Bladder Scanning Algorithm

Symptoms of urinary retention, difficulty voiding or new incontinence
Or
Indwelling catheter removed, and patient unable to void within 6-8 hours

Perform bladder scan.

- If bladder scanned volume <100 mL:
  - Contact LIP and evaluate hydration status

- If bladder scanned volume 100-400 mL:
  - Prompt patient to void and evaluate hydration status
  - Monitor patient for discomfort & rescan in 2 hrs

- If bladder scanned volume 400-600 mL:
  - Obtain order and perform straight I&O catheterization
  - Reassess patient in 6 hrs

- If bladder scanned volume >600 mL:
  - Obtain order and reinsert indwelling urinary catheter. Remove after 24 hrs following discussion with LIP
  - Reassess patient in 6 hrs

Patient voids?

YES

- Rescan, and if bladder scanned volume <100 mL, stop; no further interventions needed.

NO

- If patient unable to void after 2 straight I&O catheterizations, replace indwelling urinary catheter and discuss plan with LIP

*Geriatric consideration:* in patients over the age of 75, action should be based on bladder scanned volume of 150 mL.

*Diabetic patient consideration:* patients with diabetes potentially have less sensation to void and may require larger bladder volumes to initiate micturition. Individualize plan of care to achieve baseline elimination.

LIP orders for voiding trials and one-time scans for evaluation of bladder volume (for example, with hemodialysis-dependent patients) are not addressed in the algorithm.

Approved by UVA Patient Care Committee 11/2011.
References:


Lippincott’s Nursing Procedures and Skills, available via UVA clinical portal- Indwelling urinary catheter - insertion, care and removal (adult/peds)


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University of Virginia Medical Center, Clinical Protocol, Use of Indwelling Urinary Catheters available @https://www.healthsystem.virginia.edu/documentation/manuals/CPGuidelines/