

Bladder Retention Protocol

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BLADDER RETENTION PROTOCOL

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BACKGROUND

- Conforming and implementing the bladder retention protocol that is currently used at LVH-Cedar Crest.
- Previously there was not a protocol in place at LVH-Hazleton
- Previous reasons for indwelling Foley catheter insertion as per LVH-Hazleton policy:
 - 1. Urinary retention/obstruction
 - 2. Hourly output of urine
 - 3. Pre/Peri/Post Operative Management for twenty four (24) hours
 - 4. Unstable hip or spine
 - 5. Incontinence with Stage III or IV skin breakdown (perineal or sacral)
 - 6. Palliative Care/End of Life Care
 - 7. Urology/Gynecologic service patients (as ordered)
- BARRIERS
 - Nurses not being properly educated
 - Nurses not properly following protocol
 - MD orders not congruent with nurse driven protocol
 - Limited time to gather accurate data.
 - Limited sample population

PICO

- **P- Patients with urinary retention**
- **I- Bladder Retention Protocol**
- **C- Indwelling Catheters**
- **O- Number of CAUTI, catheter days, and utilization rate**

EVIDENCE

Evidence suggests a benefit of using intermittent catheterization over indwelling catheters, decreasing the number of CAUTIs (Newman, 2014).

CAUTIs are the most common nosocomial infection in hospitals comprising >40% of all institutionally acquired infections (CDC, 2009)

Minimize urinary catheter use and duration of use in all patients, particularly those at higher risk for CAUTI such as women, the elderly, and patients with impaired immunity (Lopez, 2016)

Intermittent catheterization has been shown to be one of the most effective and commonly used methods of bladder management in patients with urinary retention (Newman, 2014).

OUTCOMES

	FY 2019	FY 2020
CAUTI Rate	1	0
Catheter Days	1,564	793
Utilization Rate	23.18%	12.2%
		(GOAL: 20.87%)

NEXT STEPS

- Continue following the bladder retention protocol on the telemetry unit daily.
- Continue to educate current staff as well as new staff on the benefits of following the bladder retention protocol.
- Continue collecting data to compare and reassure improvement is being made.

REFERENCES

- Lopez, Joy R BSN, RN and Stucka, Stephanie A. Decreased Foley Insertion: Serial Straight Catheterization Versus Indwelling Catheterization. Lehigh Valley Scholarly Works, 2016.
- CDC (1981-original; modified-2005, modified 2009). Guideline for prevention of catheter-associated urinary tract infections.
- Newman, D. K., & Willson, M. M. (2011). Review of intermittent catheterization and current best practices. Urologic nursing, 31(1), 12.

IMPLEMENTATION

- Implement the Bladder Retention Protocol; a NURSE driven protocol!
- Educate staff of benefits of protocol
- Assess the amount of indwelling Foley catheters in patients on telemetry
- Assess reasons for indwelling Foley catheters
- Remove unnecessary indwelling Foley catheters
- Daily standard work includes reviewing the number of indwelling Foley catheters on a unit; whether the patients are meeting the criteria for indwelling Foley catheters; if criteria is not met, timely discontinuation of Foley catheters should be followed out by nursing staff
- LVHN has adopted a CAUTI prevention bundle to include:
 - Consideration of alternatives to catheterization
 - Appropriate indications for urinary catheter use
 - Proper aseptic techniques for insertion and maintenance
 - Daily cleansing of urinary catheter with chlorhexidine wipes- clean at least 6 inches from the perineum
 - Daily reminder for providers and nurses to collaboratively establish necessity of a urinary catheter and remove catheter when no longer needed
 - Maintain a closed drainage system
 - Keep bag below the level of the bladder
 - Maintain unobstructed flow
- **Conclusions**
 - The bladder retention protocol is an effective way to minimize CAUTI, catheter days, and utilization rates.
 - Proper education with evidence helped staff understand and implement protocol
 - Daily huddles along with an updated education board aided in visual results
 - It was noted that some Foley catheters were placed without meeting proper policy protocol
 - Rates continue to decrease as the bladder retention protocol continues to be implemented.