Clinical Protocol

Adult Indwelling Urinary Catheter Removal Protocol & Bladder Management Guidelines

Document Reference #:	3328
Version #:	4
Originally Issued:	Not Set
Last Revision:	09/15/2022
Last Review:	09/01/2022
Next Review:	09/01/2023
Approved:	09/01/2022

Twice daily, prior to 0500 and 1700: Nurse (RN) will assess all patients who have an indwelling urinary catheter and whether or not the urinary catheter removal protocol has been ordered.

*****This Protocol does not include Urology, Urologic trauma, and Pediatric patients and patients with suprapubic catheters*****

Does patient meet criteria to justify continuing indwelling urinary catheter?

YES

- Assess daily if patient continues to meet criteria to justify indwelling urinary catheter.

NO

- RN will remove patient's indwelling urinary catheter by 0700 or earlier if no need for a catheter is identified.
- Initiate Post-Catheter Removal Assessment and Care.

Criteria for Continuing Indwelling Urinary Catheter

Approved Urinary Catheter Indications	Alert Suppression
Known or suspected urinary tract obstruction	24 hrs.
Urinary retention	24 hrs.
Urological surgery or other surgery on contiguous structures of the GU tract	3 days
Anticipated prolonged duration of surgery: postoperative day 0 or 1	24 hrs.
Anticipated receipt of large volume infusions or diuretics during surgery, postoperative day 0 or 1	24 hrs.

Intraoperative monitoring of urinary output, postoperative day 0 or 1	24 hrs.
Assisted healing of Stage III/IV perineal or sacral pressure ulcers in incontinent patient - 7 days	7 days
Hourly measurement of urinary output in *critically ill patients*	24 hrs.
Bladder irrigation in patient with gross hematuria with potential clots	24 hrs.
Palliative care for terminally ill	Rest of the encounter
Prolonged immobilization for trauma or surgery	24 hrs.

Post-Catheter Removal Assessment and Care – The RN will assess patient for:

- Spontaneously voiding
- Not voiding; however, patient is comfortable and expresses no urge to void
- Uncomfortable and urge to void (if able to express).

Bladder scan should be done for any of the following if the patient:

- Bladder Palpable.
- Is uncomfortable/pain/feeling of fullness at any time.
- Has an urge to void but is unable to do so.
- Is incontinent at any time.
- Has not voided in over 6 hours.

If the patient is uncomfortable or has urge to void and bladder scan is > 300 ml:

- Straight catheterize patient and monitor every 6 hours for 24 hours. Notify physician if patient is unable to void successfully in 24 hours.
- Record the output volume in the correct category (date and time of void or intermittent catheterization).

If the patient is uncomfortable or has urge to void and bladder scan volume is < 300 ml:

- Reassess and perform bladder scan in 2 hours if no void. Document amount of bladder scan volume.
- Reference protocol to bladder scan and straight catheterization for volume > 300 ml.

For patients with Neurogenic Bladder, Spinal Cord Injury, Bladder Emptying Dysfunction, etc.:

- Consult MD to obtain a written order for intermittent catheterization frequency, consider in-and out-catheterization every 6 hours or whether suprapubic catheter is appropriate. The frequency of intermittent catheterization should be sufficient to maintain a drained volume of not more than 400 ml at one time. Do not insert an indwelling urethral catheter.
- Record the output volume in the correct category (date and time of intermittent catheterization).

See Appendix A

REFERENCES

American Urological Association. https://www.auanet.org/guidelines/guidelines/adult-neurogenic-

lower-urinary-tract-dysfunction#x15945 retrieved 5/18/2022

CDC (2020). Center for Disease Control. https://www.cdc.gov/hai/ca_uti/uti.html retrieved 5/18/2022

IDSA (2020) Infectious Disease Society of America. https://www.idsociety.org/ retrieved 5/18/2022

