

 <p><b>All HFHS Includes:</b>                  Behavioral Health Services                  Community Care Services                  Corporate Services                  Henry Ford Hospital                  Henry Ford Medical Group                  Kingswood Hospital                  Macomb Hospitals                  West Bloomfield Hospital                  Wyandotte Hospital</p>	<b>Policy Name/Subject: Management of Bladder Scanning for Urinary Retention</b>		<b>Policy No:</b> [Policy Number]
	<b>Type of Document: Guideline</b>		
	<b>Applies to:</b> [Tier] <b>Business Unit:</b> [Business Unit] <b>Site:</b> [Site] <b>Department:</b>		
	<b>Category:</b> [Category] <b>Sub-Category:</b> [Sub-Category]		<b>Current Approval Date:</b> [Last Approved] <b>Last Revision Date:</b>
	<b>Owner:</b>		<b>Approver:</b>
	<b>Related Policy/Procedure:</b> <i>Include title and number</i>		
	<b>Author:</b>		
	<b>External Regulatory Requirement:</b> [Regulations]		
	<b>Audience:</b>		
	<b>Key Words: Urinary Retention, Bladder Scan, Post Void Residual, Urinary Catheter</b>		

**Background:** This policy establishes guidelines for monitoring urinary retention and indications for bladder scanning postoperative spine surgery patients.

**Definition(s):**

Post void residual (PVR): A test by use of a bladder scan to determine the volume of urine that remains in the bladder after urination.

**Policy:** This policy establishes the procedures to reduce the risk of catheter-related UTI by removing unnecessary urinary catheters and monitoring of postoperative urinary retention.

An indwelling urinary catheter is an invasive device closely associated with the development of catheter-associated urinary tract infections (CAUTI) in hospitalized patients. This policy provides guidelines to reduce the use of unnecessary urinary catheterizations in postoperative spine patients.

**Procedure:** Follow the steps below as indicated to monitor and prevent urinary retention in postoperative spine surgery patients.

1. Identify indications for a bladder scan:
  - a. Urinary Retention
    - i. When to check for urinary retention if unable to void:
      1. Postoperatively – upon arrival to unit from PACU and every 6 hours
      2. Within 6 hours of indwelling urinary catheter removal or straight catheter
      3. When patient is symptomatic of bladder distension (i.e. discomfort, pain, feeling of fullness, palpable bladder).

Performing a Bladder Scan (see Figure 1.):

1. If patient has been unable to void for 6 hours or is symptomatic perform bladder scan.
  - a. If bladder scan is >350mL, straight catheterize patient and monitor every 6 hours for 24 hours. Consider indwelling urinary catheter and/or urology evaluation to attempt trial of void at later date if unable to void successfully in 24 hours.
  - b. If bladder scan is <350mL, re-check in 2 hours by bladder scan.
  - c. If bladder scan is being performed as a PVR, bladder scan must be completed within 30 minutes of void.

Figure 1.

