

TITLE: “Go with the Flow” to aVOID POUR: An Evidence-Based Project for Preventing Post-Operative Urinary Retention in Pediatric Surgical Patients

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INTRODUCTION:

Post-Operative Urinary Retention (POUR) is the inability to urinate after surgery. It often results from bladder overdistention (Detrusor-Sphincter Dyssynergia), pressure and tension causing pain, and activating the sympathetic nervous system. This can lead to emergence delirium in children after anesthesia and surgery. The incidence and prevention of POUR in pediatric patients are not well understood. PACU nurses report that POUR causes distress, delirium, longer recovery times, and higher costs. Currently, there are no pediatric perioperative nursing interventions to prevent POUR and its complications.

PRACTICE QUESTION:

What nurse-led interventions help prevent post-operative urinary retention (POUR) in pediatric surgical patients?

RESULTS:

Using the Johns Hopkins EBP Model (4th ed.), six databases produced 2,595 articles; after removing duplicates, 1,111 were screened. Of these, 29 full-text articles were reviewed, and only 14 supported the PICO question.

•Evidence Levels: 6 Level I-A, 7 Level III-A, 1 Level V-A.

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Gladder Bladder Matters:

Evidence suggests standardized protocols can prevent P.O.U.R. Post Operative Urinary Retention in pediatric surgical patients

- Encourage Pre-Op Voiding**
Ensure all pediatric patients (age 3+) use the toilet before surgery
- Monitor Bladder Status**
Use bladder scanning pre- and post-operatively
- Timed Interventions**
Implement electronic alerts at ≥180 minutes for long surgeries
- Comfort Measures**
Apply warm packs to the pelvic area post-op
- Pharmacologic Support**
Consider medications to reduce POUR risk
- Catheterization Protocol**

BEST-EVIDENCE RECOMMENDATIONS:

Evaluate POUR Nursing Interventions as Short- and Long-Term Solutions:

Short-Term Interventions:

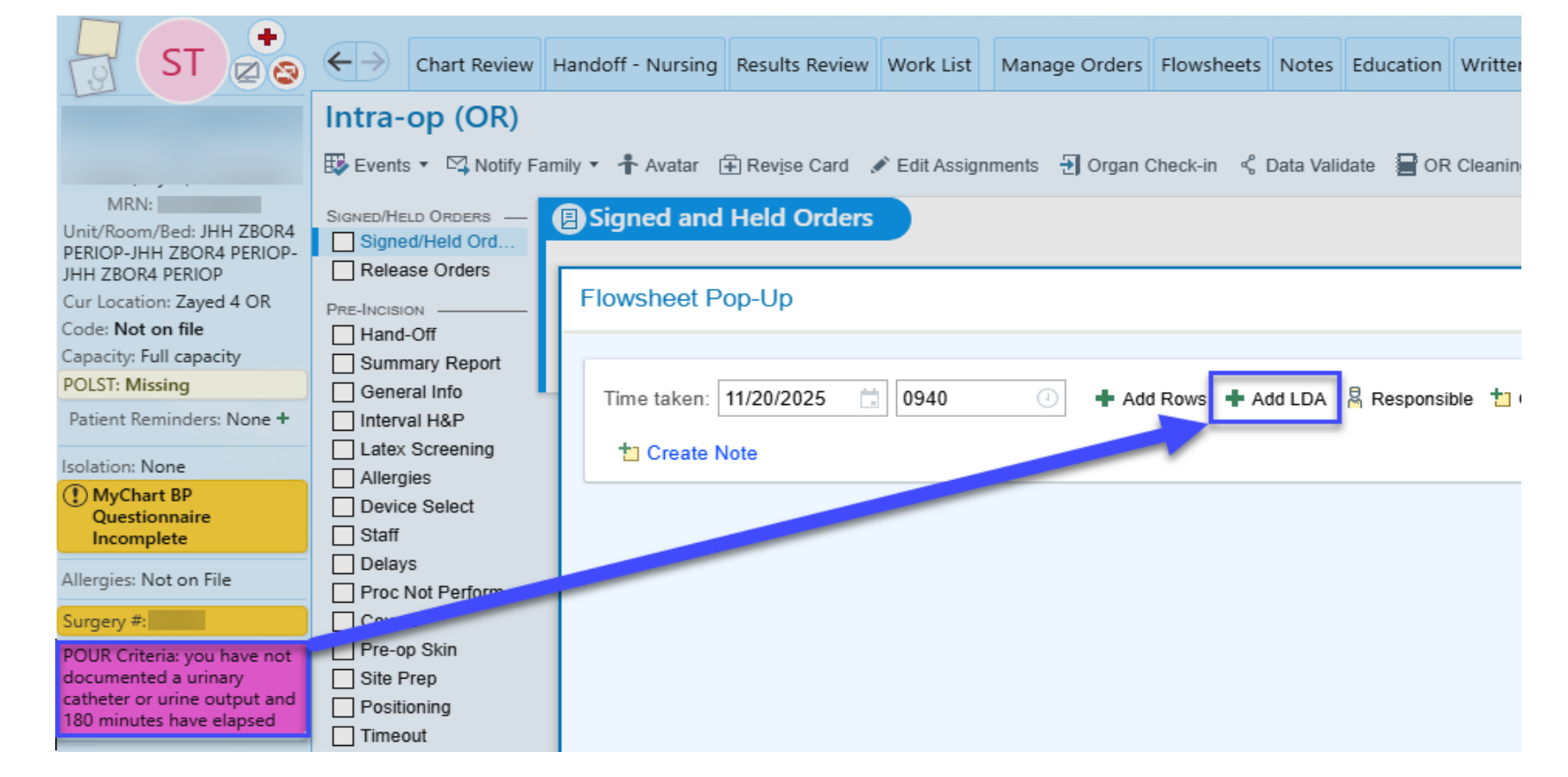
- Assess if perioperative interventions improve outcomes.
- Encourage voiding before surgery and discharge.
- Intra/postoperative catheterization for cases
- Medications: Tamsulosin, Alfuzosin, Drotaverine to reduce **POUR**
- Apply warm packs to pelvic area for comfort.
- Bladder scanning pre/post op

Long-Term Interventions:

- Conduct RCT comparing catheterization at 180 minutes vs. AORN standard of 240 minutes for long surgeries.

TRANSLATION INTO PRACTICE:

- ✓ Toilet all pre-op patients age 3+ before surgery
- ✓ Perform bladder scans at pre- and post-op
- ✓ Use electronic alerts at ≥ 180 minutes



- ✓ Straight catheterize when indicated
- ✓ Track **POUR** events through reports

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POUR POSTER POUR PRISMA
 References Evidence Table

