

#400 Investigation of urinary management in acute care unit of general hospital:

What is important point to detect cases with urinary tract dysfunction?

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AIMS OF STUDY

- Indwelling urinary catheters (IUCs) initially placed in acute care frequently in local hospitals in Japan.
- Inappropriate use of IUCs or continued overuse of IUCs leads to both infectious and non-infectious complications, and prevents self-supporting life of patients.
- Also many of the patients in acute care have increasing post voiding residual bladder volume (PVR). even among those without IUCs.
- It is required to manage urinary tract dysfunction cases in various diseases at acute care unit in general hospital.
- For the medical staffs in each unit, it is important to detect and manage cases with voiding dysfunction appropriately in early period of hospital stay.
- This study aimed to evaluate the population of urinary dysfunction in each unit of acute care and interventions underwent for the patients in each category of diseases.

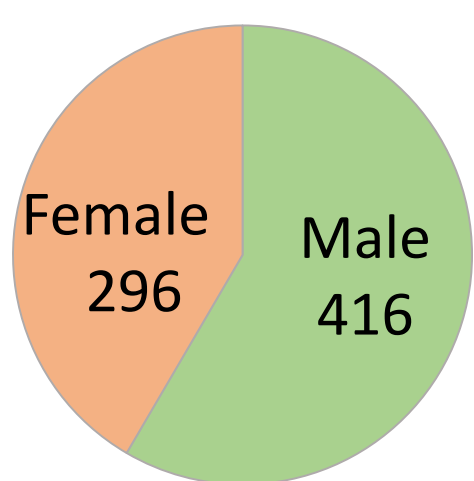
MATERIALS AND METHODS

- We started team approach for urinary dysfunction cases since January 2017 by continence care team : urologists, nurses, physiotherapists and occupational therapists.
 - The continence care team made rounds weekly in all unit of our institution (550 beds, 12 wards) .
 - The team prompted the medical staffs to remove IUCs in early period, and provided suggestions how to evaluate and manage cases with voiding dysfunction.
 - We prepared ultrasonic bladder scanner in each ward for evaluation of post voiding residual bladder volume (PVR).
 - Medical staffs evaluate patients with frequency-volume chart and measurement of PVR.
 - The continence care team also recommended clean intermittent catheterization (CIC) by nurses for patients with increasing PVR.
 - The team enforced rehabilitation for improvement of activity of daily living including toilet activity.

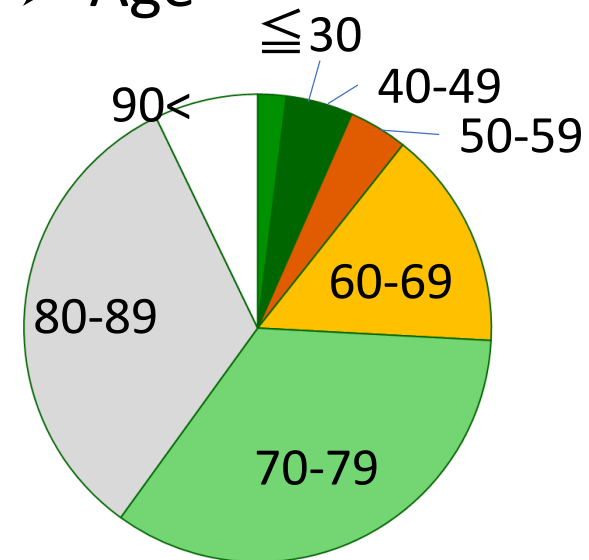
RESULTS

- We performed team approach for 712 patients between January 2017 and December 2018.

