

# 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.

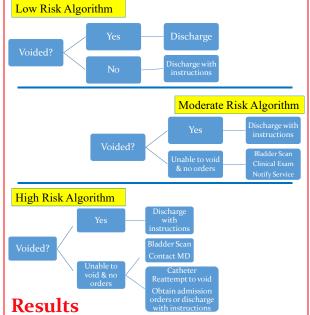
## **Objectives**

 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**

- Conducted a needs assessment among PACU nursing team
- Assessed knowledge among PACU staff about POUR through a pre-education survey
- Reviewed the literature in collaboration with the research librarian
- Collaborated with Clinical Practice Committee to review current practice on the voiding criteria of same day post-op discharge patients.
- Provided standardized voiding criteria guideline for the PACU nursing team to use as a resource
- Developed 3 algorithms which identified high risk, moderate risk and low risk patient population
- Conducted a post-education survey to PACU staff to assess effectiveness of education and assure sustainability of standardized criteria.

## **Voiding Criteria Guidelines**



- 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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