACU staff reported increase in knowledge of process for high risk patient population that have not voided 8 hours post procedure.

Conclusions

Providing standardized voiding criteria guideline and the development of clinical algorithms to assess POUR can increase the knowledge base of staff and standardized nursing practice among PACU nursing teams.

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