



# Reducing PACU Length of Stay in the Post-op Inguinal Hernia Repair Patient

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## Background & Aims

Nurses were challenged with difficulties in discharging patients post-inguinal hernia repair due to an inability to void. The problem led to average stays of four hours or more. Extended stays for these patients affected patient satisfaction, the ability to recover other surgical patients, and consumed nursing resources. To optimize patient outcomes and promote nursing excellence, patient centered care protocols were developed to standardize care and decrease length of stay.

## Purpose

Decrease PACU Length of Stay for the post-operative inguinal hernia patient.

## Design

Two nurse driven protocols were developed for early identification and treatment of urinary retention vs. dehydration. One protocol was developed for patients with a urinary catheter in place, to instill saline into the bladder and perform a voiding trial. The other protocol was developed for patients without a catheter to standardize nursing care while in the PACU.

## Inclusion Criteria

- Males 18 years and over
- Inguinal hernia surgery without any additional procedures being performed
- Only procedures performed by surgeons who agreed to participate in the project
- Outpatient procedures only

## Protocols

### PACU Nursing Protocol for Post-op Inguinal Hernia Patients

#### No Foley in PACU

- Bladder scan within 30 minutes of arrival to PACU to obtain baseline bladder volume. Document under bladder scan volume in GU section of PCS flow sheet.
- **Genitourinary (GU) Interventions**
- Urinary Elimination Promotion
- Bladder Scan Volume
- Run IVF as ordered by anesthesia on a pump
  - If IVF order at 20 ml and patient condition allows, then call x6121 for more appropriate fluid order
- Encourage early ambulation and PO intake when patient awake and able to tolerate
- Continue to bladder scan Q2 hours
- Sign-out from anesthesia once patient meets PACU criteria for discharge. **Do not delay sign-out for voiding trial.**
- If patient is signed-out and unable to void then obtain orders from SGI team for IVF, pain and nausea medications, and a diet.
  - Continue to bladder scan Q2 hours even after sign-out
  - If bladder scan > or = 300 and unable to void the call SGI team for orders to follow up.
  - If patient voids >2/3 of bladder volume document void amount and d/c patient home per SGI orders.
  - If patient voids < 2/3 of bladder volume document void amount and call SGI team with results and further instruction.

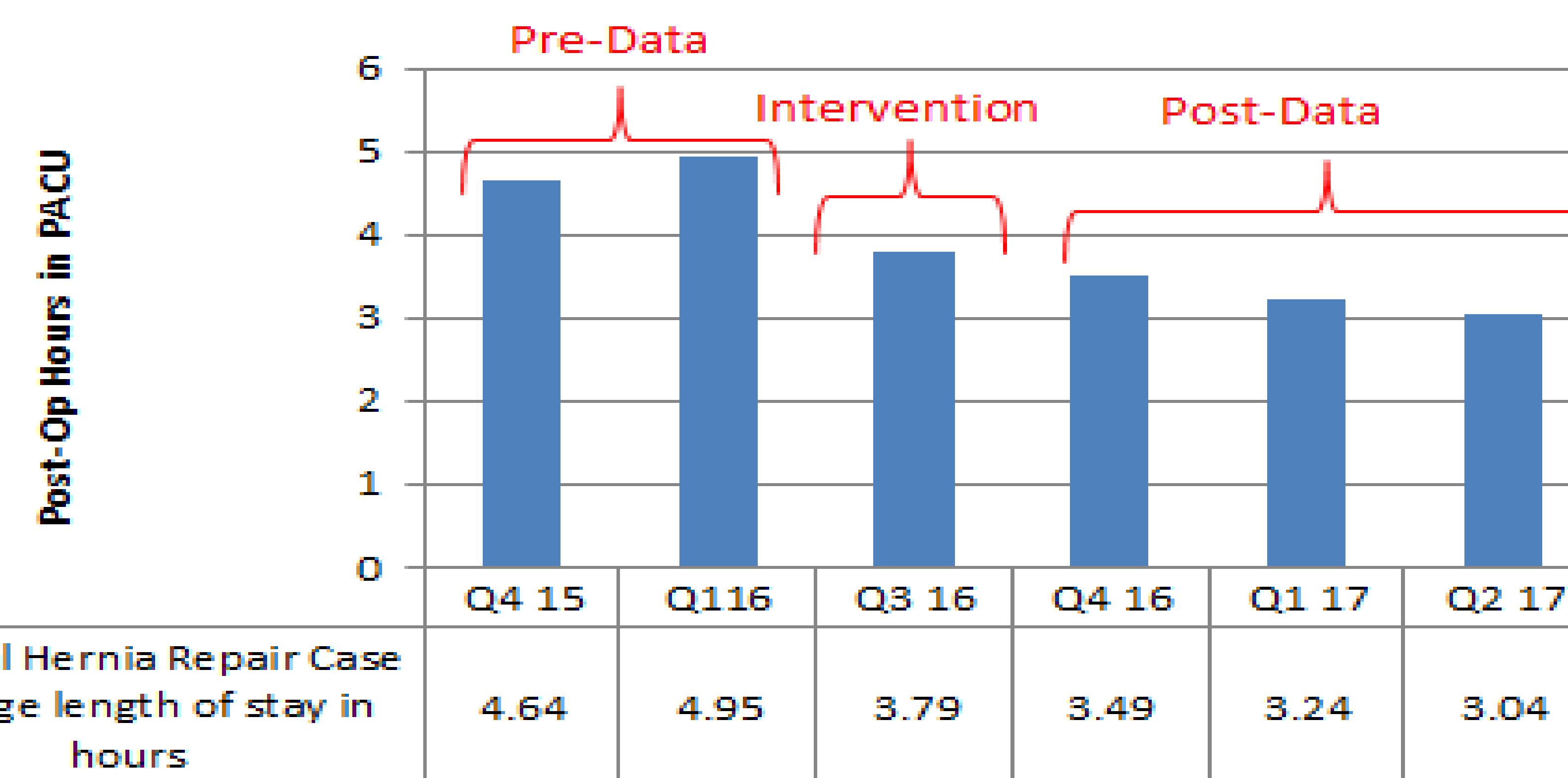
### PACU Nursing Protocol for Post-op Inguinal Hernia Patients

#### Foley in PACU

- Run IVF as ordered by anesthesia on a pump
  - If IVF order at 20 ml and patient condition allows, then call x6121 for more appropriate fluid order
- Encourage early ambulation and PO intake when patient awake and able to tolerate
- Sign-out from anesthesia once patient meets PACU criteria for discharge.
- **Begin Backfill Voiding Trial:**
  1. Instill 300 ml of Sterile Normal Saline Irrigation into bladder and immediately D/C catheter without allowing bladder to empty.
  2. Ambulate patient to the restroom within 20 minutes of backfilling.
  3. Measure and document urinary output. Patient must void 2/3 of backfill or 200 ml to successfully pass the voiding trial. If patient passes trial they may be discharged home.
  4. If patient voids less than 200 ml or 2/3 of fill-defer to SGI team for further instruction.

## Findings

### Reducing PACU Length of Stay in the Post-Op Inguinal Hernia Repair Patient



## Outcomes

- Reduced Length of Stay by 38.6%
- Reduced patients discharge home with a Foley from 22% to 1.2%

## Future Plans

- Expanding the inclusion criteria
- Expanding the project to other services and procedures
- Re-examining the data to assess additional factors causing increased LOS
- Exploring a qualitative study on the impact to patient satisfaction
- Sharing the project with other units and/or institutions

## References

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