Adult Bladder Management & Bladder Scanner Update
Objectives

- Review CAUTI (Catheter Associated Urinary Tract Infection) prevention bundles
- Discuss the Bladder Management Guidelines for adult patients
- Identify the necessity to scan the bladder
- Define care of bladder scanner equipment
- Describe the process for implementing the Bladder Management Protocol
The Bladder Management (Adult) policy provides nurse-driven interventions in hospitalized patients.
CAUTI Review
Impact of CAUTI

- Most common Hospital-Acquired Condition (HAC), accounting for approximately 40% of infections annually
- 80% of hospital acquired Urinary Tract Infections (UTIs) are associated with urinary catheterization
- Estimated cost is $500 - $700 per episode
  - If bacteremia develops, $250 - $3000
**Insertion Bundle**

<table>
<thead>
<tr>
<th>C - cause, reason for placement</th>
<th>Reason for placement – see below**</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - aseptic procedure</td>
<td>Aseptic technique</td>
</tr>
<tr>
<td>U - patient understands need for catheter</td>
<td>Patient educated about need for cath and process for insertion</td>
</tr>
<tr>
<td>T - type of catheter</td>
<td>Smallest effective sized catheter with balloon no greater than 10ml unless otherwise indicated- <strong>DO NOT</strong> test balloon prior to insertion</td>
</tr>
<tr>
<td>I - infection prevention-HH</td>
<td>Hand Hygiene (HH) before and after insertion procedure</td>
</tr>
</tbody>
</table>

**If: surgery > 2hrs – yes and place in the OR/ procedural area**

**If: patient is critically ill & close monitoring of output necessary**

**If: management of acute retention/obstruction needed**

**If: pressure ulcer present with incontinence**

**If: patient is receiving end of life care**
<table>
<thead>
<tr>
<th>C - clean perineum</th>
<th>Daily cleansing of perineum with soap and water or when indicated (NOT catheter unless soiled-ex. incontinence of bowels)</th>
</tr>
</thead>
<tbody>
<tr>
<td>L - look at connections</td>
<td>Check integrity of the catheter/drainage system connections, security of tubing to extremity</td>
</tr>
<tr>
<td>E - empty</td>
<td>Drainage from collection bag when 2/3 full &amp; prior to ambulation or transport</td>
</tr>
<tr>
<td>A - assess need daily</td>
<td>Daily review of need for the urinary catheter</td>
</tr>
<tr>
<td>N - no germs-HH &amp; gloves</td>
<td>Hand Hygiene before and after/gloves when manipulating the catheter or drainage bag to remove urine</td>
</tr>
</tbody>
</table>

Increase fluid intake, at least 30ml/kg, while catheter is in place (as tolerated)

Drainage bag below level of bladder at all times

Drainage tubing without kinks or loops

Drainage bag and tubing not to rest on the floor

Cath Secure on leg same side patient is turned on if in bed, anterior inner thigh when ambulating
Bladder Management Policy for Adults
The Bladder Management (Adult) Policy guides nursing actions for the following:

- Bladder dysfunction
- Urinary retention
- Difficulty voiding
- Post removal of an indwelling urinary catheter
The reason for indwelling catheters should be evaluated daily

Indwelling catheters should be removed:

- as soon as possible after insertion
- per provider order

Each patient should be assessed for adequate bladder emptying
Nursing Assessment

- Include history of incontinence and previous voiding patterns
- Implement individualized bladder care regimen based on assessment utilizing:
  - Bladder Management Algorithm
  - Or provider order

View algorithm on next page
To promote elimination:

- Encourage fluid intake
- Encourage mobility
- Turn and reposition
- Assist with toileting
If patient is voiding greater than or equal to 250 mls in 4-6 hours:

- Monitor urine output
- Offer prompted toileting
- Bladder scanning not required
Elimination Problems

**Signs of Elimination Problems:**

- Less than 250 ml in 6 hours
- Incontinence
- Voiding frequent small amounts
- Dribbling urine
- Agitation/restlessness
- Inability to void (with adequate fluid intake)
The following patient populations may be at risk for voiding problems:

- Disorders/injuries to the spinal cord
- Injuries to the brain
- Diseases to the peripheral nervous system
- Older adults
- History of urinary problems
- Medications
  - Anticholinergics, pain medications
Why Scan the Bladder?

- Patient is showing signs of elimination problems
- To measure urinary bladder volume and post-void residual (PVR)
- Noninvasive evaluation reduces:
  - unnecessary catheterization
  - the incidence of CAUTI
  - cost of care
Please click on each link to view the videos for use of equipment

Videos:

- **BVI 9400 Bladder Scanner**
  - BVI 9400 will be used on ABH, 11AE, 2SB, 8PD, 4A, 4B, 4C, DHSP

- **BioCon 700 Bladder Scanner**
  - New scanner for all other units
Continued Monitoring

- If less than or equal to 150 ml urine in bladder:
  - Monitor fluid intake
  - Rescan in 2 hours
  - Continue nursing staff interventions

Notify Physician

- If greater than 150 ml urine in bladder
- No void in 6 hours
Document scan results in the electronic health record:

→ Doc Flowsheet
→ Intake/Output
→ Urine Assessment/Screening
→ Bladder Scan Volume in ML
Need to Know

- Each unit will have access to a Bladder Scanner
- Scan after the patient has attempted to void
- Do not use bladder scanner on pregnant patients
- Morbid obesity and scar tissue may cause false readings
- If female has had a hysterectomy, use the “male” setting
- Clean with Caviwipes after each use
  - Only use bleach wipes for C-diff
- Keep plugged in while not in use
Bladder Protocol
If the patient is at high risk for voiding problems, consider requesting an order for the Bladder Protocol for more intense intervention.

A Bladder Protocol order may be obtained from the provider to initiate the assessment of voiding, bladder scanning and in & out catheterization.
Click here to review policy:

- Bladder Management Policy for Adults
To document completion of this required module in PeopleSoft:

1. Click: “Patient Safety Education”
2. Click: “Take Course Test”
3. Enter Test Code: {482009}
4. Press Submit