RWJ UNIVERSITY HOSPITAL SOMERSET

EFFECTIVE DATE: _____

Pages: _____

PATIENT CARE MANUAL
SECTION:

Policy Number: 1063

SUBJECT: Automatic Discontinuance Order for Foley Catheter Use

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Initiated by: Foley catheter collaborative team_____

Departmental Approval: Infection Prevention/Urology_____

Administrative Approval: _____
Maureen Schneider, RN, MSN, MBA, CNAA, B.C., CPHQ, CHE/CNO

Medical Staff Approval when applicable: _____

PURPOSE: To achieve measurable improvement in the management of indwelling urinary catheters, reduce rates of urinary tract infections and reduce risk of resistant organism infection by applying specific use criteria and using evidence based practice.

POLICY: Inpatients having a Foley catheter, with the **exception of urological surgical** patients, will have the Foley removed no later than 48 hours after placement unless the patient meets the criteria listed. A patient with a Foley should be assessed every 12 hours for the clinical indications and Foley removed if no longer indicated. An order to remove the Foley will be fired by the computer at 48 hours, however if prior to that time Foley is no longer indicated it should be removed and voiding protocols followed.

Criteria for appropriate use of Foley catheters. These patients will NOT have the catheter removed at 48 hours unless specifically ordered by the physician:

- Urological surgical patients (unless otherwise ordered)
- Bladder outlet obstruction
- Incontinence and sacral wound
- Critical care strict I&O incontinent patient
- Patient's request (end of life)
- During or just after surgery (should be removed morning after surgery)
- Epidural catheter
- Head injury
- Crush injury
- Pelvic fracture
- Inability to void
- Chemically paralyzed & sedated

If none of the above criteria are met, Foley catheter will be removed within 48 hours.

After Foley removal reassess patient in 6 hours for spontaneous voiding.

If patient voids > 250 ml, continue to monitor voiding/urine output with nursing assessments
If patient voids 180 - 249 ml, perform bladder ultrasound to assess for post-void residual. If post-void residual is < 100 cc continue to monitor with nursing assessments. If post-void residual is > 250 ml, straight catheterize patient and institute prompted voiding. Reassess for voiding every 6 hours.

If patient voids spontaneously, but is incontinent, perform bladder ultrasound.
If post-void residual is > 100 ml, straight catheterize patient.
If post-void residual is < 100 ml, institute prompted voids.
No void in 6 hours or uncomfortable at anytime, perform bladder ultrasound.

If bladder volume is < 250 ml, monitor every hour and institute prompted voids.
If bladder volume is > 250 ml, straight catheterize patient, institute prompted voiding and continue to monitor every 6 hours for spontaneous voiding.

Document findings in Power Chart. **Notify physician if patient requires straight catheterization twice.**

EQUIPMENT: PPE

PROCEDURE: See medical surgical nursing policy VIII-51

DOCUMENTATION: document in Cerner

REFERENCES:
NJHA Quality Institute, NJDHSS & The Healthcare Foundation of New Jersey Antimicrobial Resistance Collaborative October 2006
HICPAC Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009.
Lippincotts Nursing Procedures and Skills for the following procedures: Indwelling Urinary

ASSOCIATED POLICIES/FORMS: Medical surgical VIII-51

Distribution: Nursing and Medical Staff

Date of Initial Policy: July 27, 2007

Date of Revisions: **March 20, 2008**
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