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Urinary catheterization in trauma and orthopedic patients

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Background & Aim: The use of urinary catheterization in neck of femur fracture patients is often debated as common best practice to manage and appropriate fluid assessment. Routine catheterization increases the risk bacteraemia, genitourinary injury, worsening mobility, risk of pressure sores and predisposition to delirium and falls. There is a need for increased awareness of urinary catheterization management in conjunction with healthcare-associated infections. NHS improvement has issued a letter aiming to half healthcare-associated Gram-negative bacteraemia, the majority of which is catheter-related. This project aims to identify barriers to safe catheter care in the orthopedic population by determining if management of urinary catheters is compliant with NICE quality standards (QS61).

Introduction: Appropriate perioperative care can help manage the associated risk of neck of femur fractures. The British Hip Society and British Orthopedic Association have provided little guidance on postoperative care and risk management. Appropriate catheter care will improve overall patient care but reducing mortality and associated morbidity by shortening stay by early mobilization and management of complications.

Method: All catheterized trauma and orthopedic patients in a district general hospital over one month (February) were included 67% of which had sustained neck of femur fractures. Data from nursing and doctors' records on the following parameters were collected: Demographics, the reason of admission, indication/location for catheterization and responsible clinician; the number of days catheterized, the reason for the retention of catheterization and management of suspected/confirmed catheter-related infection. Data were collected in April following the implementation.

Intervention: A urinary care pathway was launched based on the Houdini algorithm and educational seminars for medical and nursing staff were conducted.

Results: Mean age of patients was 78. Initial data was suggestive of poor documentation and prolonged, inappropriate retention of urinary catheterization and not in accordance with current guidance. Data was recollected in April after the launch of the pathway; data was indicative of marginal improvement of catheter care management, reduced time of catheter retention, improved documentation likelihood of review.

Conclusion: Incorporating a catheter care pathway in managing orthopedic patients has shown improvement in the overall documentation and management of urinary catheterization. Despite this improvement demonstrated, implementation of the pathway is still substandard. This pathway will be incorporated into an innovative integrated neck of femur pathway in June.

Biography

Sarah Shammout graduated from the University of Birmingham in 2017. Her fascination in trauma in the geriatric population blossomed while working both the geriatric and surgical department as a foundation doctor at Hereford County Hospital, Wye Trust, West Midlands, UK. She is currently undertaking a surgical clinical teaching post at Russell's Hall hospital, Dudgey, delivering surgical teaching and training to medical students at the University of Birmingham, as well as fulfilling her clinical role and responsibility by working in the trauma and orthopaedic department. She plans to embark on a surgical career in trauma and orthopaedics with a particular interest in silver trauma.