

TO VOID OR NOT TO VOID

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Background Information: Post-Operative Urinary Retention (POUR) is a common phenomenon and is associated with many risk factors. Identifying high risk patient populations and assessing them for voiding will enhance patient safety. A need was identified to have a standardized voiding criteria guideline in place to improve the standardization among Post Anesthesia Care Unit (PACU) nursing providers. A knowledge gap was acknowledged 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.

Objectives of Project: The objective was to assess influential factors for POUR among the outpatient surgical population. The goal was to develop standardized voiding guidelines for clinical nursing staff.

Process of Implementation:

- Conducted a needs assessment among PACU nursing team
- Conducted pre education survey to assess knowledge among PACU staff about POUR
- Conducted literature review on topic in collaboration with Librarian
- Collaborated with Clinical Practice committee to review current practice on the voiding criteria of patients discharged home the same day after surgery
- Created education related to POUR
- Collaborated with multidisciplinary team to assure best practice for patient population
- Provided standardized voiding criteria guideline for the PACU nursing team to use as a resource
- Implemented education to each nursing team member
- Developed 3 algorithms, which identified high risk, moderate risk and low risk patient population
- Provided a resource binder and electronic resource for nursing team members
- Conducted post education survey to PACU staff to assess effectiveness of education and assure sustainability of standardized criteria.

Statement of Successful Practice: 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. In addition, post education results showed 100% of PACU staff reported an increase in knowledge of the process for high risk patient population that have not voided 8 hours post procedure.

Implications for Advancing the Practice of Perianesthesia Nursing: 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.