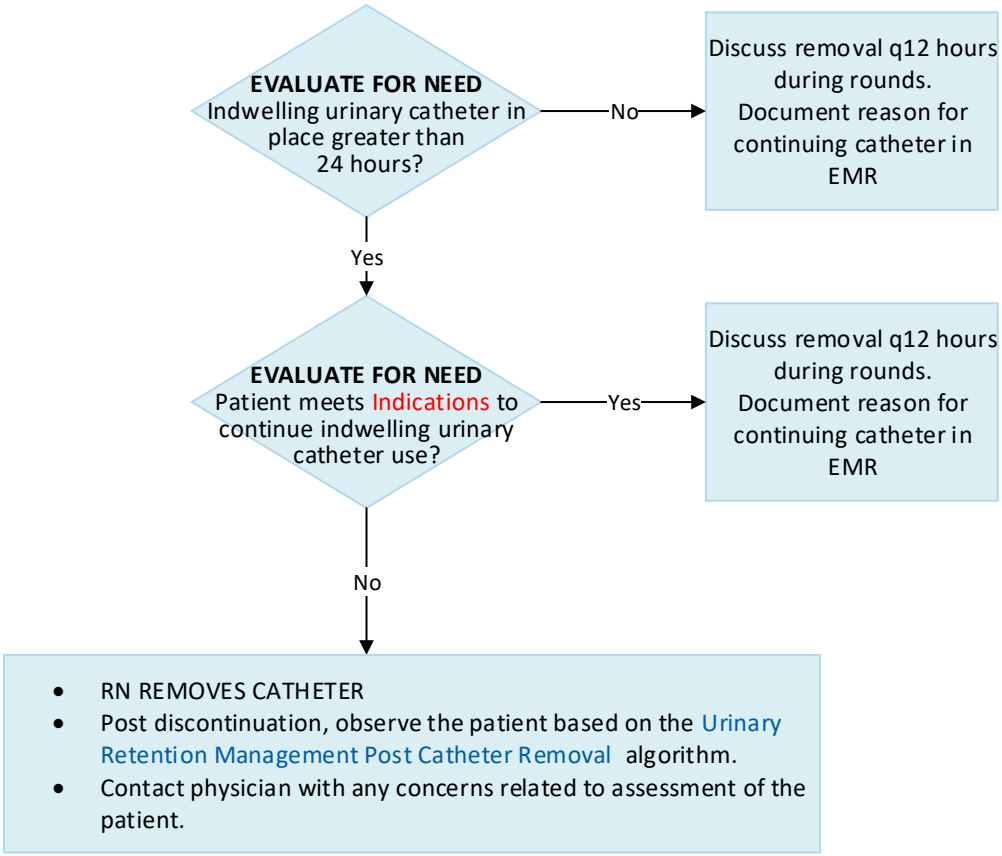
Nurse Driven Protocol for Removal of Indwelling Urinary Catheter
DCMC Algorithm

INDICATIONS TO CONTINUE INDWELLING URINARY CATHETER USE:

- Perioperative use for selected surgical procedures
- Bladder obstruction/acute urinary retention
- Patient requires prolonged immobilization
- Accurate measurement of urine output in patients in critical care units
- Healing of open sacral or perineal wounds in incontinent patients
- Improve comfort for end of life care
- Other reasons why indwelling urinary catheter might be appropriate
  - See detailed Indications

The nurse should assess **daily** for the presence of a urinary catheter and the continued need using the following steps:



Note:

- Nursing will review appropriateness of indwelling urinary catheter once a shift, discussing with attending during rounds using the above indications.
- If catheter is placed by Urology or Pediatric Surgery you MUST consult them prior to removal.
- If a pressure ulcer/wound is present around the coccyx or perineal areas please consult a WOCN to discuss necessity of catheter to promote healing.

Nurse Driven Protocol for Removal of Indwelling Urinary Catheter
DCMC Algorithm

Tool: Protocol for nurse-directed removal of unnecessary urinary catheters.

