Indications for Continuation of Indwelling Urinary Catheter

- Patients with active Urology or Nephrology Consults.
- Patient with traumatic catheterization insertion, acute urinary retention and/or bladder outlet obstruction.
- Perioperative use for selected surgical procedures:
  - Patients undergoing urologic surgery or surgeries of the urinary tract (kidney, ureters, bladder, or urethra), reproductive organs, rectum with low anastomosis site or musculoskeletal oncology surgeries of pelvis or lower abdomen.
  - Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU).
  - Patients anticipated to receive large-volume infusions or diuretics during surgery.
  - Operative patients for whom urinary incontinence would compromise the wound.
  - Need for intra-operative monitoring of urinary output.
  - To assist in healing of open sacral or perineal Stage III, IV, or unstageable wounds in incontinent patients where wound cannot be protected from moisture.
  - Need for accurate measurements of urinary output in critically ill patients (ex. IV Diuretics given ≤ every six hours).
  - Requires prolonged immobilization (e.g. potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures).
  - To improve comfort for end of life care if needed.
  - Continuous bladder irrigation.
  - Requires IV Sedation, Mechanical Ventilation, and/or IV Inotropic Agents.
  - Non-urologic surgery less than 24 hours ago.

D/C Indwelling Urinary Catheter
Nurses may D/C indwelling urinary catheter if none of the indications for continuation are met. Nurse places Policy/Protocol order for removal from ordering physician.

Voids less than 250mL OR no output greater than or equal to 4 hours

Continue to monitor urinary output as ordered

Perform bladder scan. Greater than 300mL or discomfort?

NO
Rescan in 2 hours if no void
Less than 300mL?

Call MD to assess patient volume status

NO

YES

Rescan: Greater than 300mL or discomfort?

Void after 4 hours?

NO

YES

Continue to monitor urinary output as ordered

Straight Cath

Greater than 300mL?

YES

Continue Indwelling Catheter and reassess each shift for removal

Interstitial Cystitis

Indwelling Urinary Catheter Ordered

Indications for Continuation of Indwelling Urinary Catheter

YES

Indwelling Urinary Catheter Ordered

Physician Chooses To Follow Nurse Driven Removal Protocol (embedded in order)

Physician will place D/C order when indwelling catheter should be removed. Nurse will continue to assess catheter necessity daily.

NO

Indwelling Urinary Catheter Ordered

Postoperative use for selected surgical procedures:

- Patients undergoing urologic surgery or surgeries of the urinary tract (kidney, ureters, bladder, or urethra), reproductive organs, rectum with low anastomosis site or musculoskeletal oncology surgeries of pelvis or lower abdomen.
- Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU).
- Patients anticipated to receive large-volume infusions or diuretics during surgery.
- Operative patients for whom urinary incontinence would compromise the wound.
- Need for intra-operative monitoring of urinary output.
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- To improve comfort for end of life care if needed.
- Continuous bladder irrigation.
- Requires IV Sedation, Mechanical Ventilation, and/or IV Inotropic Agents.
- Non-urologic surgery less than 24 hours ago.

Indwelling Urinary Catheter Ordered

Physician Chooses To Follow Nurse Driven Removal Protocol (embedded in order)

Physician will place D/C order when indwelling catheter should be removed. Nurse will continue to assess catheter necessity daily.

Indications for Continuation of Indwelling Urinary Catheter

YES

Indwelling Urinary Catheter Ordered

Postoperative use for selected surgical procedures:

- Patients undergoing urologic surgery or surgeries of the urinary tract (kidney, ureters, bladder, or urethra), reproductive organs, rectum with low anastomosis site or musculoskeletal oncology surgeries of pelvis or lower abdomen.
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