

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

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AUTHOR	Clinical Nurse Consultant Benign Gynaecology Outpatients
SUMMARY	This document outlines how to use the bladder scanner appropriately in urinary retention setting
Key Words	Bladder scan, trial of voids, catheter, urinary retention

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**Bladder Scanner Continence Assessment In Urinary
Retention and Management**

RHW CLIN080

Contents

1	BACKGROUND	3
2	RESPONSIBILITIES	3
2.1	Staff.....	3
3	PROCEDURE	3
3.1	Clinical Practice points.....	4
3.2	Documentation	6
3.3	Education Notes	7
3.4	Implementation, communication and education plan:.....	7
3.5	Related Policies/procedures	7
3.6	References	8
4	ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION	8
5	CULTURAL SUPPORT	8
6	REVISION AND APPROVAL HISTORY	8

BUSINESS RULE

Bladder Scanner Continence Assessment In Urinary Retention and Management

RHW CLIN080

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to provide instruction on how to correctly use a bladder scan to assess bladder function post removal of a urinary catheter or in the setting of suspected urinary retention. It can also be used as part of a comprehensive continence assessment.

2 RESPONSIBILITIES

2.1 Staff

Role	Responsibilities
Medical Officers	<ul style="list-style-type: none"> • Be familiar with the bladder scanner policy and its limitations. • Provide bedside ultrasound when bladder scanner is not suitable in a clinical setting.
Registered Nurses/ Enrolled Nurses/ Registered Midwives.	<ul style="list-style-type: none"> • Ensure the five moments of hand hygiene are attended during the procedure. • Be familiar with bladder scanner policy and its limitation. • Perform a bladder scan in accordance with hospital guidelines. • Escalate concerns or abnormal findings to senior staff or treating team in a timely manner. • Document results.
Clinical Nurse Educators	<ul style="list-style-type: none"> • Provide education to staff on how to use bladder scanner. • Ensure staff are familiar with the equipment before performing the procedure.

3 PROCEDURE

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Bladder Scanner Continenence Assessment In Urinary Retention and Management

RHW CLIN080

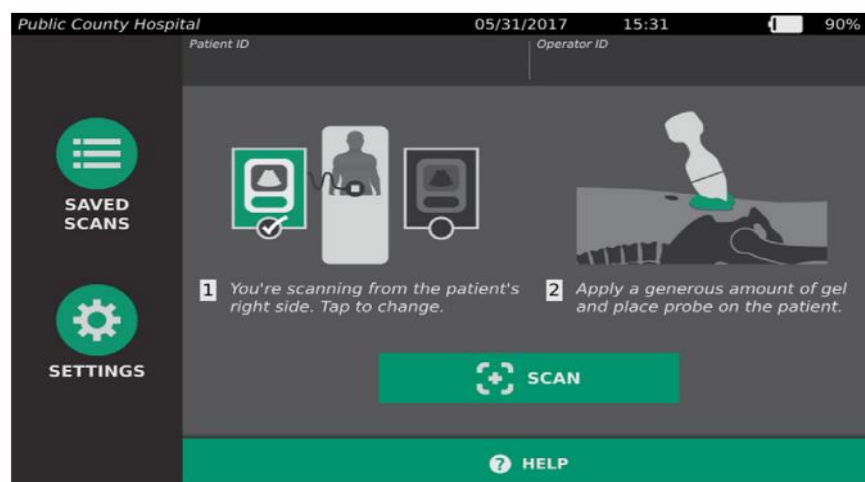
3.1 Clinical Practice points

Equipment

- Portable bladder scanner with charged battery (spare battery should be charging)
- Ultrasound transmission gel (NO lubricating jelly)
- Compatible disinfectant wipes
- Tissue or paper hand towel to remove the gel
- Alcohol based hand rub
- Non-Sterile gloves if required

Procedure to perform a bladder scan

- Explain procedure and rationale for bladder scanning and obtain verbal consent.
- Ensure five moments of hand hygiene are adhered to throughout the procedure.
- Place measuring device in toilet and inform patient to contact nursing staff when voided in toilet.
- Obtain required equipment.
- Place on non-sterile gloves.
- Ensure the probe has been properly cleaned with compatible disinfected/cleaning wipes according to manufacturer guidelines.
- Ensure the battery has sufficient power by looking at the battery icon on the screen. If the battery icon is 20% full or less, replace the battery with a fully charged battery before proceeding.
- Remove or adjust patients clothing to expose abdominal area, taking into consideration patient privacy and dignity.
- Select on the home screen, if you are positioned on the left or right side of the patient (as shown in picture below).