➤ Sex

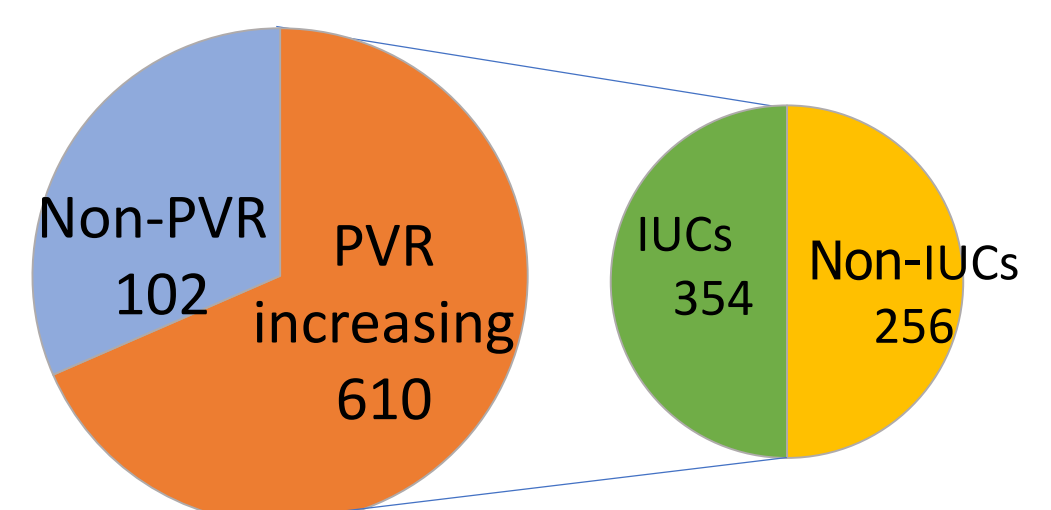
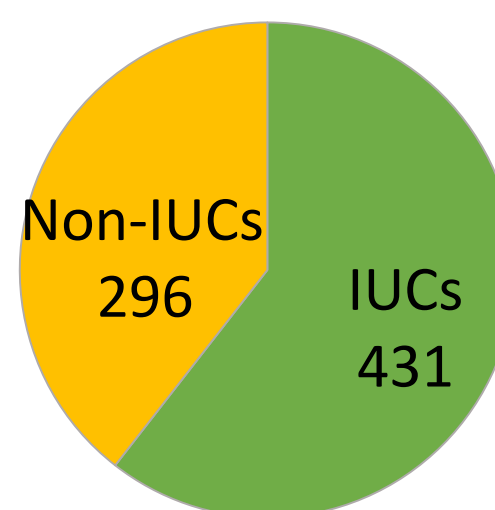


➤ Age



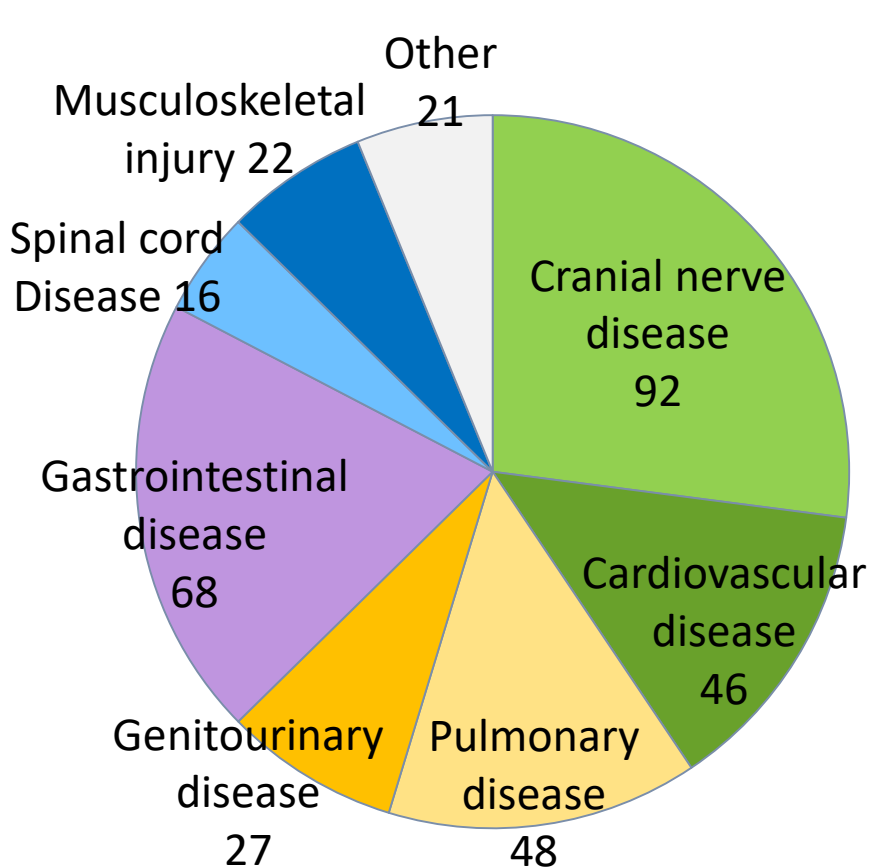
15-102years old: average 74.65

- 431(60.5%) patients had IUCs during the hospital stay.
- Increasing PVR requiring drainage was confirmed in 610(85.7%) and of these patients 354(58.0%) had IUCs.

