

00415 Demographics & Clinical Factors Associated With Failed Trial of Void Among Patients in an Acute Medical Ward

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Aims: To determine the success rate of trial of void (TOV) and contributing factors associated with failure of TOV among patients in an acute medical ward (AMW).

Methodology: This observational prospective study was conducted in an AMW between September 2016 to April 2017. Patients who were on short-term indwelling urinary catheter (IDC) and prescribed for TOV were included in this study. Demographics and clinical data were gathered from both electronic and hard copies of medical records. The HOUDINI protocol was used to determine the indication of IDC versus timely removal of IDC.

Result: A total of 200 participants were recruited, but only 190 data were analysed because 10 participants were on long term IDC and did not meet the inclusion criteria. There were 49% (n=93) male and 51% (n=97) female participants age ranged from 33 to 98 years old (median age= 81). The success rate of TOV was 72% (n=137). Patients had IDC on an average of 3 days and maximum of 29 days. The primary reason for having IDC was due to retention of urine 15.8% (n=30) and followed by 8.9% (n=17) for strict intake and output measurement. 73.6% (n=39) of participants who were >75 years old had the highest unsuccessful TOV rate and mostly were males 56.6% (n=36). 60.8% (n=31) of patients who had history of IDC accounted for unsuccessful TOV. 63.4% of the participants were ambulant, 29.1% were chair-bound, and 7.5% were bedbound.

Conclusion: Patients with history of IDC regardless of indications had higher rate of unsuccessful TOV. Increasing age, male, and polypharmacy has shown profound risk of unsuccessful TOV. Mobility status had significant impact on rate of unsuccessful TOV.