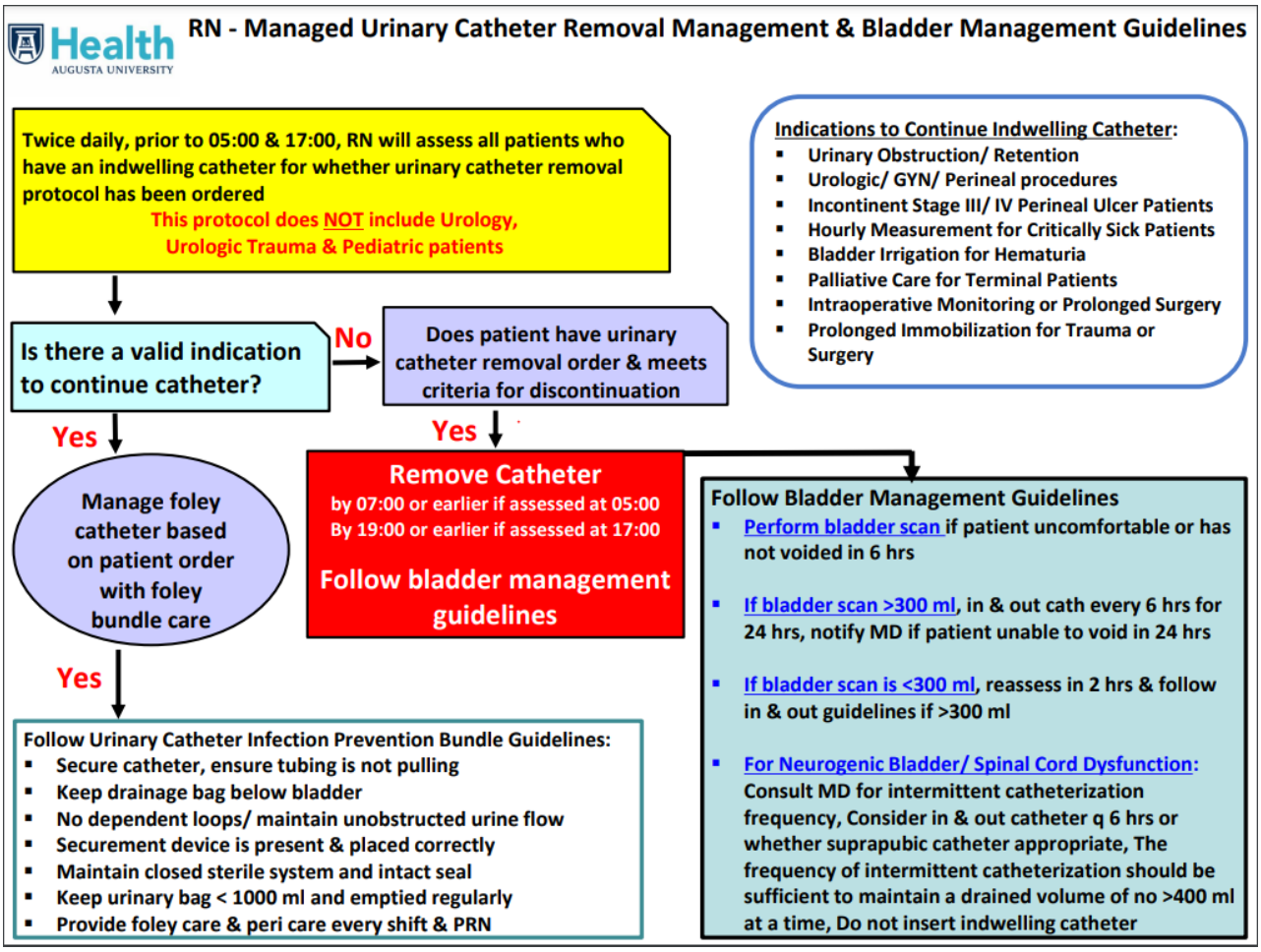
SHEA (2020). The Society for Healthcare Epidemiology of America. https://www.shea-online.org/index.php/practice-resources retrieved 5/18/2022

RELATED POLICIES

Catheter Associated Urinary Tract Infection Prevention Policy
https://augusta.policytech.com/dotNet/documents/?docid=7773

Adult Urinary Catheter Exchange protocol https://augusta.policytech.com/dotNet/documents/?docid=10296

Appendix A:


Health
AUGUSTA UNIVERSITY
RN - Managed Urinary Catheter Removal Management & Bladder Management Guidelines
Twice daily, prior to 05:00 & 17:00, RN will assess all patients who have an indwelling catheter for whether urinary catheter removal protocol has been ordered
This protocol does NOT include Urology, Urologic Trauma & Pediatric patients
Indications to Continue Indwelling Catheter:
Urinary Obstruction/ Retention
Urologic/ GYN/ Perineal procedures
Incontinent Stage III/ IV Perineal Ulcer Patients
Hourly Measurement for Critically Sick Patients
Bladder Irrigation for Hematuria
Palliative Care for Terminal Patients
Intraoperative Monitoring or Prolonged Surgery
Prolonged Immobilization for Trauma or Surgery
Is there a valid indication to continue catheter?
No
Does patient have urinary catheter removal order & meets criteria for discontinuation
Yes
Yes
Manage foley catheter based on patient order with foley bundle care
Remove Catheter
by 07:00 or earlier if assessed at 05:00
By 19:00 or earlier if assessed at 17:00
Follow bladder management guidelines
Yes
Follow Bladder Management Guidelines
Perform bladder scan if patient uncomfortable or has not voided in 6 hrs
If bladder scan >300 ml, in & out cath every 6 hrs for 24 hrs, notify MD if patient unable to void in 24 hrs
If bladder scan is <300 ml, reassess in 2 hrs & follow in & out guidelines if >300 ml
For Neurogenic Bladder/ Spinal Cord Dysfunction: Consult MD for intermittent catheterization frequency, Consider in & out catheter q 6 hrs or whether suprapubic catheter appropriate, The frequency of intermittent catheterization should be sufficient to maintain a drained volume of no >400 ml at a time, Do not insert indwelling catheter
Follow Urinary Catheter Infection Prevention Bundle Guidelines:
Secure catheter, ensure tubing is not pulling
Keep drainage bag below bladder
No dependent loops/ maintain unobstructed urine flow
Securement device is present & placed correctly
Maintain closed sterile system and intact seal
Keep urinary bag < 1000 ml and emptied regularly
Provide foley care & peri care every shift & PRN