



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY
Foley Catheter Line Assessment		NUR-012
MANUAL	EFFECTIVE DATE	REVIEW DATE
Nursing	02/2020	
DEPARTMENT	REFERENCE	
Nursing	See below	

SCOPE

This policy applies to patients at Mangum Regional Medical Center.

PURPOSE

To establish evidenced-based practice guidelines for the prevention of catheter associated urinary tract infections for patients in need of either short or long term urinary catheterization. Virtually all healthcare associated UTI's are caused by instrumentation of the urinary tract. CAUTI can lead to patient complications as prostatitis, epididymitis, orchitis in males, cystitis, meningitis pyelonephritis, gram-negative bacteremia, endocarditis, vertebral osteomyelitis, septic arthritis, and endophthalmitis. In addition, CAUTI can cause discomfort to the patient, prolonged hospitalization, increased cost, and mortality.

DEFINITIONS

NA

POLICY

Each patient with or without an indwelling urinary catheter will be assessed by a qualified and trained clinical staff member (RN, LPN, Medical Provider) prior to insertion or evaluation of continued need for such device based on established indicators for indwelling urinary catheters. After a thorough assessment and based upon the indications, a trained clinical staff member can insert, continue, or remove the indwelling urinary catheter.

PROCEDURE

Appropriate Urinary Catheter Use: Insert indwelling urinary catheter only for appropriate indications and leave in if needed.

1. Examples of Appropriate Indications for Indwelling Urethral Catheter Use:
 - Acute urinary retention or bladder outlet obstruction;

- Need for accurate measurements of urinary output in critically ill patients;
- Perioperative use for selected surgical procedures (urologic surgery or other surgery on contiguous structures of the genitourinary tract, anticipated prolonged duration of surgery, administration of large-volume infusions or diuretics during surgery, need for intraoperative monitoring of urinary output);
- To assist in healing of open sacral or perineal wounds in incontinent patients;
- Patient requires prolonged immobilization (potentially unstable thoracic/lumbar spine, multiple traumatic injuries e.g. pelvic fractures);
- Patients with chronic indwelling urinary catheter in place on admission;
- Improve comfort for end of life care if needed.

Examples of Inappropriate Uses of Indwelling Catheters:

- As a substitute for nursing care of the patient with incontinence;
 - As a means of obtaining urine for culture or other diagnostic tests when the patient can voluntarily void;
 - For prolonged postoperative duration without appropriate indications.
2. Each patient with or without an indwelling urinary catheter will be assessed by a qualified and trained clinical staff member (RN, LPN, LIP) prior to insertion or evaluation of continued need for such device based on established indicators for indwelling urinary catheters. After a thorough assessment and based upon the indications, a trained clinical staff member can insert, continue, or remove the indwelling urinary catheter.
 3. Medical Provider order for Indwelling Urinary Catheter Removal Protocol.
 4. If the patient does not meet at least one of the indicators for appropriate use of an indwelling catheter, the catheter will be removed by a nurse.
 5. Education and Training: Healthcare personnel and others who take care of catheters are given periodic in-service training regarding techniques and procedures for urinary catheter insertion, maintenance, and removal.

REFERENCES

CDC 2018 National Healthcare Safety Network (NHSN) Patient Safety Component Manual, MedSurg Nursing Jan/Feb 2014 23(1), CDC/HICPAC Guideline for Prevention of Catheter Associated Urinary Tract Infection Feb 2017

ATTACHMENTS

NUR-012A Indwelling Urinary Catheter Removal Protocol

REVISIONS/UPDATES

Date	Brief Description of Revision/Change



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

HOSPITAL NAME

**Indwelling Urinary Catheter Removal Protocol
Mangum Regional Medical Center**

Date of Review: _____ **Nurse:** _____

1. Does patient meet criteria to justify insertion or continuing indwelling urinary catheter?

a) If **YES**, check indications below:

- Acute urinary retention or bladder outlet obstruction
- Need for accurate measurements of urinary output in critically ill patients
- Perioperative use for selected surgical procedures (urologic or other surgery on contiguous structures of the genitourinary tract, anticipated prolonged duration of surgery, need for intraoperative monitoring of urinary output)
- To assist in healing of open sacral or perianal wounds in incontinent patients
- Patient requires prolonged immobilization (unstable thoracic/lumbar spine, multiple traumatic injuries e.g. pelvic fractures)
- Patients with chronic indwelling urinary catheter in place on admission
- Improve comfort for end of life care if needed

b) If **NO**, remove indwelling urinary catheter. Initiate post-catheter Removal Assessment and Care: Nurse will assess the patient for:

- ✓ Spontaneously voiding
- ✓ Not voiding; however, patient is comfortable and expresses no urge to void
- ✓ Uncomfortable and urge to void

c) Indwelling Urinary Catheter Discontinued: Date: _____ Time: _____

Removed By: _____

d) If the patient is uncomfortable or has the urge to void and/or has not voided in over 6 hours, initiate the following actions:

- 1) Straight cath patient times 1, then notify Provider if patient is unable to void adequately.
- 2) Provider Notified: Date: _____ Time: _____
- 3) Nurse: _____

