

Standardized Procedure
Evaluating Bladder Volume with the use of Bedside Ultrasound in Adults

I. Definition

This procedure will take place when there is an urgent or emergent need for assessing bladder volume in a patient. The purpose of this standardized procedure is to allow the Advanced Health Practitioner (AHP) to assess bladder volume by bedside ultrasound (US).

II. Background Information

- A. Setting:** The setting (inpatient and outpatient) and population (adults only) for the AHP is determined by the approval of the privileges permitted on the AHP standardized procedures eLog.
- B. Supervision:** The necessity of the procedure will be determined by the AHP and may involve verbal collaboration with the attending physician or his/her designee. Direct supervision will not be necessary once competency is attained per the requirements of the AHP standardized procedures eLog. After which time, direct supervision as required may be requested.
Designee is defined as another attending physician who works with the collaborating physician and is authorized to supervise the AHP.
- C. Indications:** Bedside Ultrasound will be used to identify patients with urinary retention of various causes and to determine post void residual (bladder scan)
- D. Precautions:** There may be some discomfort when using an US probe over an enlarged bladder

III. Materials

- 1) Bedside Ultrasound
- 2) Ultrasound gel

IV. Procedure

- A. Pre treatment evaluation**
Assess clinical necessity for determining bladder volume and diagnosing urinary retention. Working collaboratively, the necessity of the procedure will be determined along with the expected outcomes of the procedure, and the treatment plan.
- B. Site Selection**
Suprapubic region of lower abdomen
- C. Set up:** Gather all necessary materials. Order bedside US on Apex.
Enter any needed information into bedside US machine.
- D. Patient Preparation**

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- 1) Identify patient with two patient identifiers prior to start of the procedure
- 2) Inform the patient of the treatment plan, which includes using US to determine bladder volume
- 3) Position the patient in the comfortable position that gives adequate access to the suprapubic region of the abdomen

E. Perform the Procedure

- 1) Wash hands and don gloves
- 2) Have patient empty bladder if possible
- 3) Place US gel to suprapubic region and apply US probe
- 4) Measure three dimensions of bladder
- 5) Record Images
- 6) Clean US gel off patient

F. Post procedure

- 1) Record the procedure findings in Apex and treatment plan
- 2) Clean US probe and other areas of US machine as needed

G. Follow up treatment

- 1) Instruct the patient on what to expect while getting a bladder scan and that a Foley catheter may be needed to relieve symptoms

V. Documentation

A. Documentation

- 1) Documentation of the pretreatment evaluation and any abnormal physical findings
- 2) Record the plan in Apex as well as any teaching and discharge instructions.

B. All unexpected or abnormal findings are reviewed with the collaborating physician

VI. Competency Assessment

A. Initial competence

- 1) The AHP will be instructed on the efficacy and the indications of this procedure and demonstrate understanding and clinical use of the ultrasound equipment.
- 2) The AHP will demonstrate knowledge of the following:
 - a. Medical indication and contraindications of bladder scans
 - b. Risks and benefits of the procedure
 - c. Related anatomy and physiology
 - d. Steps in performing the procedure
 - e. Documentation of the procedure

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- f. Ability to interpret results and implications in management
- 3) AHP will observe the collaborating physician perform the procedure at least once and perform the procedure at least ten times under direct supervision. All images will be reviewed by the Emergency Department US Director on a weekly basis
- 4) After AHP has completed and documented in the eLog under collaborating physician supervision the required proctoring then competency will be met and may perform procedure without direct supervision
- 5) The AHP will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office (MSO) for their credentialing file.

B. Continued Proficiency

- 1) The AHP will demonstrate competence by successful completion of the initial competency.
- 2) AHP must perform this procedure at least three times per year. In cases where this minimum is not met, the collaborating physician must sign off the competency for continued practice of the procedure.
- 3) Demonstration of continued proficiency shall be monitored through the eLog and MSO credentialing.
- 4) A standardized procedure eLog is to be submitted with each renewal of credentials. It will include the number of procedures performed and any adverse outcomes. If any adverse outcome occurred then appropriate completion of an incident report should occur.

VII. Responsibility

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.