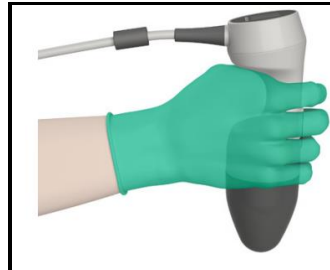


- Ask the patient to lay in supine with abdominal muscles relaxed.
- Apply an ample amount of ultrasound gel to patient's abdomen.
- Hold the probe by grasping it with the probe cable running up your wrist and forearm.

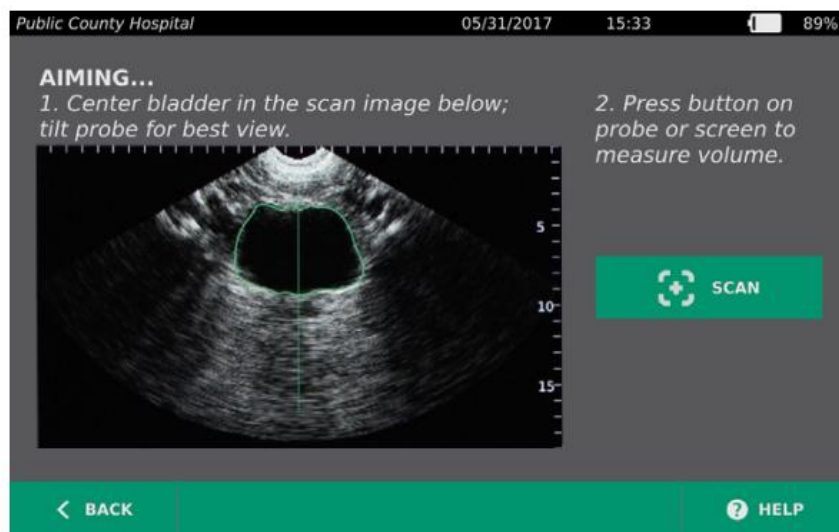
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Bladder Scanner Contingency Assessment In Urinary Retention and Management

RHW CLIN080



- Place scanner head about 3 cm above pubic bone, 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.
- If you are scanning an obese patient, lift as much abdominal adipose tissue out of the way of the instrument as possible. Apply more pressure to the probe in order to reduce the amount of adipose tissue through which the ultrasound must pass.
- Angle the probe slowly from the patient's left to right until the dark (bladder) area is centered on the vertical green line on the aiming screen. (see picture below)
- Once the bladder is centered, angle the probe slightly up or down the patient's midline to obtain the largest possible dark area.

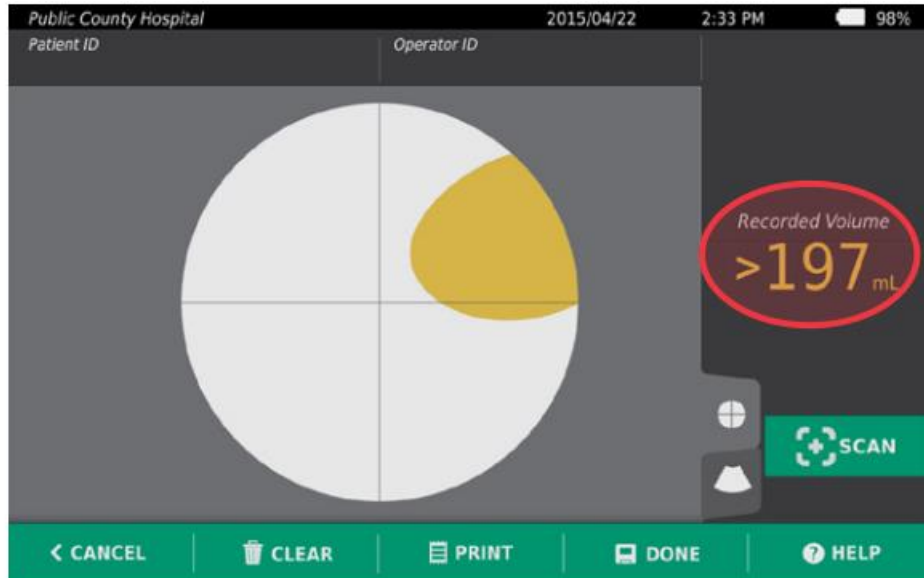


- Press the probe button or tap Scan on the Home screen to measure urine volume.
- When the Results screen appears, check whether a yellow greater than (>) symbol appears next to the recorded volume and the bladder is shown in yellow. If this occurs, a portion of the bladder was outside the ultrasound field of view, and the actual bladder volume may exceed the displayed result. You should re-aim and rescan the patient.

