

Document Details		
Title	General Guidance for using Portable Bladder Scanners in the Community	
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Local Ref (optional)		
Main points the document covers	This guidance aims to ensure that all patients receive the optimal level of clinical care in line with best practice and research regarding ultrasound scans of the bladder and that clinicians are aware of the correct procedure for use of portable bladder scanners	
Who is the document aimed at?	Clinicians who are working within Shropshire Enuresis Clinics, Continence Clinics and the Community who have been trained and are competent in the procedure	
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Required by CQC		
Required by NHSLA		
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## 1 Introduction

The portable bladder scanner is a non-invasive ultrasonic instrument which is used as part of the diagnosis process when assessing children, young people and adults with bladder problems or disorders. A bladder scan must only be performed following a patient assessment by a registered nurse or medical practitioner who is competent in using the scanner. Appropriate and timely use of the scanner can assist in managing incontinence and help diagnose urinary and bladder dysfunction.

## 2 Purpose

This policy set's out the procedures and competencies required for all staff employed by Shropshire Community Health NHS Trust (SCHT) who undertakes bladder scanning as part of their clinical workload. It should be used in conjunction with the Enuresis Guidelines Policy (2016); Male Acute Urinary Retention in the Community Policy (2013) Trial Without Catheter in the Community (TWOC) Policy and with appropriate manufactures guidelines for the use of bladder scanners.

## 3 Definitions

Term / abbreviation	Explanation
AUR	Male Acute Urinary Retention
Daytime symptoms	Daytime urinary symptoms such as wetting, urinary frequency or urgency
Dysuria	Painful or uncomfortable urination
Enuresis	Involuntary wetting during sleep without inherent suggestion of frequency of bedwetting or pathophysiology
Micturition	To urinate
NICE	National Institute of Clinical Excellence
NMC	Nursing Midwifery Council
Nocturia	The need to wake and pass urine at night
Residual	The quantity left over at the end of a process; a remainder

TWOC	Trial Without Catheter in the Community
Void	To pass urine in an attempt to empty the bladder

**4 Duties**

**4.1 Director of Quality and Nursing**

Has overall responsibility for this clinical guideline, ensuring that it is fully implemented across the Trust as best practice.

**4.2 Director of Operations and Deputy Director of Operations**

Must ensure that:

- All staff has access to this evidence based policy

**4.3 Divisional Managers and Service Leads**

Managers and Service Leads need to ensure that:

- This policy is implemented into clinical practice
- Relevant staff that to attend training and updates.
- All relevant staff has access to appropriate equipment that complies with safety and maintenance requirements according to Shropshire Community NHS Trust policies

**4.4 Staff**

All nurses are accountable for their own actions; therefore it is important that the nurse acquires the relevant skills and competencies to ensure safe practice. This includes accessing the relevant training and supervision in accordance with the Nursing and Midwifery Council (NMC).

All staff must ensure that they attend the relevant training on continence care and management

## **5 Guidance for using Portable Bladder Scanners in the community**

### **5.1 Assessment**

It is nationally recognised best practice that all patients who present with bladder, bowel and/or continence related issues should be offered a full and holistic assessment.

### **5.2 Clinical Indication for the use of bladder scanning in SCHAT.**

- To provide an accurate non-invasive assessment of bladder volume
- Establish reasons for catheter and ensure any reversible causes have been treated e.g. constipation
- To measure bladder volume if the history suggests reduced bladder capacity and before commencing antimuscarinic medication
- To measure post-void residual bladder volume (PVR) if symptoms suggest incomplete bladder emptying or prior to commencing antimuscarinic medication and once established on an antimuscarinic medication
- To assist in bladder retraining

### **5.3 Contraindications for use**

- If the patient withholds consent
- The patient has a wound or non-intact skin in the supra pubic region
- Muscle spasm
- If the patient is known to be pregnant
- Known altered anatomy that may interfere with ultrasound waves
- Accuracy may be affected for patients with ascites or free floating fluid in the peritoneum and ovarian cysts

## 5.4 Responsibility and process

Staff who are required to undertake bladder scanning in the course of their clinical duties must be trained in the correct use of the scanner, including its safe transportation. Clinical procedures and rational are attached as Appendix 1 and competencies are attached as Appendix 2.

## 5.5 Care of Scanner

The scanner should be stored in a securely in the supplied case in a cool dry place following decontamination. It is especially important to protect the scan probe head.

Staff are responsible for ensuring the scanner is inspected weekly, fully charged at all times and maintained and calibrated annually by Medical Engineering Services (MES). This information will be recorded and kept with the scanner.

The scanner and probe head must be cleaned in accordance with both the manufactures instructions and in line with the Trust infection prevention and control Cleaning and Disinfection Policy If staff feel disinfection is required after cleaning then an alcohol wipe or by use of a chlorine Dioxide solution e.g. Tristel Jet (Appendix 3).