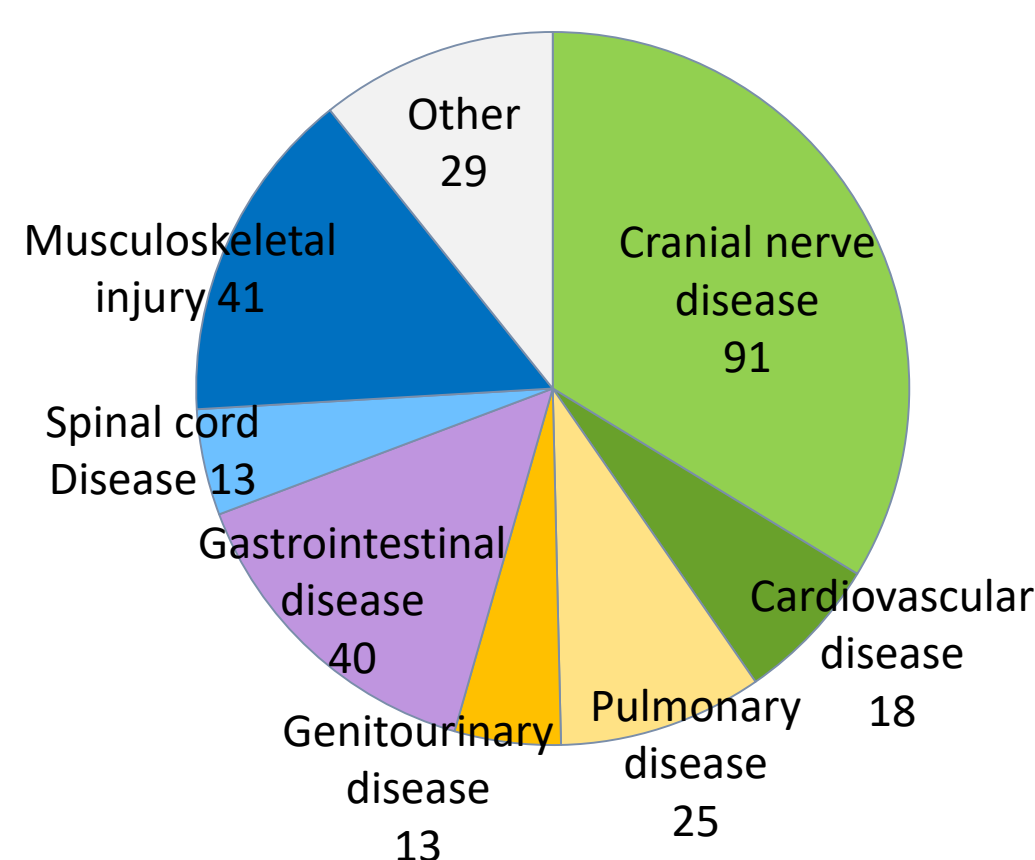


- The admitting diagnosis of the cases with increasing PVR including urological and non-urological, neurogenic and non-neurogenic, various categories

➤ Male:340



➤ Female:270



Team approach

- Drug intervention was performed for 216(30.3%) by urologist.
- Nurses managed the patients with increasing PVR by CIC until the PVR decrease below 100-ml.
- Rehabilitation staffs of the continence care team distribute the information to nurses how to train patient toilet activity in each ward.

- 312(43.8%) patients were discharged to home, 289(40.6%) to another hospitals for rehabilitation, 50(0.7%) to nursing home and 61(8.6%) were died.
- 477(67.0%) patients were discharged without any catheterization, 57(8.0%) were trained to perform clean intermittent self-catheterization (CISC) and 30(4.2%) had indwelling catheter at discharge (including 14 dead cases).

CONCLUDING MESSAGE

- It is important for medical staffs working in any unit in acute care to have adequate knowledge and skills to assess and manage the urinary tract problems of patients appropriately, whether they are involved in any category of diseases.
- We should regularly provide information interprofessionally, about the prevalence of voiding dysfunction in various diseases.

Disclosures Statement: Authors have no affiliations to disclose.