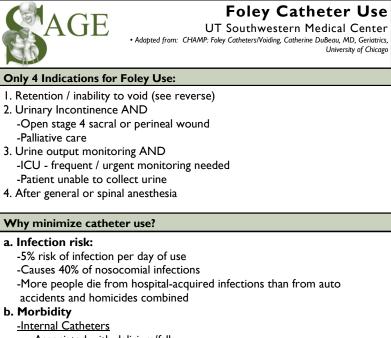
| Poor Pump<br>(Detrusor Muscle)  | vs. Blocked Outlet<br>(Sphincters or Compression)   | A   |
|---|---|---|
| Action Step   | Possible Medical Reasons  |   |
| Review Meds   | α-cholinergics, narcotics, Ca-Ch Blockers,<br>α-agonists  | Only 4 Indi<br>I. Retention<br>2. Urinary In  |
| Review Med Hx   | Diabetes with neuropathy, sacral / subsacral<br>cord, B12 deficiency, GU surgery or radiation,<br>BPH, MS, constipation / impaction   | -Open stag<br>-Palliative<br>3. Urine outp<br>-ICU - free                           |
| Physical Exam   | Prostate exam, women-pelvic for prolapsed<br>bladder, rectocele, cystocele; GU for<br>obstructive lesion, all-sacral roots S2-4—anal  | -ICO - In<br>-Patient u<br>4. After gen   |
|   | wink & bulbocavernosus reflexes, rectum for impaction   | Why minin   |
| Postvoiding Residual  | Perform in evaluation of patient's inability to<br>void, and repeated after catheter removal<br>with voiding trial. (Can use hand-held bladder<br>scanner to measure rather than catheter.) | a. Infection<br>-5% risk of<br>-Causes 40<br>-More peo<br>accidents<br>b. Morbidity |
|   | · · · · · · · · · · · · · · · · · · ·   | <u>-Internal</u><br>-Assoc  |
| Catheter Troubleshooting  | ;:<br>  | -Ureth<br>-Fever  |
| rouble placing:I. Use lidocaine gel to de2. Insert with slight torqu3. Try larger lumen3. Coude (stiffer) | crease spasm at sphincter<br>e while patient exhales  | -Polym<br><u>-External</u><br>-Penile<br>-Urina<br>-Bacte                           |
| eakage around catheter<br>I. Flush catheter<br>2. Check for infection<br>3. Decrease balloon inflat       |   | c. Foleys a<br>d. Limits n<br>e. Cost (in   |



- die from hospital-acquired infections than from auto
- with delirium/falls
- meatal injury
- bial bacteruria
- ndom/Texas) Catheters
- ulitus / necrosis
- tention
- & infection
- ncomfortable / painful
- ility (tether)

diate and cost associated with above complications)

