

# EMERGENCY GENERAL SURGERY

## Post-Catheter Removal / Urinary Retention Practice Management Guideline

### **PURPOSE:**

The purpose of this practice management guideline is to standardize care of the surgical patient who has had a urinary catheter removed and remains unable to void.

### **INCLUSION CRITERIA:**

1. Any surgical patient who had an indwelling urinary catheter removed and either does not void after six hours or voids less than 300mL within six hours
2. Any patient who describes symptoms of discomfort, pain, or feeling of bladder fullness
3. Palpable bladder
4. New AKI

### **EXCLUSION CRITERIA:**

1. Urinary catheters managed by urology service
2. Urethral/bladder injury
3. Ascites
4. Known oliguria

### **INTERVENTIONS:**

The following interventions were created for management of urinary retention post-catheter removal to provide standardization to decision-making around urinary catheter reinsertion in the presence of urinary retention.

### **NURSING:**

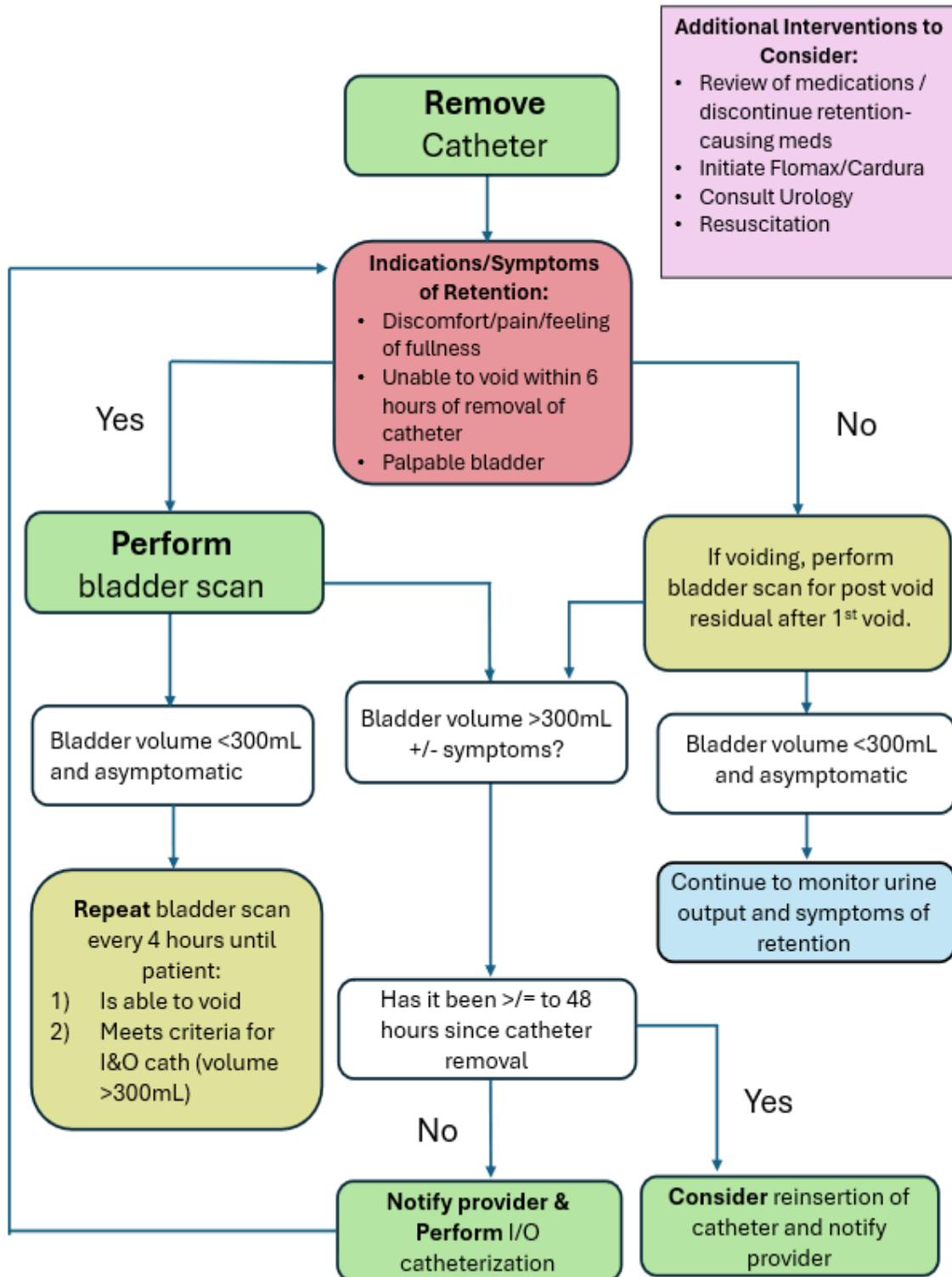
- Perform bladder scan if the patient does not void within 6 hours of removal of urinary catheter or 6 hours from last I&O catheterization
  - If bladder scan volume is greater than 300mL
    - obtain order from provider and perform I&O
  - If bladder scan volume is less than 300mL
    - Reassess in 4 hours

- Notify provider of results and discuss plan
- For spontaneous voids, obtain PVR and document.

**PROVIDER:**

- Review medical history/medications
  - Prior urinary retention issues at home
  - Home medications for retention
  - Medications being administered in hospital that could contribute to urinary retention
    - Muscle relaxants
    - Haloperidol
    - bladder antispasmodics (e.g., oxybutynin, trospium, Myrbetriq)
    - Tricyclic antidepressants
    - 1st generation antihistamines (i.e., hydroxyzine, diphenhydramine)
    - Opioids
    - scopolamine patch
    - TECs
- Considerations
  - Ongoing resuscitation
  - Initiation of Flomax/Cardura after 24 hours of I&O caths
  - Discuss need for urology consult at time of placement of **third** catheter
- Responsibilities
  - Assess need for urinary catheter every shift
  - Place order for placement and removal of urinary catheters as needed
  - Place order for q6hr PRN I&O catheterization if patient unable to void spontaneously
    - Consider increasing frequency of I&O caths to q4hr if high volume
  - **Do not allow urinary catheters to be replaced (with the sole rationale being urinary retention) before the 48-hour mark has been reached since urinary catheter removal.**

## Post Catheter Removal/Urinary Retention PMG



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