ACI UROLOGY NETWORK - NURSING

NON REAL TIME BLADDER SCANNER

GUIDELINES
The following pages provide examples of clinical guidelines to enable clinicians to develop their own resource material relevant to their hospital and Area Health Service. They have been compiled by clinicians for clinicians. If you wish to use this material please acknowledge those that have kindly provided their work to enable use by others. Revise all material with colleagues before using to ensure it is current and reflects best practice.

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GUIDELINES

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GUIDELINES ON USE OF NON-REAL TIME BLADDER SCANNER

Non-real time bladder scanner is a battery operated ultrasound device which gives a digital reading of bladder volume. Clinicians need to have training in the technique of bladder scanning in order to obtain accurate result during examination of the urinary bladder. The information is used to identify the emptying function of the bladder. Finding may assist diagnostic assessment of patients with or without urinary retention.

The bladder scanner should be cleaned after each use and maintained according to the recommendations of the manufacturer. This includes periodic calibration and assessment on the consistency of the scanner measurement which should be similar to the amount of urine drained from the bladder on catheterisation.

Use of bladder scan is a less invasive method than insertion of a urethral catheter to assess residual bladder volume reducing catheter-associated urinary tract infection (CAUTI).

BEFORE USING THE SCANNER:

1. Conduct a risk assessment. Take particular care when scanning patients who are pregnant or have a pacemaker.
2. Assess patient clinical history, symptoms and reason for bladder scan.
3. Explain the procedure to the patient, obtain verbal consent and identify the need for a chaperone during scanning.
4. The patient should ideally be scanned in the supine position.
5. Check the battery. Change the battery when it is low.
6. Follow the facility’s Infection Control and Prevention Policy.
7. Follow instructions to set up the scanner.

ESSENTIAL STEPS TO ACHIEVE MORE ACCURATE RESULTS

1. Use adequate ultrasound gel.
2. Select male on the machine if the patient has had a hysterectomy.
3. Check the direction of the scanner head.
4. Position the scanner head on the suprapubic site.
5. Do not move scanner head while scanning.
6. Assess the shape and size of the image. When part of the bladder image reaches the perimeter of the screen the result may not be accurate.
7. Repeat the bladder scan to obtain two to three readings. When discrepancy between the result and clinical symptoms occur, seek advice from staff competent in using the bladder scanner.
PRACTICAL ISSUES

The bladder scanner cannot register residual urine volume greater than 999mls. It measures any fluid collection in the suprapubic region such as ascitis fluid, haematoma or lymphocele.

Artifact and misrepresentation of the image may affect diagnosis and interpretation. It may be difficult to obtain an accurate result on the patient with a lower abdominal scar or a thick layer of subcutaneous fat in the lower abdomen. Sometimes in and out catheterisation is necessary.

Non-real time bladder scanner is easy to use but the result can be inconsistent. At times the clinician may need to carry out a physical assessment such as percussion and palpation to assess the size of the bladder. An accurate fluid balance chart should be maintained for ongoing monitoring of the bladder function.

Conduct the bladder scan according to the manufacturer's and hospital procedural guidelines.

ON COMPLETION OF THE BLADDER SCAN

1. Document the result in the progress notes and notify the Medical Officer.
2. Clean equipment by following the local infection control policy.
3. Residual greater than 100ml will usually require monitoring and a repeat bladder scan.
4. If there is a residual greater than the amount passed, if the result is over 600ml or if the patient is uncomfortable and has not voided for over 5-6 hours, the Medical Officer may order insertion of a urinary catheter.

REFERENCES


www.cautichallenge.com (A useful website for clinicians)