

Early bladder scanning in outpatient total joint patients lowers the length of stay and minimizes hypotension risk during ambulation

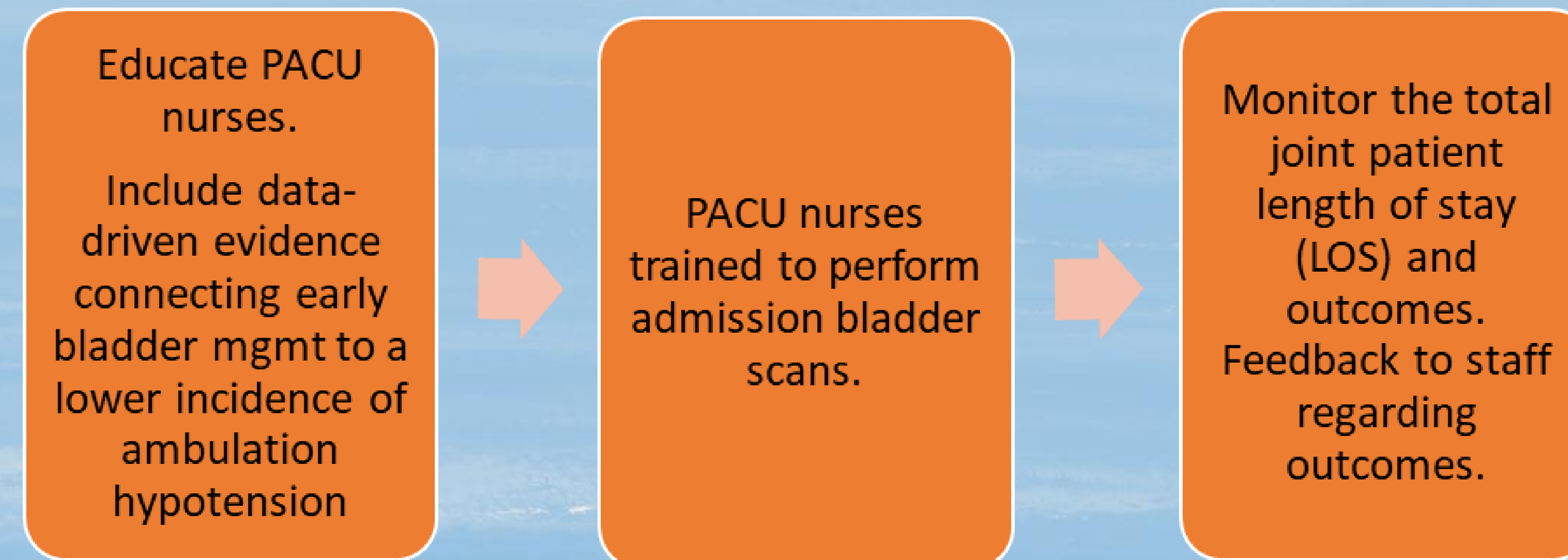
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Background Information

Objective of Project

- **Incidence Rate:** Episodes of dizziness, pallor, and hypotension occurred frequently during ambulation, averaging 3–5 instances per week.
- **Clinical Correlation:** Bladder scans identified a direct link between these orthostatic symptoms and bladder volume extremes (volume depletion or severe urinary retention).
- **Protocol Gap:** Assessments were reactive rather than proactive, as bladder scans were delayed until a patient failed to void within the first two hours of recovery.

