Decreased Use of Foley Catheters and Standarization of Daily Weights to Improve Accurancy of Fluid Status Monitoring.

Sarah Wasley BSN, RN  
*Lehigh Valley Health Network, Sarah.Wasley@lvhn.org*

Casey Stockman BSN, RN  
*Lehigh Valley Health Network, Casey_A.Stockman@lvhn.org*

Patricia L. Klein BSN, RN  
*Lehigh Valley Health Network, Patricia_L.Klein@lvhn.org*

Follow this and additional works at: [http://scholarlyworks.lvhn.org/patient-care-services-nursing](http://scholarlyworks.lvhn.org/patient-care-services-nursing)

Part of the *Nursing Commons*

**Published In/Presented At**  
Decreased Use of Foley Catheters and Standardization of Daily Weights to Improve Accuracy of Fluid Status Monitoring

Sarah Wasley BSN, RN; Jessica Conde BSN, RN; Casey Stockman BSN, RN; Patricia Klein BSN, RN
Lehigh Valley Health Network, Allentown, Pennsylvania

Background

• Inaccurate intake and output measurements lead to incorrect fluid status
• Current practice of using urinary catheters to monitor I&Os which leads to CAUTIs
• Hospital reimbursement is dependent on amount of HAs
• Need to reduce urinary catheter utilization days
• Daily weights can be standardized to monitor fluid status
• All patients with a diagnosis of heart failure need a daily weight order in place
• The weight and the method used to collect the weight should be charted together in the Epic flowsheet each time

PICO

In patients whose intake and output (I&O) are being monitored, does accurately measuring patient’s daily weight compared to utilizing urinary catheters to measure strict intake and output provide a more accurate and aseptic means of measuring patient fluid status?

Implementation

• Educated staff on most recent data and research through TLC by providing them with evidence from our references
• Educated staff how to standardize weighing each patient via TLC PowerPoint and fly-ers on units
• Encouraged nurses to use nurse-driven urinary catheter removal protocol during safety huddles
• Performed chart audits before education to determine if staff is charting how patients are weighed
• Performed chart audits after education to determine if staff is charting how patients are weighed
• Performed urinary catheter utilization audit before and after education

Left is RHCM daily weight protocol and right is M-ICU

Evidence

• Post EBP intervention, accurate weight documentation compliance increased from 67% to 93%. Staff knowledge on the topic increased from 69% to 95% (Sherer et Al, 2016).
• When a research expert and RN measured urinary catheter output together, 79% of measurements had >50 mL difference between their measurements, indicating inaccurate output measurement and documentation by nursing staff (Diacom & Bell, 2014).
• The refined criteria clarified that urinary catheters are appropriate for measuring and collecting urine only when fluid status or urine cannot be assessed by other means (Meddings et Al, 2015).
• When using daily weight to monitor fluid status, studies showed a 28% decrease of CAUTIs post implementation compared to pre-implementation (Johnson et Al, 2016).

Results

February- prior to the implementation of our project:
• 0% of daily weights were charted correctly (scale used, clothing, dry flow pad, etc.) for ICU and RHCM
• Percent of patient days with a urinary catheter:
  - ICU 64% - RHC 13%
March- during implementation:
• 2% of daily weights were charted correctly for both units
• Patient days with a urinary catheter:
  - ICU 51% - RHC 10%
April- after implementation:
• 2% of daily weights charted correctly using the items listed on the flyer
• Patient days with urinary catheter:
  - ICU 60% - RHC 12%

Next Steps

• Follow up education after staff completed TLC-charting daily weights with which scale and what clothing on etc.
• Making sure daily weights are ordered for patients who are having fluid status monitoring
• Continuing enforcement of nurse driven urinary catheter removal protocol (LVHN, 2017)

REFERENCES:


