

Flowchart for Managing the Care of Incomplete Bladder Emptying and Need for Clean Intermittent Catheterization

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Aim

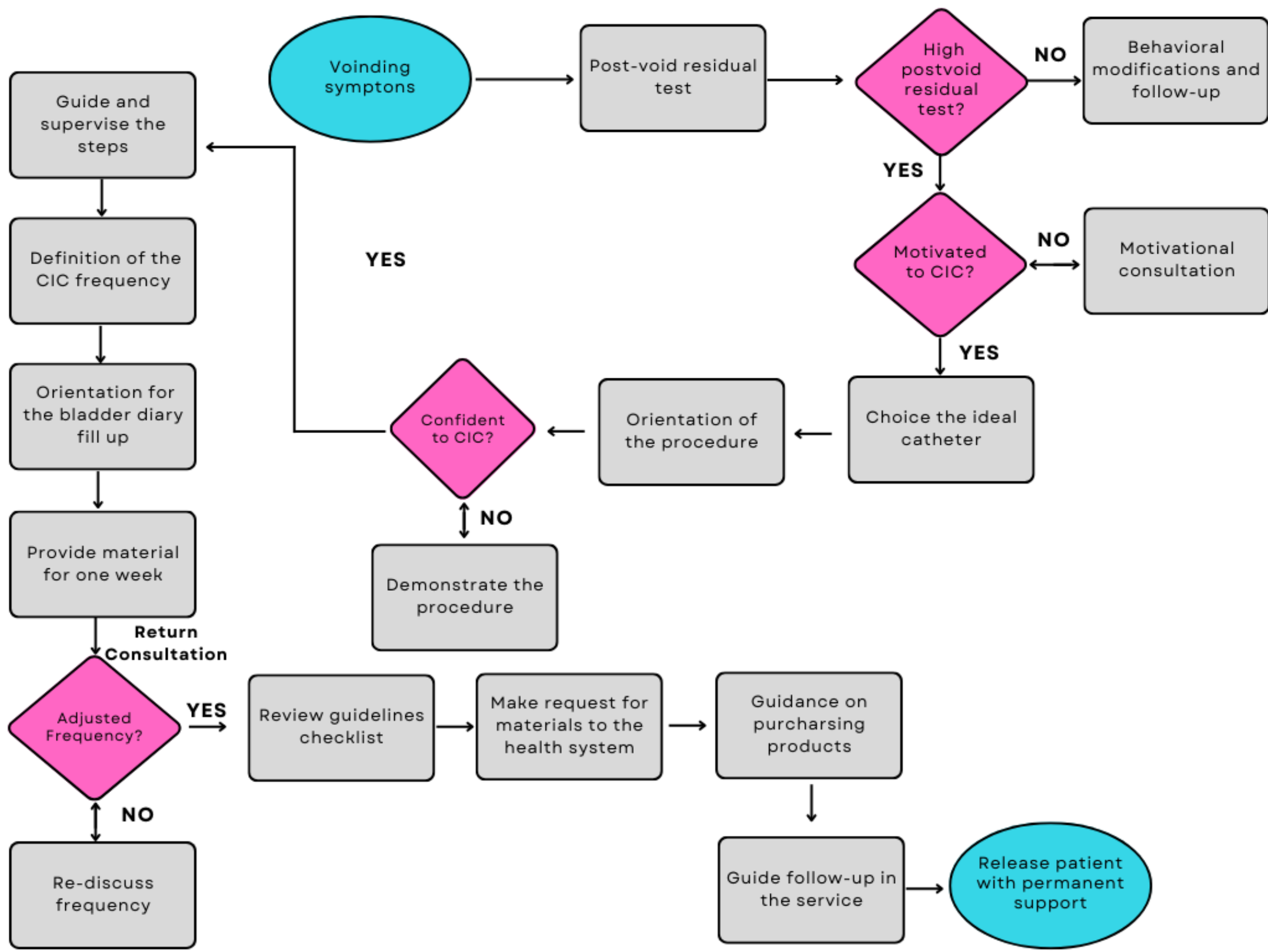
Present a flowchart for managing the care of incomplete bladder emptying and need for clean intermitente catheterization in individuals.

Method

The flowchart was constructed by synthesizing and organizing the content of the clinical manual on clean intermittent catheterization released in March this year. The manual was produced based on the clinical experience of a group of highly experienced nurses in caring for people in need of clean intermittent catheterization, called “Continence Advisory Board”. Updated literature supported the actions described in the manual. The group of nurses was organized by a company in the field and it was composed of nurses from different brazilian regions, experienced in care, teaching, research and academic extension activities in this area. The content synthesis and organization and the flowchart building were carried out by authors who cordinated the group.

Results

The flowchart starts with the identification of incomplete emptying symptoms and it ends with the release of the patient with permanent support. Decisions along the flowchart are made based on the post-void residue test, assessment of the patient's motivation for the procedure, patient's confidence in performing the procedure by themselves and the assessment of the bladder diary for frequency adjustment.



Concluding Message

Incomplete bladder emptying is a common condition in situations such as spinal cord injury, stroke, diabetes mellitus and pelvic surgeries. Patients with this condition are often not identified and they are treated with antibiotics for recurrent urinary tract infections, when, in fact, the cause is emptying failure. Even when they are diagnosed, many patients follow without adequate orientation for clean intermittent catheterization or receive orientation that are not focused on patient’s motivation and confidence, which can result in adherence breakdown in the medium and long term. It is expected that the distribution and training for using the flowchart and the complete manual can prepare primary health care nurses for this service and, as a consequence, lead to transforming the negligence scenario experienced today in Brazil.

References

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