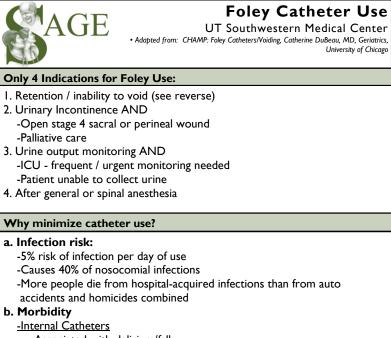
Poor Pump (Detrusor Muscle)	vs. Blocked Outlet (Sphincters or Compression)	A
Action Step	Possible Medical Reasons	
Review Meds	α-cholinergics, narcotics, Ca-Ch Blockers, α-agonists	Only 4 Indi I. Retention 2. Urinary In
Review Med Hx	Diabetes with neuropathy, sacral / subsacral cord, B12 deficiency,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

