

From Retention to Relief:

Elevating Perianesthesia Nursing Through Protocol Innovation

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Introduction: Post-operative urinary retention (POUR) is a common complication in surgical patients, especially in urology and gynecology oncology. It results in an inability to void after surgery, leading to extended post anesthesia care unit (PACU) stays that disrupt patient flow and unit efficiency. The operational impacts include delayed turnover, increased patient discomfort, and decreased satisfaction with care. To mitigate these issues and enhance patient throughput, there is a critical need for targeted interventions. Implementing a standardized protocol that includes heat packs in the suprapubic region aims to facilitate early voiding and improve patient outcomes.

Identification of the Problem: POUR in the PACU leads to prolonged patient stays, disrupting flow and reducing satisfaction. This condition necessitates targeted interventions to promote timely voiding, improve patient outcomes, and enhance overall unit efficiency.

EPB Question/Purpose: Urology and Gynecology Oncology patients in the PACU, that need to void prior to discharging home, will a standardized protocol with heat packs in the suprapubic region vs. no standardized protocol and no heat pack in the suprapubic region, reduce POUR and decrease average time to void over a three-month period?
Databases utilized PubMed, Ovid Synthesis and CINAHL

Methods/Evidence: A standardized protocol was developed, incorporating heat packs for patients with a full bladder (>300 ml) and hourly bladder scanning, with the goal of reducing time to void to under 90 minutes. Implementation included a Urinary Retention Intervention Flowsheet for effective documentation and training sessions for PACU staff to ensure adherence. Regular audits were conducted to monitor the intervention's effectiveness and improve patient outcomes and satisfaction.

Significance of Findings/Outcomes: Pre implementation, bladder scanning was documented in only 5% of cases, which increased to 20% following the intervention. Additionally, the documentation of patients' time of void improved significantly from 16% to 66%. The utilization of heat packs also saw a remarkable improvement of 71%, contributing to a 65% reduction in time to void within a 90-minute timeframe.

Implications for perianesthesia nurses and future research: Implementing a standardized urinary retention protocol in the PACU demonstrates how evidence-based interventions can improve patient outcomes, streamline unit efficiency, and enhance documentation practices. This approach empowers nurses to lead sustainable changes, promote patient comfort, and advance the quality of care in their specialty.