Goal: Providing the bedside nurse with an evidence-based protocol that is driven by specific patient indications and diagnoses allowing them to practice autonomously in catheter removal.
Prompt removal of indwelling urinary catheters (foley) results in decreased device days and decreased incidence of CAUTIs.

Patient is candidate for Indwelling Urinary Catheter
ONLY IF meets these Indications:

a. Perioperative use for selected surgical procedures
- Urologic surgery
- Renal Transplant
- Prolonged duration of surgery(catheters inserted for this reason should be removed in PACU)
- Receiving large volume infusions or diuretics during surgery
- Need for intraoperative I&O

b. Bladder obstruction/acute urinary retention
- Pre-existing (ie 'Chronic') indwelling urinary catheter
- Urinary tract obstruction (e.g. overflow incontinence, urethral stricture)

c. Patient requires prolonged immobilization
- Unstable spine/unstable thoracic or lumbar spine
- Pelvic fracture/Pelvic surgery this admission
- Significant crush injury
- 'Open' chest/'Open' abdomen

d. Accurate measurement of urine output in patients in critical care units
- Hemodynamically unstable / receiving vaso-active agents
- Therapeutic sedation (e.g. RASS -4 or -5) / Receiving neuromuscular blocking agent
- Acute neurological insult (e.g. CVA, SDH/EDH/SAH/ICH, TBI)
- ECMO/Severe ARDS (e.g. prone therapy)
- Continuous infusion of diuretic

e. Healing of open sacral or perineal wounds in incontinent patients
- Perineal pressure ulcer (Stage II or higher) and is incontinent
- Colorectal surgery this admission

f. Improve comfort for end of life care
- Receiving 'Comfort Care' at end-of-life

g. Other reasons why Indwelling Urinary Catheter would be appropriate
- Catheter inserted by urologist with orders not to remove
- Catheter re-inserted after previous catheter removal with this protocol
- Specific order written not to remove indwelling urinary catheter
- Neurogenic bladder per provider orders
- Bladder injury
- Urinary catheter placed by Urology / 'Difficult insertion' of urinary catheter / Coude catheter
- Urology / Uro-Gynecology surgery this admission
- Nephrology / Urology following patient
- Epidural catheter in place
- Hematuria

Reference:
PolicyStat
Nurse Driven Protocol for Removal of Indwelling Urinary Catheters

Nurse Driven Protocol for Removal of Indwelling Urinary Catheter DCMC Algorithm

DCMC Evidence-Based Outcomes Center

EBOC Project Owner: Leslie McQuiston, MD

Revision History
Date Approved: November 2022
Next Review Date: November 2026

Difficult Urinary Catheterization Escalation Algorithm:
Leslie McQuiston, MD
Lucy Sommerdorf, Infection Preventionist
Andrew Kosko, RN
Erin Truty, ICU RN
Becky Toth, RN
Meena Iyer, MD
Nalinda Charnsangavej, MD
Peter Gilbreath, MD
Winnie Whitaker, MD
Elise Williams, RN
Carmen Garudo, EBOC PM

EBOC Leadership Committee:
Sarmistha Hauger, MD
Sujit Iyer, MD
Tory Meyer, MD
Amanda Puro, MD
Meena Iyer, MD
Patty Click, RN
Lynn Thoreson, DO
Nilda Garcia, MD

LEGAL DISCLAIMER: The information provided by Dell Children's Medical Center (DCMC), including but not limited to Clinical Pathways and Guidelines, protocols and outcome data, (collectively the "Information") is presented for the purpose of educating patients and providers on various medical treatment and management. The Information should not be relied upon as complete or accurate; nor should it be relied on to suggest a course of treatment for a particular patient. The Clinical Pathways and Guidelines are intended to assist physicians and other health care providers in clinical decision-making by describing a range of generally acceptable approaches for the diagnosis, management, or prevention of specific diseases or conditions. These guidelines should not be considered inclusive of all proper methods of care or exclusive of other methods of care reasonably directed at obtaining the same results. The ultimate judgment regarding care of a particular patient must be made by the physician in light of the individual circumstances presented by the patient. DCMC shall not be liable for direct, indirect, special, incidental or consequential damages related to the user's decision to use this information contained herein.