



BLADDER MANAGEMENT OF THE EPIDURALIZED PATIENT

Katie Ahlstrom, BSN, RN, RNC-OB, Sierra Keller, BSN, RN, RNC-OB, Pamela Haneberg, RN, RNC-OB, Leah Amsberry, RN, RNC-OB, Tracy Kennedy, RN, RNC-OB, Erica Haner, BSN, RN, RNC-OB, Katelyn Delamarter, BSN, RN, Kelsie Galusha, MSN, RN, Jennifer Henkel, BSN, RN, RNC-OB, Aristotle Griego-Marsh, CNM, Cheryl Lugenbill, MD

BACKGROUND

Current practice for bladder management of the laboring epiduralized patient at Salem Health is to place a foley catheter shortly after the patient receives an epidural to maintain bladder management.

FISCAL YEAR 2018:

- Four reports of catheter bulb expulsion during second stage of labor
- At least one reported CAUTI per quarter
- Multiple patients discharged from postpartum care with indwelling catheters.

Armed with this unsettling knowledge, the Labor and Delivery Unit Council carried out a project to reevaluate bladder management of the epiduralized patient.

METHODOLOGY

Literature review performed regarding bladder management of the laboring epiduralized patient.

Evidence revealed no statistical difference in the rate of infection between multiple straight catheter procedures versus indwelling catheterization.

AWHONN, ACOG and the ASA do not recommend routine use of indwelling catheters for epiduralized, laboring patients.

A gap between current practice and evidence based literature was identified.

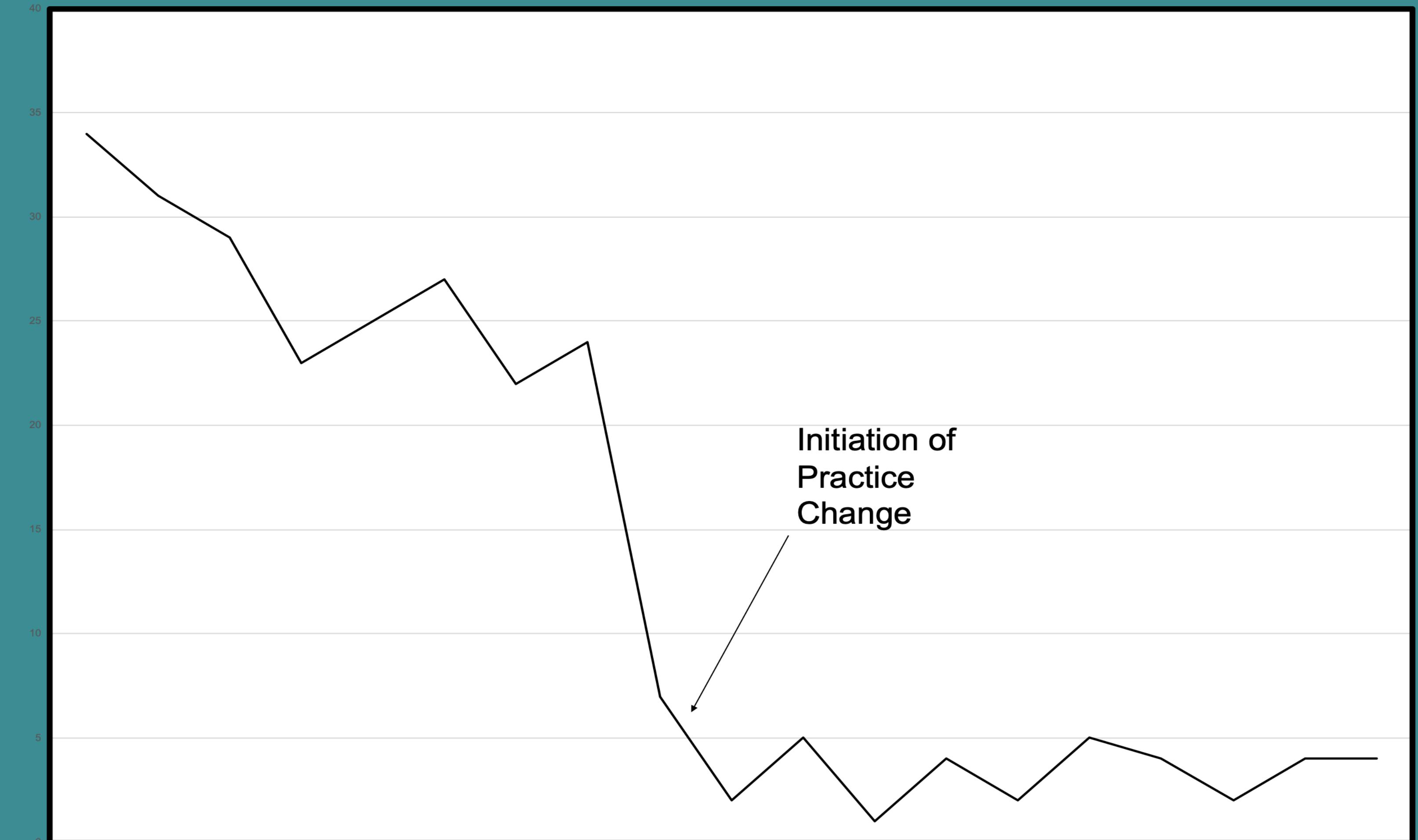
Practice change implemented based on AWHONN guidelines

1. Patients void prior to initiation of epidural anesthesia.
2. The RN is responsible for ongoing evaluation of the bladder.
3. The patient is offered a bed pan, if able to independently void, every two hours at maximum.
4. If unable to void independently, a straight catheter procedure is performed every 2-3 hours, or as needed including prior to initiation of pushing.

RESULTS

- 50% of women were able to void independently as some point during labor while under effects of regional anesthesia.
- Zero catheter bulb expulsions during second stage of labor
- Zero CAUTI's
- Zero patients discharged with indwelling catheters from postpartum care since test of change initiated in November, 2018.
- Estimated equipment cost savings of \$15,000 for labor and delivery unit per year.

Foley Catheter use in Epiduralized Patients



NEXT STEPS

Mini research study in process:
Are patients voiding independently adequately emptying their bladder?

Absence of bladder distention significant for appropriate fetal descent.

CONCLUSION

- Utilizing bedpans for independently voiding patients or straight catheter procedures for those who are unable, has been incredibly effective in reducing injury associated with indwelling foley catheters for epiduralized, laboring patients.
- We have experienced other astounding results to date that were unexpected such as reduction in discharges with indwelling catheters, reduction in CAUTI rates and cost savings to the unit.
- Barriers to implementation were encountered:
 - Lack of Knowledge regarding current standard/literature
 - Concern for effect on labor progress
 - Time needed to provided peri care
- Project Committee addressed barriers:
 - Town hall meetings
 - OB Section Presentation
 - Circulation of literature
 - Ongoing staff education
 - Standard Work: Bladder Management for Patients with Epidural

REFERENCES

Nursing Care of the Woman Receiving Regional Analgesia/Anesthesia in Labor Second Edition, AWHONN, 2011

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CONTACT: Katherine.Ahlstrom@salemhealth.org