EP14

Provide one example, with supporting evidence, of clinical nurses having the autonomy to make nursing care decisions within the full scope of their nursing practice.

Example: Post-Foley Removal Retention Algorithm for Adult Patients

WakeMed established a Post-Foley Removal Retention Algorithm for Adult Patients, promoting nursing autonomy once a Foley catheter is discontinued per provider order.

Erin Taylor, DNP, APRN, ACCNS-AG based the Post-Foley Removal Retention Algorithm on one created by another Magnet organization, modifying it for WakeMed nursing practice. The algorithm is initiated once a provider orders Foley removal and the Post-Foley Removal Retention Algorithm.

The algorithm is a decision-tree that guides nurses in managing urinary retention that may occur within the first 48 hours post-Foley removal. Applying the algorithm promotes evidence-based, efficient, and effective nursing care without the need for provider input. (Evidence EP14-1, Post-Foley Removal Retention Algorithm for Adult Patients)

The Post-Foley Removal Retention Algorithm is embedded in EPIC, WakeMed's electronic health record, which alerts nurses to use the protocol.

WakeMed nurses are encouraged to practice at the top of their license in accordance with the North Carolina Board of Nursing. (Evidence EP14-2, NCBON Practice Act) The Post-Foley Removal Retention Algorithm enables clinical nurses to apply their clinical judgement while carefully monitoring patients for urinary retention post-Foley removal. This evidence-based algorithm empowers clinical nurses to initiate defined steps that keep patients comfortable and safe from post-Foley removal sequalae.

Patient Example

Nicole Gooch, RN removed a Foley catheter the patient per provider order and engaged the Post-Foley Removal Retention Algorithm. Gooch used the algorithm to evaluate the patient's ability to void within six hours of Foley removal. Gooch conducted the patient's first bladder scan, which showed 250ml of urine in the bladder. Applying the algorithm, Gooch's next steps were to encourage hydration. Two hours after the initial scan, she re-scanned the patient and found 412ml of urine in the bladder. Given these results, and adhering to the algorithm, Gooch continued to observe the patient until the next bladder scan in two hours. Two hours later, the patient voided 150ml, but the next bladder scan showed 387ml remaining in the bladder. Per the algorithm, a patient has up to six hours to produce over 500ml of voided urine after catheter removal.

On the next shift, Jerriane Flores, RN conducted the next timed bladder scan and found 550ml of urine retained in the patient's bladder. Based on the algorithm, Flores performed an in-and-out catheterization and obtained 600ml of urine. The following morning, Andrea Jones, RN performed a bladder scan post-void and found 268ml of urine retained. The patient voided again at 0845, and a post-void bladder scan indicated

a urine residual of 75ml. Based on this assessment and the algorithm, Jones made the clinical decision to remove the patient from the Post-Foley Removal Retention Algorithm. (Evidence EP14-3, Foley Removal Protocol Retention Screenshot)

Following this nurse-driven algorithm enabled Gooch, Flores, and Jones to use their clinical judgement and informed patient assessments to manage the patient's temporary urinary retention post-Foley removal for almost 24 hours without having to notify a provider. The nurse-driven algorithm guides nurses' decision-making and interventions for up to 48 hours before notifying the provider of ongoing urinary retention.