Urinary Catheter Removal Protocol

Nurse to assess each a.m. for the presence of the urinary catheter and continued need.

- 1. Does patient have a urinary catheter? If no, re-evaluate the next day. If yes, evaluate for need.
- 2. Is the catheter indicated for any (at least one) of the following reasons?
 - Urinary retention
 - Accurate measurement of output- pt unable to use urinal or bedpan
 - Less than 48 hours post urologic surgery
 - Open wound in sacral or perineal area in incontinent patient
 - Prolonged immobilization (pelvic fracture, potentially unstable thoracic or lumbar spine injury)
 - Patient too ill or fatigued to use any other type of urinary collection strategy
 - Urinary incontinence of patient or family request
- 3. If no appropriate (acceptable) indication(s) for use are present, nurse to discontinue urinary catheter per attached protocol.
- 4. Post discontinuation, observe the patient based on the attached protocol.
- 5. Contact healthcare provider if any concerns related to patient's assessment.

Healthcare provider Triggering Protocol:	Per orde	er written @		
(NO HEALTHCARE PROVIDER SIGNATURE REQUIRED)			Date	Time
Protocol confirmed by:				
(Signature, RN)	Date	Time		

Foley Catheter Removal Protocol

To be addressed daily on all patients with Foley Catheters

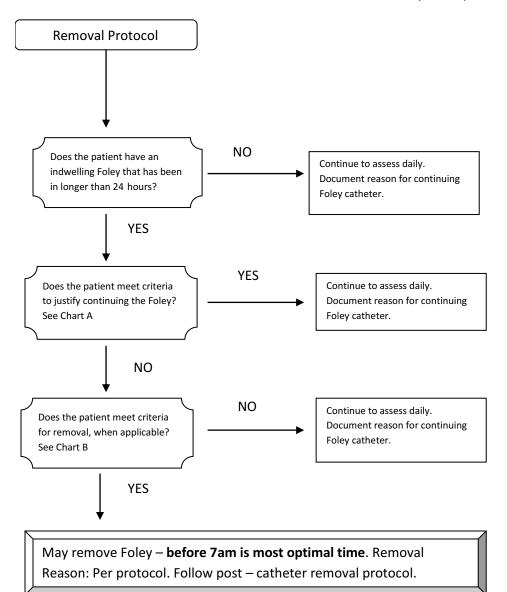


Chart A

Criteria for Continuing Foley Catheter

- Known or suspected urinary tract obstruction
- Neurogenic bladder dysfunction
- Recent less than 48 hours post urologic surgery, or recent surgery involving structures contiguous with the bladder or urinary tract, after pelvic surgery (e.g., GYN, colorectal)
- Other post surgical procedure—with an order stating do not remove Foley
- Urinary incontinence in the patient with Stage III or Stage IV pressure ulcers on the trunk, perineal wounds, necrotizing infections
- Need for accurate measurement of urinary output in a critically ill patient, patient undergoing aggressive diuresis, or presence of renal impairment (unless patient is able to cooperate with strict output monitoring—can use a bed pan or commode)
- Epidural catheter still in place
- Palliative care for terminally ill
- Foley placed within 24 hours

Chart B

Criteria for Removal(when applicable)

- Patient is awake, alert, and oriented or is at baseline mental capacity. Verbally expresses no trouble voiding before the catheter was placed or return to baseline urinary status (i.e., incontinent before Foley was placed)
- If surgical procedure, patient able to comfortably use a bed pan/commode which will not interfere with intent of procedure
- Order for strict output monitoring is discontinued, or the patient is able to cooperate with strict output monitoring
- Epidural catheter is removed

Note: A healthcare provider order is required for discontinuing Foley in patients who have had a recent urologic surgery, bladder injury, pelvic surgery, and/or recent surgery involving structures contiguous with the bladder or urinary tract.

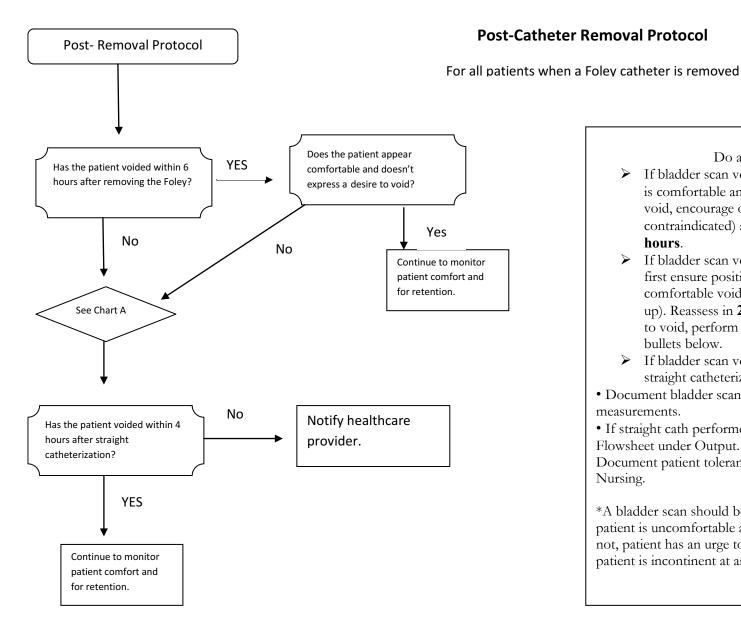


Chart A
Do a bladder scan.

- If bladder scan volume is <400 ml and the patient is comfortable and **does not** express a desire to void, encourage oral fluid intake (unless contraindicated) and repeat bladder scan in **2** hours.
- ➤ If bladder scan volume is 400-600 ml the RN will first ensure position of the patient allows comfortable voiding if applicable (standing, sitting up). Reassess in **2 hours**. If the patient is not able to void, perform a straight catheterization. See 2 bullets below.
- ➤ If bladder scan volume is >600 ml, perform a straight catheterization.
- Document bladder scan volume in the Flowsheet under measurements.
- If straight cath performed, document volume in the Flowsheet under Output.

Document patient tolerance as a Progress Note, Service: Nursing.

*A bladder scan should be done for any of the following: patient is uncomfortable at anytime, whether voiding or not, patient has an urge to void but is unable to do so, patient is incontinent at any time (that is not baseline).