

The Effect of the Bladder Scanner Policy on the Number of Urinary Catheters Inserted

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Abstract Author Information

PURPOSE: The aim of this study was to determine if use of an ultrasonic bladder-scanning device reduced the number of urinary catheters inserted in a medical-surgical unit of an acute care facility.

SUBJECTS AND SETTING: A stratified random sample of adult patients on a 28-bed medical-surgical unit at Northcrest Medical Center, located in Springfield Tennessee, was used for this study.

METHODS: For 4 consecutive weeks data were collected from the medical records of adult patients on a medical-surgical inpatient care unit. All patients that were scanned based on the facility's policy were evaluated via retrospective chart review. The reasons for the bladder scan, results, and outcome were recorded.

RESULTS: Seventy-nine scans were performed on 47 patients; 3 patients (4%) required straight (in and out) catheterization, and 8 (10%) required indwelling catheterization. Use of the bladder scanner allowed us to achieve an 80% reduction in catheterization among patients deemed “unable to void” based on clinical observation alone. Nearly 91% of individuals requiring urinary catheterization based on bladder scans were surgical patients; most were recovering from orthopedic procedures.

CONCLUSION: Use of an ultrasonic bladder-scanning device reduced the number of urinary catheters inserted and proved especially valuable when monitoring postoperative urinary retention in a medical-surgical unit of an acute care facility.

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