

POLICY:
USE OF BLADDER SCANNER

ATTACHMENT A:
BLADDER SCANNER DECISION TREE

Indications:

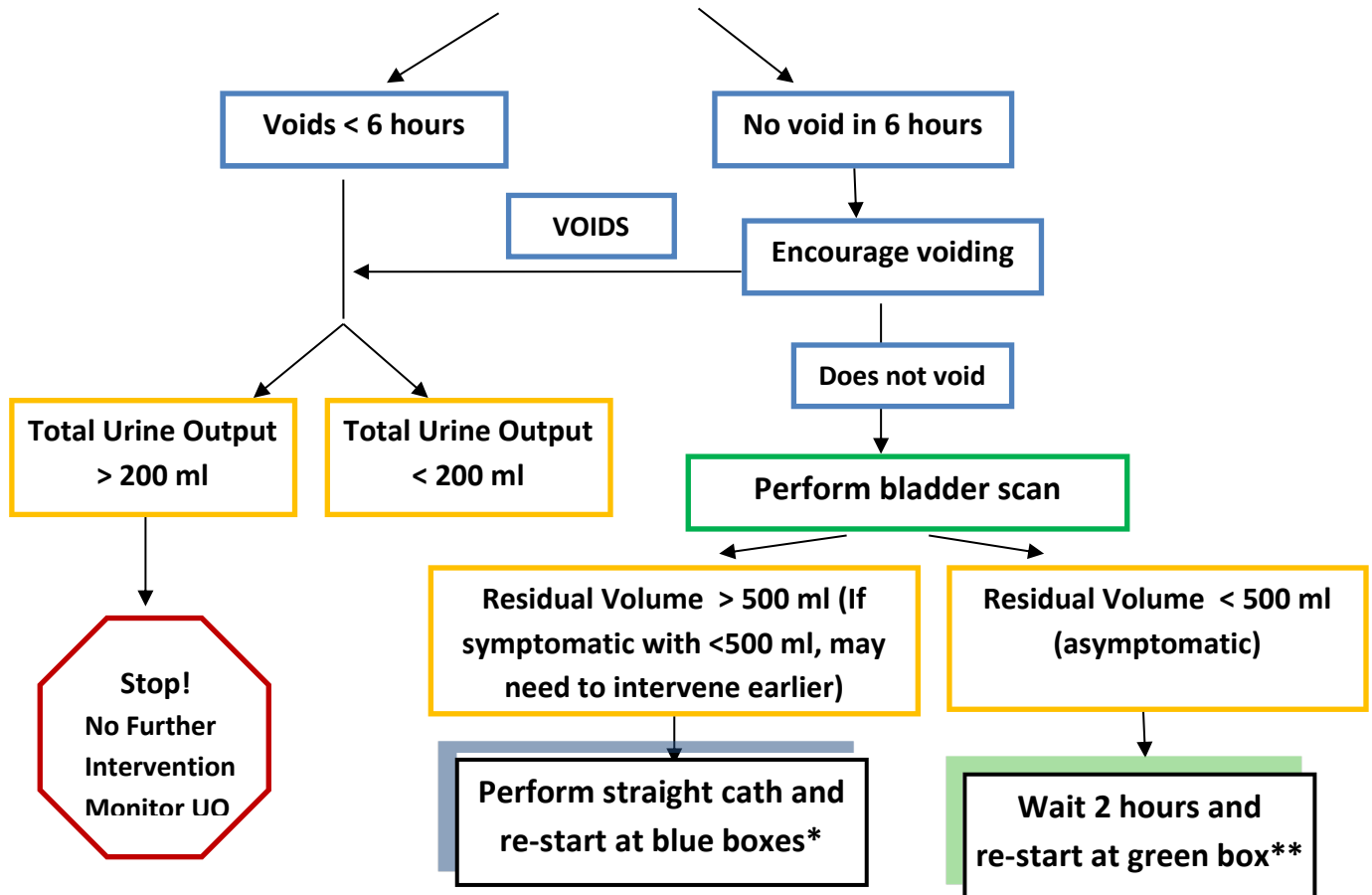
- Adult patients
- Suspected urinary retention i.e. Patient unable to void within 6-8 hours of admission or non-urologic surgical procedure
or
- After 6-8 hours following the removal of an existing indwelling urinary catheter

Contraindications:

- Known urinary tract abnormalities/urostomy
- Known oliguria or low urine output (including ESRD)
- Neurotrauma patients with spinal cord injury
- Primary Urology and Psychiatry patients
- Pregnant women
- Open wound in suprapubic area

Begin ongoing patient assessment at any of the following qualifying events:

- Admission/ Surgical Procedure/ Removal of existing urinary catheter/ straight catheterization
- Or at any time if suspecting new-onset urinary retention



***Repeat straight cath up to 3 times in 24 hours, then contact provider for additional assessment**

Likely neurogenic bladder:
anticipate prolonged retention

Provider to order scheduled (q 6–8 h) intermittent straight cath

Likely acute, reversible retention

**Provider to consider 1) Indwelling catheter
2) Tamsulosin (Flomax) and if catheter inserted, catheter removal trial after >= 48 h of Flomax**

****After one repeat, if combined volume (from voids and scans) is still < 300 ml, notify provider:
Patient is at risk for renal failure**