Does the patient have a urinary catheter and an active order for RN-Managed Removal Management?

YES

Manage Foley Catheter based on patient order
Continue Catheter Cares (see Additional Information below)

NO

Is there a valid indication to continue catheter?

YES

Complete ALL of the following:
• Perform Catheter Cares (see Catheter Cares)
• Reassess for “Indications to Continue” BID
• Document Reason for Foley Continuation (FS row: Indication to continue catheter)

NO

Remove Catheter

Document
• Date/time removed LDA
• I&O minimum of 24 hrs post removal
• Document in Flowsheet row: Indication to Continue Catheter → “No indication to continue catheter – removed per protocol.”

Follow Bladder Management Guidelines

Bladder Management Guidelines
1. Perform Bladder Scan q 4 hrs.
2. Bladder Volume:
   a. If < 300 mLs → Rescan in 2 hours if no void
   b. If ≥ 300 mLs → Perform straight cath and document volume in EHR
3. If NO Void: Repeat steps 1 and 2.
4. If patient voids → end protocol, monitor I&O x 24 hrs.

NOTE - If patient requires straight cath x3 and next bladder scan volume ≥ 300 mLs. → insert foley catheter and notify provider.

Additional Information:

Catheter Cares
• Secure catheter, ensure tubing is not taut or “pulling”.
• Keep drainage bag below bladder at all times.
• Avoid catheter tubing/bag contact with floor
• Maintain closed sterile drainage.
• Keep urinary drainage bag < half full
• Obtain urine samples from a sampling port using aseptic technique and vacutainer device
• Avoid contact between urinary drainage spout and container
• Provide perineal care - cleanse external portion of catheter BID and after bowel movement
• Inspect periurethral area for inflammation/infection every shift

Valid Indications to Continue
• Acute Urinary retention
• Bladder outlet obstruction
• Output monitoring in critical patient
• Urologic/gyne procedures
• Sacral/perineal wound with incontinence
• Prolonged immobilization (e.g. unstable spine/pelvic/hip fracture, trauma)
• Comfort Care/end-of-life care
Note: “Patient Comfort” is NOT an indication for Foley insertion or ongoing Foley use.

NOTE: Patients with urinary catheters with any of the following should NOT be RN-managed:
A. Specific Provider order not to remove catheter or specific order with removal instructions.
B. Difficult catheter insertion
C. Urologic, gynecological or peri-rectal/anal surgery
D. Chronic indwelling catheter (e.g. placed prior to STACH)
E. Suprapubic catheter or nephrostomy tube present
F. New or acute spinal cord injury, neurosurgery patients
G. Pediatric patients

Does the patient have a urinary catheter and an active order for RN-Managed Removal Management?