



Service Priorities and Programmes
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Management of Ambulatory Male Patient with Acute Retention of Urine in Accident and Emergency Department of United Christian Hospital

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Introduction

Acute retention of urine (AROU) is one of the common causes for admission to surgical ward. This is a co-joint AROU program that was established by Urology team and Accident and Emergency Department (AED) of United Christian Hospital regarding to patients with AROU. This program has been implemented since November 2010. It aims to reduce averted admission due to AROU, minimize the negative impacts of hospitalization such as patient's physical and mental influence and empower patient in terms of increasing awareness and confidence in self-care. The patient was recruited with AROU signs and symptoms under the inclusion criteria such as present of a few precipitating factors which include fecal impaction, drug precipitating AROU and urinary tract infection. Treatment was started in AED after urinary catheter insertion, and the patient will be assessed in the observation ward and discharged with the catheter if the condition was satisfactory. Patient will try weaning off the catheter on the follow up day. 107 numbers of patients were recruited from Nov, 2010 to Oct, 2011. 62% of the selected patients were successfully weaning off the catheter and refer to Urology out-patient clinic for further management after discharge. 38% of the patients were admitted. 94% (n=65) of the patients were satisfied with the arrangement and accept the self-care of the catheter at home.

Objectives

The aim of the study is to introduce the AROU program in AED and summarize the result of the program.

Methodology

The patient with AROU is firstly treated by insertion of urinary catheter. Blood specimen, X-Ray, catheterized urine specimen, urine analysis are investigated to rule out any differential diagnosis such as urinary sepsis. The patient will be discharged with the catheter and alpha-blocker until the follow up day with following criteria: 1)urine output is larger than 30ml per hour collected in bed-side-bag 2)satisfactory renal function test 3)reliable home-care for the catheter assessed by AED nurse Patients who wean off the catheter successfully on the follow-up day will be referred to Urology team for further management. Patient failed to wean off the catheter will be admitted. Upon discharge, AED nurse will demonstrate the technique of home urinary

catheter care and health education regarding to AROU. 61 of 65 cases (93.8%) showed a high acceptance to ambulatory urinary catheter at home

Result

Outcome The program has successfully reduced 107 of unnecessary admission in AED. Conclusion The AROU program provides a safe and cost effective clinical management pathway for guiding nurses to deal with patients with AROU. It can prevent averted admission due to AROU and improve bed utilization.