A supply of detergent wipes and ultrasound gel should be kept with the scanner.

All manufacturer's instructions must be adhered to and care taken to prevent damage to the equipment. Should any part of the equipment be damaged, this should be reported immediately to the designated manager with responsibility for the scanner.

Handling - When the machine is in use place it on a steady surface, for example a trolley.

## 6 Consultation

The policy was developed by The Continence Nurse for Paediatrics Team leader in association with School Nurses, School Nurse managers, Community paediatricians and the Infection Prevention and Control Team. It has been circulated widely by consultation with the following people:

- Shropshire School Nurses led by Kit Pool
- Continence Service led by Andrea Davies
- Infection Prevention and Control Team led by Liz Watkins
- Community Nurses and Children's Nurses led by Sally Crighton
- Parents Opening Doors (PODS) led by Debbie Hart
- Clinical leads and Divisional Managers led by Nicki Ballard
- Community Paediatricians led by Narinder Kular
- Parents and Carers Council

## 7 Dissemination and Implementation

This policy and guidelines will be disseminated to staff by the following methods:

- Deputy Director – cascading to Divisional Managers
- Disseminated to all relevant staff by Datix
- Inform article
- Published to Web Site
- Raising awareness through specialist groups e.g. Link Staff Meetings

Implementation will be via a rolling programme of training delivered by the Continence Team which includes Adult Continence Nurses, Community Children's Nurses and Continence Nurse for Paediatrics Lead via Shropshire Community Health NHS Trust Training and Development Unit

For advice and guidance on this policy or training information contact the Continence Nurses or Continence Nurse for Paediatrics Lead

## 8 Monitoring Compliance

Compliance will be monitored through audit developing specified audit standards.

## 9 References

- Nursing and Midwifery Council (NMC) (2008) The code: Standards of conduct, performance and ethics for Nurses and Midwives, NMC, London
- Department of Health (2000) Good Practice in Continence Services.
- Department of Health (2003) Good Practice in Paediatric Continence Services Benchmarking in Action, NHS Modernisation Agency, London
- Department of Health (2004) National Service Framework for Children, Young People and Maternity Services. Every Child Matters. Managing Bowel and Bladder Problems in Schools and Early Years Settings guidelines for good practice 2006. Promocon
- Getliffe K, Dolman (2007) Promoting Continence – A clinical and research resource London. Balliere Tindall Shropshire Community Health NHS Trust Clinical Records Keeping Policy
- National Institute for Clinical Excellence (NICE) 2010 Clinical Guidance 111 Nocturnal enuresis London: NICE
- Nursing and Midwifery Council (2016) The Code <https://www.nmc.org.uk/standards/code/record-keeping/>
- RCN (2006) Paediatric assessment of toilet training readiness and the issue of products. Royal College of Nursing, London
- Skills of Health competencies continence care bundle (2011) [www.skillsforhealth.org](http://www.skillsforhealth.org)

## 10 Associated Documents

- Shropshire Community Health NHS Trust Enuresis Guidelines Policy 2016
- Shropshire Community Health NHS Trust Male Acute Urinary Retention (AUR) Policy
- Shropshire Community Health NHS Trust Trial Without Catheter Care in the Community (TWOC) Policy
- Shropshire Community Health NHS Trust Cleaning and Disinfection Policy
- Shropshire Community Health NHS Trust Hand Hygiene Policy
- Shropshire Community Health NHS Trust Standard Precautions including the surgical hand scrubbing, gowning and gloving
- Shropshire Community Health NHS Trust Infection Prevention and Control Arrangements and Responsibilities Policy
- Shropshire Community Health NHS Trust Consent to Examination and Treatment Policy
- Shropshire Community Health NHS Trust Records Management Policy
- Shropshire County NHS Primary Care Trust and Telford and Wrekin NHS Primary Care Trust Waste Management policy
- Shropshire Community Health NHS Trust Privacy and Dignity Policy

## Appendices

Appendix 1 Procedure for using the Portable Bladder Scanner

Appendix 2 Description of outcomes for using the Portable Bladder Scanner

Appendix 3 Procedure for cleaning Portable Bladder Scanner



**Appendix 1****Procedure for using the Portable Bladder Scanner**

*A bladder scan must only be performed following assessment and by a clinician who is competent in using the scanner*

*All clinicians using the scanner should read the portable bladder scanner manual prior to use*

