



The Road to Building a Bladder Management Algorithm

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Introduction

- Health care professionals follow clinical algorithms to aid in decision making
- Algorithms are effective in facilitating learning and adherence to best practice (DuPen, Ersek, & Jablonski 2011)
- Review of policies and procedures at our facility revealed a need for bladder management guidelines specific to inpatient rehabilitation patients
- Literature search failed to yield uniform information on bladder management relating to urinary retention; target to catheterize varied between 100-350ml
- Essential First Steps: Nursing administration and physician practice buy in of building an algorithm

Methods

- Experienced rehabilitation nurses and physicians gave input toward components of the clinical algorithm
- Key elements:
 - clinical indicators for bladder management
 - time of admission to first bladder scan
 - target post void residual (PVR) for performing intermittent urinary catheterizations
 - intervals for timed voiding
 - specific tasks with alternatives to meet bladder management goals
- Multiple revisions were completed through inter-professional collaboration prior to implementation of the algorithm
- Team meetings were held to validate the accuracy, clarity, and usefulness of the algorithm

Results

- The algorithm was introduced to staff through didactic presentation prior to implementing a six month pilot study on stroke patients

Conclusion

- The use of the developed algorithm was effective in our study
- With slight modifications to the clinical indicators and interval of timed voiding, this algorithm can be used on a wider range of rehabilitation patients

References

DuPen, A., Ersek, M. & Jablonski, A. (2011) The Use of Algorithms in Assessing and Managing Persistent Pain in Older Adults. *American Journal of Nursing*; March 2011; Vol. 111, No. 3

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