

Eli's Rehab Report

Case Study: Rehab Hospital UTI Pilot Includes Stroke, TBI Patients

An OT discusses assistive devices and toilet aids.

Once Madonna Rehabilitation Hospital's CAUTI initiative "lowered catheter-related UTIs, we were still seeing UTIs in patients without catheters, which started us down the 'urinary retention road,'" reports **Kristi Felix, BA, RN, CRRN, CIC**, the infection prevention coordinator for the Lincoln, Neb. facility.

"Overall, we are finding that it isn't just the use of the indwelling catheter -- bladder function and retention may be more of an issue than we thought when it comes to prevention of UTI," says Felix, who was involved in the rehab hospital's CAUTI project (for details, see part 1 of this article in the last Rehab Report).

The rehab hospital has set up a pilot study "to assess for urinary retention on all of the patients admitted to two hallways," says Felix. "Most of these patients have experienced traumatic brain injury or cerebral vascular accident." The nursing assessment looks at "history of bladder function, including medical history, medications, use of incontinence products prior to injury or illness -- and then current bladder function status," Felix says.

"During the first three days, nursing will do post void residuals on all patients using a Bladder Volume Index Ultra Sound Machine (BVI)," Felix says. "We will also keep a voiding diary on all new admits for a specified time frame, specific to the patient, assessing frequency and amount of voiding, intake and other voiding habits." Felix notes that "these processes aren't really new for us. What is new is that we are formalizing the process, making sure it is done the same for all patients -- not just for the ones we think might have retention. One of the things we are hoping to learn from the pilot is who is more at risk or do we need to assess all patients for retention?"

While "it may be different for each patient, for the most part, we like to see the patient have less than 100 cc's in their bladder after voiding," Felix says.

"During the pilot study," says Felix, "the patient's bladder function will be one of the focus areas on these two hallways to be sure we are assessing and reassessing the patient's needs and changing the plan as the patient's needs change from admission to discharge. All clinicians will participate in the plan to [help the patient] regain/maintain continence or independence with toileting."

What kinds of devices help patients get into and use the bathroom? "A walker, a cane or sometimes a device to help with foot drop -- an orthotic in the shoe," says **Courtney Kossow**, an occupational therapist at Madonna Rehabilitation Hospital. "Once the person is in the bathroom, they can benefit from a host of toilet aids," she says. "If they have a balance problem, they may need more support for their trunk when sitting so they don't feel off balance. There are toilets with grab bars attached," she adds. In fact, "there are more options than we always know about. We are always looking through catalogs to figure out what to bring in to trial."