Urinary Retention Protocol (Poster).

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Urinary Retention Protocol

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Background

- Observations identified opportunities for staff to promote a variety of interventions to stimulate voiding prior to resorting to straight catheterization. A pre-implementation survey identified a knowledge deficit regarding interventions to promote voiding in patients at risk for acute urinary retention.
- **(I)** Interventions:
  - Design and utilize a visual cue card titled, the "Clock Pie Chart," which identifies interventions to promote voiding.
  - Educate staff about interventions, which then are to be shared with patients.
- **(C)** Comparison: Incorporation of the Clock Pie Chart interventions within the current Urinary Retention Protocol(s) versus non-incorporation.
- **(O)** Outcomes:
  - Increase staff knowledge of nursing interventions to promote voiding.
  - Decrease the amount of straight catheterizations.

Literature

- Urinary retention is traditionally treated with an indwelling urethral catheter or intermittent catheterization. (Johansson, et al, 2010)
- Urethral catheterization is connected with risk of complications such as urinary tract infection (UTI), trauma, urethral perforation, stricture, bleeding, fistula and increases in discomfort. (Johansson, et al, 2010)
- Once a catheter enters the bladder, the incidence of bacteriuria rises by about 3-7% per day. (Johansson, et al, 2010)
- In many clients, when interventions are utilized to decrease the amount of residual urine, it can eventually lead to the tapering of catheterization. (Carpenito-Moyet, 2004, pg. 366-371)

Results

Number of Straight Catheterizations

<table>
<thead>
<tr>
<th></th>
<th>PRE-INTERVENTION</th>
<th>INTERVENTIONS</th>
<th>POST-INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-interventions n=38</td>
<td>Straight Catheterizations 31 (34%)</td>
<td>Staff survey regarding knowledge of interventions to promote voiding in patients at risk &amp; with history for acute urinary retention</td>
<td>Staff survey regarding knowledge of interventions to promote voiding in patients at risk &amp; with history for acute urinary retention</td>
</tr>
<tr>
<td></td>
<td>Patients not requiring catheterization 29 (66%)</td>
<td>Design of the Urinary Retention Clock Pie Chart</td>
<td>Staff education via huddles, e-mails &amp; posters</td>
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<tr>
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<td>Patient Education of interventions by nurse caring for patient</td>
<td></td>
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<tr>
<td>Post-interventions n=20</td>
<td>Straight Catheterizations 21 (57%)</td>
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<tr>
<td></td>
<td>Patients not requiring catheterization 16 (80%)</td>
<td></td>
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</tr>
</tbody>
</table>

Interventions Utilized

Pre-education n=37
- ambulation
- massage
- fluids
- running water

Post-education n=46
- ambulation
- massage
- fluids
- running water
- consult urology
- bladder scan
- protocol
- staff
- family

Conclusion

- Following staff education regarding the Clock Pie Chart, more interventions were utilized and the number of straight catheterizations decreased.

References