### TREATMENT PROTOCOL – BLADDER SCAN

1. If patient has a urinary catheter, begin Bladder Scan Protocol after urinary catheter is removed.
   
   Perform Bladder scan after each void or every 4 hours if unable to void.

2. Contra-indications for bladder scanning:
   - Pregnancy
   - Post partum women
   - Open skin wounds in the suprapubic area

   ***Scar tissue, surgical incisions, sutures, or staples in the suprapubic area can affect ultrasound transmission and reflection. Additionally, abdominal ascites or significant edema will cause falsely high bladder scan readings.***

3. Perform straight catheterization **TWICE** for:
   - Bladder scan volume > 300 mL with symptoms (i.e. lower abdominal pain and distention)
   - Bladder scan volume > 500 mL at any time

4. At third occurrence of bladder scan volume > 300 mL with symptoms or > 500 mL:
   - Discontinue Bladder Scan Protocol
   - Re-insert indwelling urinary catheter
   - Notify Provider to initiate Urinary Catheter Insertion/Maintenance orders

5. Discontinue Bladder Scan Protocol if **any** post void residual is less than 300 mL.