



# The Implementation of a Standardized Nursing Process to Prevent Postoperative Urinary Retention (POUR)

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## Background

- Over a 3-month time period, 3 Veterans admitted to the surgical ward from PACU, experienced near miss fall events, while attempting to get out of bed to void soon after arrival to their hospital room.
- Upon further review, it was noted there was no documented bladder assessments in the immediate post operative recovery area, to determine post operative urinary retention (POUR), to assist in the prevention of falls post op, due to the need to void.
- Without a bladder assessment, such as palpating for suprapubic bladder distention, assessment of time of last void [TOLV], and a non-invasive bladder scan, PACU nurses were relying solely on the Veterans ability to verbalize an urge to void.

## PICO/Purpose

In post surgical patients, does the use of a standardized bladder assessment and intervention process impact the rate of post operative urinary retention, bladder injury, and falls associated with urinary urgency as compared with the use of clinical examination and subjective symptom reporting alone?

## Methods

- The project was implemented over an 8-month period.
- Extensive review of high-quality resources, including systemic reviews, meta-analysis, and cohort comparison studies from PubMed and EBSCOHost databases.
- In service education, huddles, staff feedback, documentation improvement, and bedside reorientation was utilized in the implementation of Post Operative Urinary Retentions (POUR) project.
- Data collection from warm handoff to include appropriate metrics for data collection:
  - Time of last void in OPS/OR Holding/OR, intra-op in take/output
  - OR completion of warm handoff
  - PACU arrival time
  - PACU assessment with palpation/bladder scan/interventions

## Significance of Findings

### Pre-Op Recommendations

- Pre-op and inpatients units will utilize checklists that include time of last void documentation.
- When getting report, PACU nurses will utilize report sheet to document time of last void.
- Improve documentation by adding a required field to document TOLV in in/outpatient preop and OR Holding.

### Recommendation upon arrival to PACU:

- Verify TOLV and conduct a bladder assessment and scan
- If volume > 500-600ml, encourage patient to void
- If unsuccessful, consult physician and follow through with orders from surgery team and patient assessment
- Re-Scan as needed/ ensure patient relief or stable
- Document findings/results and transport patient with nursing warm handoff.

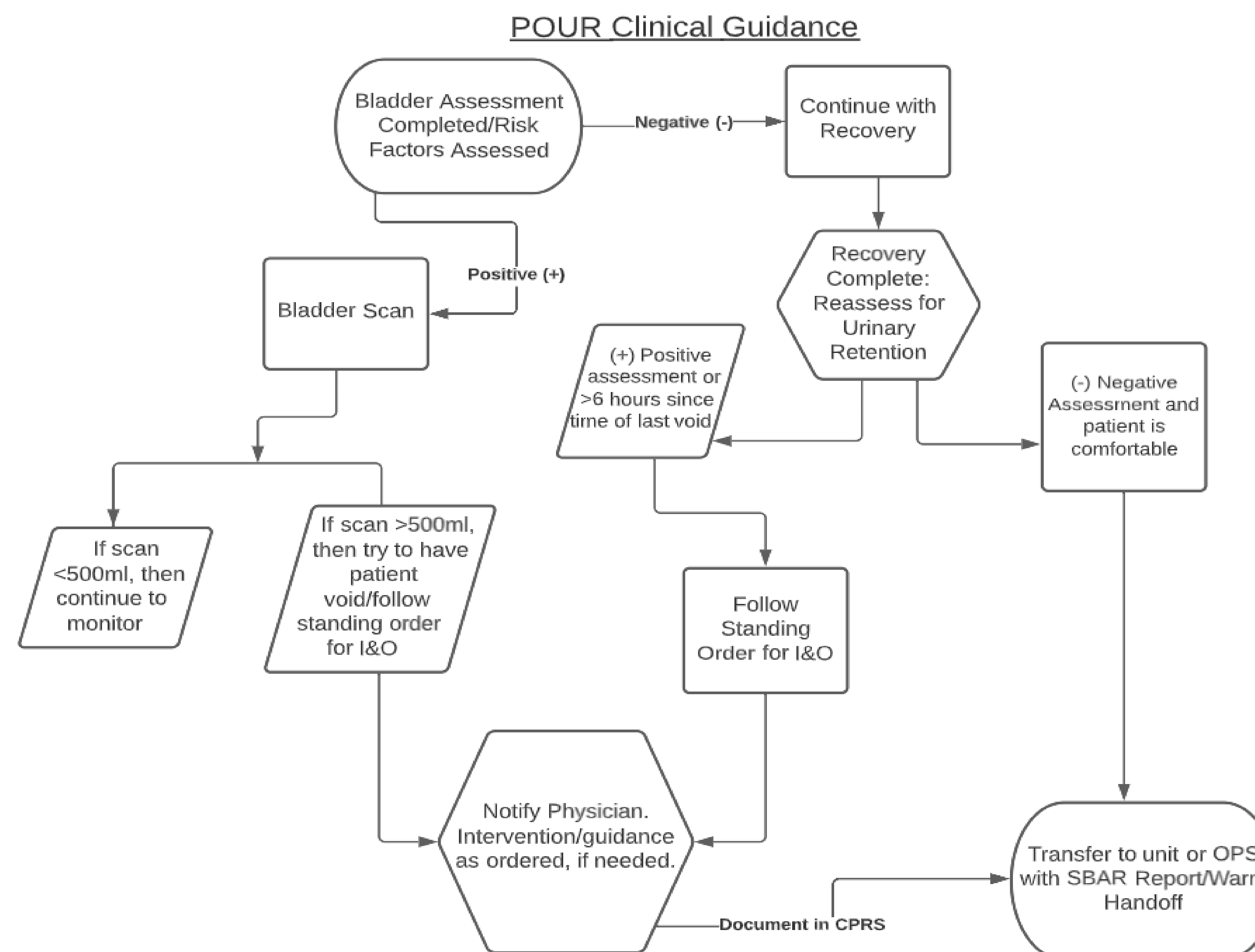
### Disposition in PACU

- Provider and/or Anesthesia will identify patients at risk for POUR and nursing orders will be placed to monitor for urinary retention greater than 500ml and /or an inability to void for 4-6 hours.
- Nursing will provide report on TOLV, bladder assessment/scan results, and interventions to receiving unit.

## Literature

- Surgeries with higher incidence of POUR: Ortho, GYN, Colorectal, and hernia repair
- High Risk Factors include history of BPH, >2L of fluid intra-op, >50 years of age, type of surgery, and spinal block
- If one or more risk factors present, bladder scan at 4 hours. If no risk factors other than general/spinal anesthesia, bladder scan at 6 hours, unless a positive bladder assessment is present.
- Volumes 400-600ml generally defined urinary retention
- Recommended bladder catheterization on high-risk patients when bladder volume greater than 500 ml over a minimum period of 2 hours.
- Total joint replacements are at a greater risk for infection related to catheterization.

## Results & Recommendations



## Lessons Learned

- The implementation of the POUR Project improved patient assessment, patient safety, patient experience, patient satisfaction, and clear communication between staff.
- Bladder injury and prevention of delays in patient care, improved tremendously. There have been zero falls reported related to post-operative urinary urgency since implementation.

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## References

Available Upon Request

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