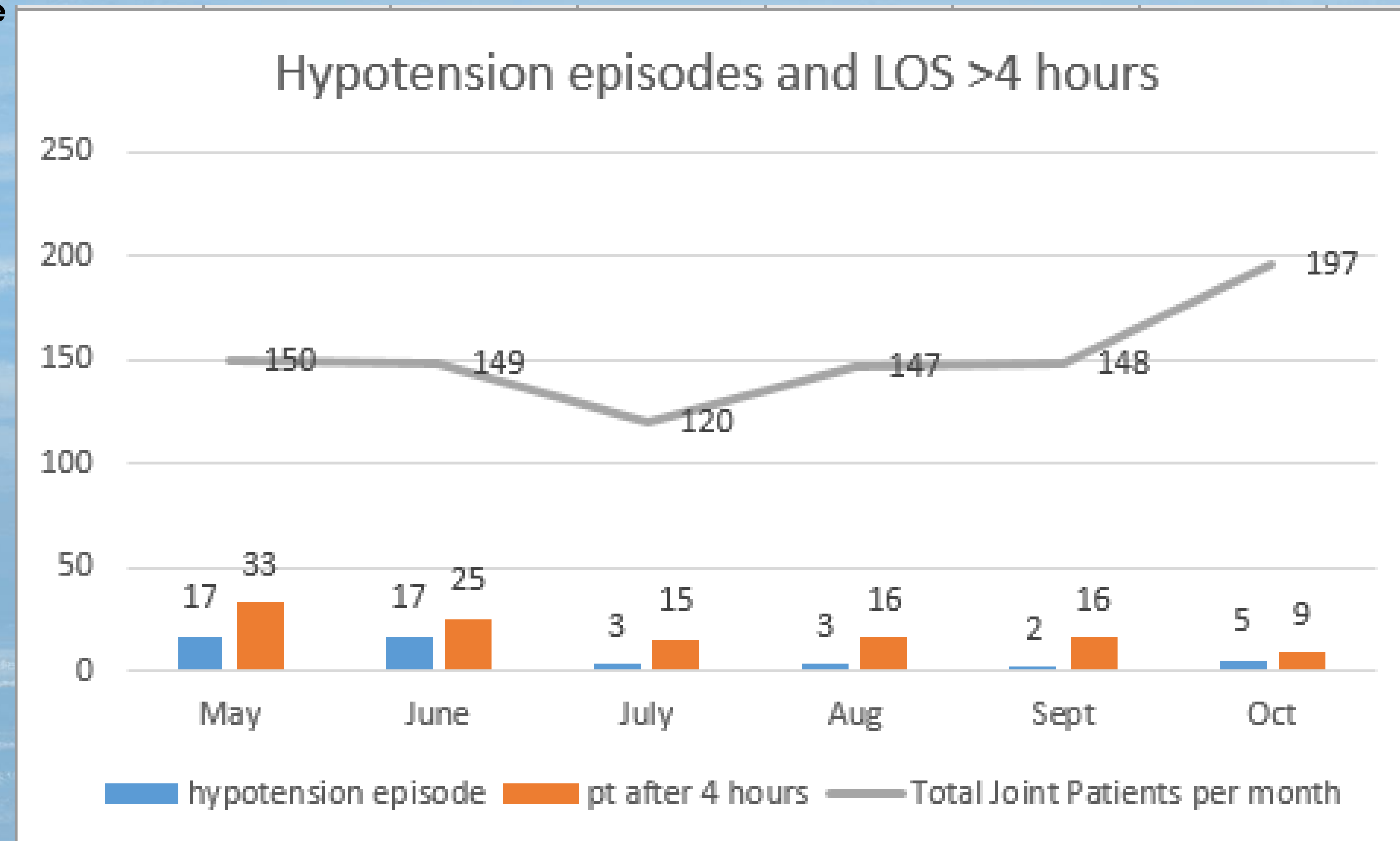
Implementation



- Implementation of early bladder scanning for all total joint replacement patients immediately upon arrival in the PACU.
- Enables rapid identification and treatment of volume deficits or urinary retention before symptoms develop.
- Directly mitigates the risk of hypotension, dizziness, and pallor, ensuring a safer and more stable first post-operative ambulation.
- Optimizes patient safety to support timely discharge and a reduced overall length of stay (LOS).

Implications for Advancing the Practice of Perianesthesia Nursing

By performing early bladder scanning and promptly managing volume deficits or urinary retention, we enable safer post-operative ambulation for total joint patients, which in turn reduces their length of stay and significantly improves patient and family experience.



Statement of Successful Practice

Starting in July, the monthly incidence of hypotension, dizziness, and pallor during ambulation has significantly decreased within our total joint patient population. This outcome has also decreased our average length of stay in our total joint population.

