

Nurse-Driven Early Identification of Post Operative Urinary Retention (POUR) in the Ambulatory Hernia Surgery Population

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Background Information: In the post-anesthesia care unit (PACU), successful urinary void trials are a discharge requirement for ambulatory hernia surgery patients. In many instances, patients are delayed from being discharged home despite meeting PACU criteria due to the inability to pass a void trial. Failed void trials can result in patients being admitted and/or having an indwelling catheter placed.

Objectives of Project: The objective of this project is to decrease the length of time it takes for ambulatory hernia surgery patients to void. We would attempt this decrease in time by implementing nursing interventions aimed at early identification of urinary retention. Reducing this length of time would decrease the patient's PACU length of stay. This would improve OR to PACU patient flow and, ultimately, increase patient satisfaction.

Process of Implementation: Retrospective chart review was conducted to evaluate the length of time from the patient's arrival to PACU to the time it takes for the patient to void (TTV – time to void). Staff was then educated to bladder scan patients within one hour of arrival to the PACU. This would hopefully identify increased bladder volumes, prompting early treatment. Staff was educated to document bladder scan results as well as any other subsequent interventions. Early treatment includes nurse driven interventions, like encouraging PO intake or ambulation, or doctor driven, like IV fluid boluses. Post implementation data was then collected.

Statement of Successful Practice: Prior to staff education, the average TTV was 3.18 hours. After staff was educated, the average TTV was 2.62 hours. As data was being collected, it was noted that noncompliance was a limitation to the project

Implications for Advancing the Practice of Perianesthesia Nursing: Although noncompliance was a noted issue, it is evident that bladder scanning prompts nursing staff to be more mindful of encouraging patients to void earlier to prevent POUR. With more data collection, we can present results to the attending surgeons so that bladder scanning can become a standard practice for post surgical ambulatory patients that are required to void before discharge.