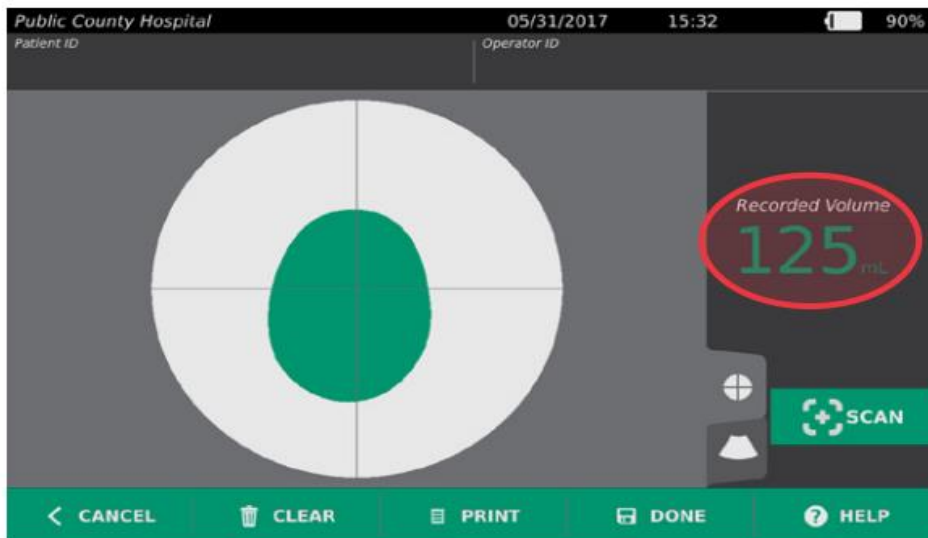
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Bladder Scanner Continenence Assessment In Urinary Retention and Management

RHW CLIN080



- Aim for the scan result like below for accuracy:



- Repeat bladder scan to obtain two or three readings.
- Clean bladder scanning probe with compatible disinfected/cleaning wipes according to manufacturer guidelines.

3.2 Documentation

- Clinical notes/Progress note on eMR.
- Trial of void chart

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Bladder Scanner Continenence Assessment In Urinary Retention and Management

RHW CLIN080

3.3 Education Notes

Bladder Scanner

- As bladder scans can sometimes be inaccurate, it is important not to rely on this tool alone, clinical judgement is required.
- It measures any fluid in the supra pubic region such as ascitic fluid, haematoma or lymphocele. Therefore, avoid using the machine on pregnant or post-natal patients, patients with open skin or wounds in the suprapubic region or patients with ascites.
- 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).
- Sutures or staples in place after surgery can affect ultrasound transmission.
- The bladder scanner cannot register urine volumes greater than 999mLs.
- Inaccurate bladder scan recordings will occur if the battery is flat. Therefore, it is important to check the battery level prior to use.
- Inaccurate results will also occur if the scan head is incorrectly positioned or moved while operating the bladder scanner.

Different model of bladder scanner may be used in your department. Please check manufacture guidelines for further information.

3.4 Implementation, communication and education plan:

The revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

3.5 Related Policies/procedures

- Infection Control: Cleaning (Shared) Patient Care Equipment Guideline
<https://www.seslhd.health.nsw.gov.au/node/9141>
- Infection prevention and control in healthcare settings policy
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_025.pdf
- Bladder care during labour and the postpartum period
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/bladdercarelabourpostpartum2020.pdf>
- Recognition and management of patients who are deteriorating
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_018.pdf
- Urinary retention and assessment using the bladder scanner
http://seslhdweb.seslhd.health.nsw.gov.au/SGSHHS/Business_Rules/documents/U/CLIN144_SGH-TSH_Urology_Urinary_Retention_Bladder_Scanner.pdf

BUSINESS RULE

Bladder Scanner Continence Assessment In Urinary Retention and Management

RHW CLIN080

3.6 References

- Verathon Prime Plus ®.Bladderscan Prime Plus Operation and Maintenance manual. Sep 2021 <https://www.verathon.com/sites/default/files/2021-12/0900-4510-xx-60.pdf>
- ACI Non Real time Bladder Scanner Guideline https://aci.health.nsw.gov.au/_data/assets/pdf_file/0009/165915/Bladder-Scanner-Toolkit.pdf

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours.
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
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15.8.24	1	RHW BRGC