<b>Action</b>	<b>Rationale</b>
Introduce yourself as a staff member and any colleagues involved at the contact	To promote mutual respect and put client at their ease
Verbally confirm the identity of the patient by asking for their full name and date of birth. If client unable to confirm, check identity with family/carer	To avoid mistaken identity
Explain procedure to patient including risks and benefits and gain valid consent	To ensure client understands procedure and relevant risks
Ensure comfortable private area to conduct bladder scan adhering to Trust Privacy and Dignity Policy	To maintain comfort and privacy and dignity of patient
Ensure that the patient is in the supine or semi prone position and comfortable for example supported by pillows	For patient comfort and to allow good access to the bladder
Decontaminate hands with liquid soap and water or alcohol hand gel	To reduce the risk of cross-infection
Prepare equipment and clean scan head as per Appendix 3 prior to use	To ensure equipment is easily available and clean
Put on a disposable plastic apron and non-sterile vinyl/nitrile gloves	To reduce the risk of cross-infection
Expose area above the pubic bone whilst taking care to keep exposure to a minimum	To maintain privacy and dignity of patient
Set scan probe head to Child or Adult  Apply a generous amount of Ultrasound Transmission Gel to scanner probe head and place on the area above the pubic bone	To allow scanner to adjust calibration to reflect an accurate reading  To aid ultrasound transmission

Press the scan probe head into this area at a downwards angle towards the bladder ensuring that the scan head is in the correct position	To ensure an accurate reading
Press the button on the scan probe head and wait for the reading to display.  Repeat procedure 3-4 times with minor adjustment of the scan head each time	To obtain bladder scan  To ensure that the highest volume is detected
Inform patient that the procedure is now finished and use a paper towel to remove excess gel and allow them to fix their clothing	To ensure that the patient can relax and that the gel is removed To ensure privacy and dignity
Clean scan probe head as per Appendix 3	To ensure equipment is clean
Remove disposable apron and gloves and dispose as per SCHAT Waste management policy  Decontaminate hands with liquid soap and water or alcohol hand gel	To prevent cross infection
Detach bladder scan print out and label with patient's name, date and time, and record scan results in appropriate pathway documentation <ul style="list-style-type: none"> <li>• Enuresis Care Pathway</li> <li>• Trial without Catheter</li> <li>• Acute Retention of Urine</li> <li>• Urinary Care Pathways</li> </ul>	To ensure print out is labelled with the correct patient, date and time.  To ensure that the results are permanently recorded as print out fades over time and becomes eligible  To meet the clinical and legal requirements for documentation (NMC 2016, SCHAT Records Management Policy).
Discuss findings with patient and record in the patients records any comments / concerns made by the adult / child / young person or their carer / guardian	To agree planned interventions and recommendations

**Appendix 2****Description of outcomes for using the Portable Bladder Scanner**

Description of element	Learning outcome	Method of Assessment Discussion (D) Questioning (Q) Observation (O)
No.1 Knowledge of the functions of the bladder -anatomy -physiology	The qualified practitioner is able to describe the functions of the bladder	
No. 2 Knowledge of the scope of use for using the bladder scanner	The qualified practitioner is able to discuss when the bladder scanner could be used	
No. 3 Knowledge of the: -clinical applications -limitations of using the bladder scanner	The qualified practitioner is able to discuss the clinical application of the bladder scanner and the limitations of its use	
No. 4 The nurse understands the principles and skills of patient assessment	The qualified practitioner implements: -patient assessment -evaluation of the procedure and informs the medical staff of the outcome	
No. 5 The skill of using the bladder scanner is demonstrated	The qualified practitioner undertakes the skill of using the bladder scanner under supervision until competency is achieved	
No.6 Knowledge of the correct technique in using the scanner	The qualified practitioner is able to discuss the correct procedure in using the bladder scanner	
No. 7 Understands the principles of storage, handling and cleaning the scanner	The qualified practitioner is able to describe and demonstrate the storage, handling and cleaning of the scanner	
<b>Signature of participant:</b>	Date:	
<b>Signature of assessor:</b>	Date:	

## Appendix 3

### Procedure for cleaning scanner:

Personal protective equipment must be worn when cleaning all equipment

Apply a disposable apron and non-sterile vinyl/nitrile gloves

### Console and battery charger:

Wipe over all surfaces with a detergent wipe to remove dust soiling etc. To remove traces of detergent and dry the surfaces cleaned, wipe over with a dry paper towel.

### Scanner Probe:

Remove excess gel with paper towel and then wipe over with a detergent wipe firstly the probe head followed by the length of the cable moving towards the console.

To remove traces of detergent and dry the cleaned surfaces, wipe over with a dry paper towel.

If the patient is known to have an infection e.g. Methicillin-resistant *Staphylococcus aureus* (MRSA) *Clostridium difficile*, norovirus or broken areas of skin the console and probe must be in the first incidence cleaned as detailed above followed by disinfection using a Chlorine Dioxide based product e.g. Tristel Jet, or a 70% solution of isopropyl alcohol.

### Storage case:

Inside

Wipe the inside surface with detergent wipe prior to returning cleaned Bladder Scanner to its case

Outside

Wipe the outside of the storage case with detergent wipes following the return of the cleaned Bladder Scanner to case with the case closure in place.

Apply a green decontamination status band/label to the case as per the SCHAT Cleaning and Disinfection Policy.