Approved by Quality & Patient Safety Committee
16/10/14

TRIAL OF VOID BLADDER SCANNING REGIMEN

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To assess bladder volume non-invasively, to determine the amount of urine retention or post-void residual urine.

2. PATIENT

- Any woman, excluding pregnant women or those women in early post partum, after urethral catheter removal and any woman identified as being at risk for urinary retention.

3. STAFF

- Medical officers
- Registered Nurses
- Enrolled nurses
- Registered Midwives

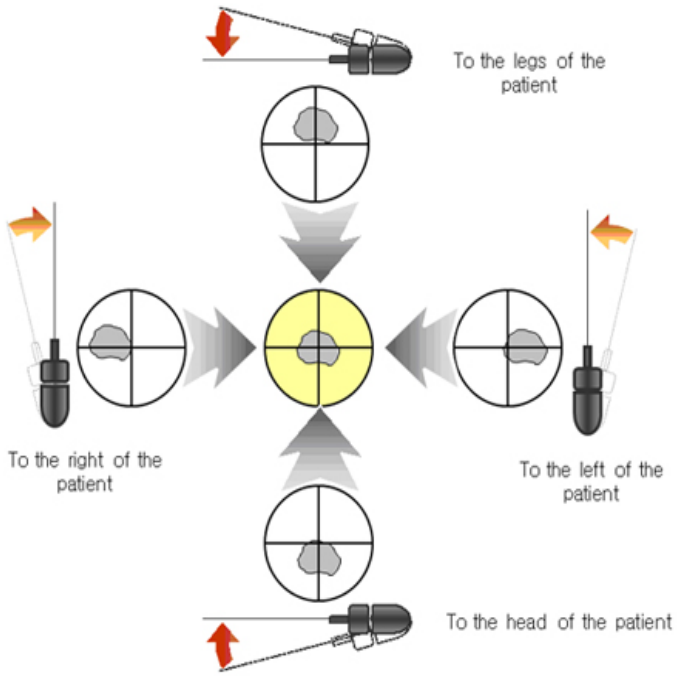
4. EQUIPMENT

- Non-sterile gloves
- Ultrasound gel
- Alcohol wipe
- Bladder scanner
- Urine collector for toilet

5. CLINICAL PRACTICE

- Check inpatients integrated notes request for trial of void to commence or assess patient clinical history, symptoms and reason for bladder scan.
- Explain procedure and rationale for bladder scanning and obtain verbal consent.
- Inform patient to contact nursing staff when voided in toilet.
- Obtain required equipment.
- Perform Hand Hygiene (Moment 1)
- Put on non-sterile gloves.
- Clean scanner head with alcohol wipe before use.
- Turn bladder scanner on, press scan and then select appropriate gender (NOTE: Select MALE for female patients who have undergone a hysterectomy).
- Make sure the battery on the bladder scanner has been charged correctly.
- Remove or adjust patients clothing to expose abdominal area being aware of patient privacy and dignity.
- Apply ultrasound gel to scanner head being careful to remove any air bubbles.
- Scan the patient in supine position.
- Place scanner head about 4 cm above pubis, midline on the abdomen, aiming towards the expected location of the bladder. Make sure the head icon on the scanning probe is pointed towards the patient's head.
- Press the scan button and observe screen for bladder volume and aiming accuracy.
- Aim to see bladder picture in centre of circle on the screen, if bladder picture is off to the right or left adjust scanning head/probe angle as below.

TRIAL OF VOID BLADDER SCANNING REGIMEN cont'd



<Diagram For Re-aiming>

- Repeat bladder scan to obtain two or three readings.
- Clean bladder scanning probe with alcohol wipe.
- Measure and dispose of urine in toilet after each void and bladder scan residual.
- Perform hand Hygiene (Moment 3)
- Document voids and residuals on patient's trial of void chart, integrated notes and patients clinical care pathway/nursing care plan.

6. DOCUMENTATION

- Integrated clinical notes
- Clinical care pathway
- Trial of void chart

7. EDUCATIONAL NOTES

- The bladder scanner cannot be used on pregnant women or those women in early post partum.
- Patients should be encouraged to maintain an oral intake of between 1500ml and 2000mls per day, unless otherwise indicated.
- Encourage voiding 4 hourly and aim to keep total void and residual urine under 600mls. If patient is unable to void or has no sensation to void after this time perform bladder scan. If scan above 200mls perform in/out catheter.
- When patient has voided perform bladder scan as soon as possible (preferably within 10-15 mins).

TRIAL OF VOID BLADDER SCANNING REGIMEN cont'd

- If void is over 150mls and bladder scan residual is below 100mls on two consecutive occasions then bladder scans can be ceased.
- If residual over 200mls perform in/out catheterisation and continue measurement of void and bladder scanning until above level is reached.
- If two consecutive residuals over 200mls then ask patient to double void (void and measure, walk ten minutes, revoid and measure and then do bladder scan) and continue until residual under 100mls.
- Do not pass a urethral catheter unless specifically directed by consultant.
- As bladder scans can sometimes be inaccurate, it is important not to rely on this tool alone, clinical judgement is required.
- The bladder scanner cannot register residual volume greater than 999mls.
- It measures any fluid in the supra pubic region such as ascitic fluid, haematoma or lymphocele.
- It may be difficult to obtain accurate results on obese patients or those with scarring in the lower abdominal region (In this case in/out catheterisation may be required).
- Bladder scanner cannot be used over open wounds for infection control reasons.
- Sutures or staples in place after surgery can effect ultrasound transmission.
- Inaccurate bladder scan recording will occur if the battery is flat; therefore it is important to charge the battery regularly.
- Inaccurate results will also occur if the scan head is incorrectly positioned or moved while operating the bladder scanner.

8. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE LOPs

- RHW Infection Control Policy
- Collection of Catheter Specimen of Urine
- Hand Hygiene Policy
- Supra Pubic catheter (SPC) care and clamp and release regime
- Catheterisation
- Intermittent self catherisation (ISC)

9. RISK RATING

- Low

10. REFERENCES

- Cubescan users manual, Mcube technology CO, Ltd
- Addison, R (2000) A guide to bladder ultrasound, *Nursing Times*, 96,40,14
- GMCT Urology Network – Nursing, Non Real Time Bladder Scanner (2012)
- South Metropolitan Area Health Service, Nursing Practice Standard – Bladder Scanning (2008)
- Adult Urinary Obstruction, Retention and Bladder Scanning, Home and Community Care (HACC)/Medical Aids Subsidy Scheme (MASS) Continence Project, Queensland Health (2011)

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