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Medicine and SCCA Staff

Documenting Continuous Bladder Irrigations (CBI)

Preparation for CBI

1. Get irrigation bags from floor stock or pharmacy if fluid includes a medication
2. Check that a 3-way foley is inserted and functioning

Bladder irrigation is charted in the **Tubes/Drain/Net** band in IVIEW

1. Customize View and select **Bladder Irrigation, Urine Output Description Info, and Urethral Catheter Data** and then **OK**

Bladder Irrigation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bladder Irrigation Fluid Type	<input checked="" type="checkbox"/>	
Bladder Irrigation Instructions	<input checked="" type="checkbox"/>	
Bladder Irrigation Intake	<input checked="" type="checkbox"/>	
Bladder Irrigation Output	<input checked="" type="checkbox"/>	

2. Document **Foley Type** (3-way), appropriate **Urethral Catheter – Action** and **Urethral Catheter DETAILED Data** in correct time column in IVIEW

Note: In **Urinary – Care / Treatment** field, select **CBI started [see eMAR]**. **Other** field can be used for Left-to-Credit (LTC) volumes

Tip: The user can list the full volume of a new bag as LTC when it is first hung to help keep track of large volumes of fluid and large numbers of bags

3. Prior to hanging initial irrigation bag, empty foley and chart urine amount in **Urethral Catheter (Foley) Output mL** cell. This urinary volume displays on **Intake & Output**
4. Chart **Urine Output Description Info**
5. On **Med Admin (MAR)**, start bag by selecting the task cell

Note: there is no **Begin Bag** and the volumes do *not* go to Intake & Output.

Tip: A suggestion is to mark the time a bag was hung with tape and a Sharpie

6. Document **Bladder Irrigation** information – fluid type, instructions

*** Note: Do not take credit for bag volumes until end of bag or end of shift ***

Charting at the end of a CBI Bag (or end of shift)

1. Empty foley drainage bag, chart total volume under **Bladder Irrigation Output** This may be done multiple times for each bag of CBI hung
2. Enter amount of bladder irrigation infused and chart in **Bladder Irrigation Input** field
3. Difference between bladder irrigation intake and output fields is the urine output which is calculated and documented in the **Urethral Catheter (Foley) Output mL** cell. Any volume in this field will display in Intake & Output
4. When urine drainage bag is emptied, look back to previous LTC and estimate the volume of bladder irrigation infused. If not all of that volume went in, display new LTC result

Urine Output Description				Light, Amber
Urethral Catheter				3-way
Foley Type				Inserted
Urethral Catheter - Action				
Urethral Catheter				
French/Size	Fr			20
Tube/Drain Management				Dependent drainage, Secured, LEFT, thigh
Drainage System Asmt		Draining w/o		Draining w/o difficulty
Urethral Catheter (Foley) Output	mL	200	250	125
Urinary - Care / Treatment		Other: LTC - 1500 mls		CBI started (see eMAR), Other: LTC 3000mls
Bladder Irrigation				
Bladder Irrigation Fluid Type				Normal Saline
Bladder Irrigation Instructions				high flow to keep urine clear
Bladder Irrigation Intake	mL	500	1,000	
Bladder Irrigation Output	mL	700	1,250	

Note: in example above, initial bag hung and LTC shows volume of 3000 mls. After documenting twice – 1500 mls show as volume infused so current LTC is remaining 1500 mls

5. If a partially filled irrigation bag is hanging at the end of the shift, mark with tape and a Sharpie and enter volume in bag as Left-to-Credit in the **Other** field of the **Urinary – Care / Treatment** cell
6. Whenever hanging a new irrigation bag, go back to eMAR to document new bag

Finding CBI Information in ORCA

1. From **72hr Results View** tab or **All Results tab**, select **Tube/ Drain/Net Sheet** Flowsheet - all data related to Continuous Bladder Irrigation can be viewed on this flowsheet
2. From **72hr Results View** tab or **All Results tab**, select **IO** Flowsheet – all fluid volumes including urine output can be viewed here
3. Caution other users to not look at intake and output totals on the **MD Sum** tab or the balances on the Intake and Output band because they can be misleading