

NURSING SERVICES GUIDELINE GENERAL

**Guideline: Indwelling Foley Catheter
Care with Nurse Driven
Protocol**



Guidelines Superseded:

Combined two Guidelines –

- Indwelling Foley Catheter Care
Initial Effective Date: July 2005
Last Review Date: October 2024
- Foley Nurse Driven Protocol
Initial Effective Date: July 2005
Last Review Date: July 2022

Effective Date:

November 2025

Initial Effective Date:

November 2025

Purpose: To increase clinical knowledge on care of indwelling foley catheters and prevent catheter-associated urinary tract infections (CAUTI) by removing unnecessary indwelling Foleys as soon as possible.

Indwelling Foley Catheter Care

Responsibility: Registered Nurse (RN), or Licensed Practical Nurse (LPN), or Nursing Assistant (NA), or Patient Care Technician (PCT)

Procedure:

- (A) Wash hands before and after touching any part of the catheter system as well as before applying and after removing gloves.
- (B) Check for proper drainage whenever encountering a patient, at least every four hours.
- (C) Keep the drainage bag below level of the bladder and the Foley tubing free of dependent loops to prevent reflux of urine into the bladder. The sheet clip can help with positioning the tubing for a downward slope.
- (D) Ensure Foley securement device is in place. Keep drainage bag off the floor.

- (E) Empty drainage bag, so it remains less than half full. Empty bag at a minimum each shift.
- (F) Keep the drainage tubing/catheter junction closed. If the catheter/tubing junction is broken, and Foley is not currently being used for irrigation, replace the catheter and collection system. Never clamp the drainage tubing except under doctor's order.
- (G) Foley care is to be performed daily and prn, or per unit protocol if more frequent.
- (H) Inspect the catheter site and urine for potential problems. Report any problems to the physician (i.e., obstructed tubing, sudden hematuria, unexplained suprapubic pain).
- (I) Foley assessment and indication compliance should be ongoing and discussed at patient handoff.

Indwelling Foley Exchanges

Responsibility: Registered Nurse (RN)

Procedure:

- (A) Exchange any indwelling Foley present on admission, unless contraindicated. After exchanging Foley, obtain cultures if ordered.
- (B) Exchange indwelling Foley prior to collecting urine culture if Foley has been in place 3 or more days unless contraindicated. If contraindicated contact provider.

Foley Nurse Drive Protocol (NDP)

Responsibility: Registered Nurse (RN)

Procedure:

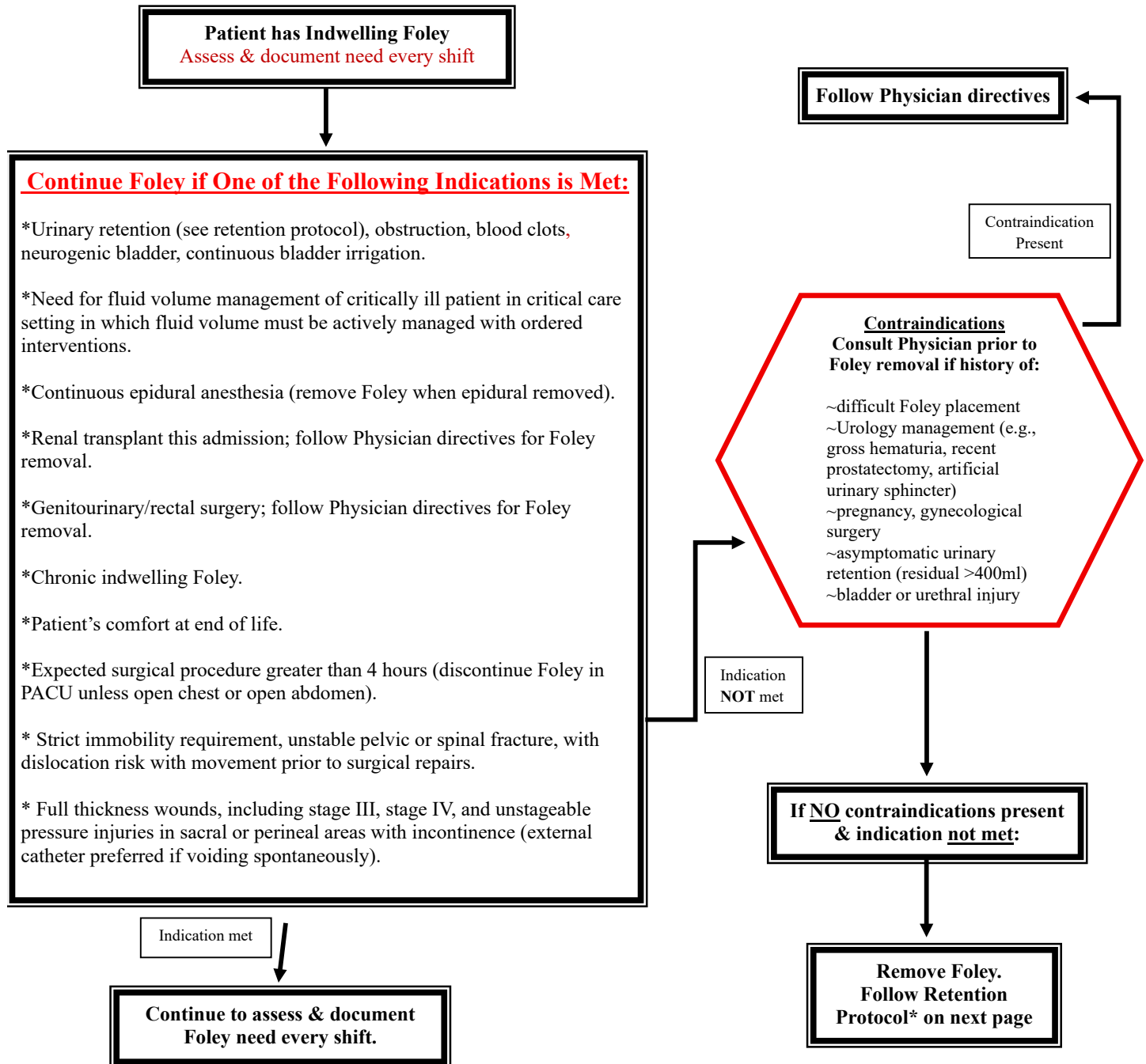
- (A) Provider order is required for insertion, reinsertion, and maintenance of Foley.
- (B) Nursing services will assess the continued need for the indwelling Foley using the NDP.

- (C) Nursing will audit Foleys daily to ensure proper maintenance is occurring.
- (D) A daily list will be generated of patients without a current order for the indwelling Foley:
 - (1) Generated from the EMR (EPIC).
 - (2) RN will be prompted to assess urinary catheter need.
 - (3) If Foley is not indicated according to protocol, remove Foley.
- (E) Document the date of removal and the first void post removal in the electronic medical record (EPIC).
- (F) The Retention Protocol must be initiated if the patient has not voided within 4 hours from Foley removal. Obtain bladder scan if urine output is less than 400ml. Document use of Retention Protocol.
- (G) Physician Consultation.
 - (1) Consult Physician if patient has history of a difficult or traumatic Foley placement.
 - (2) Consult Urology Physicians if they are managing patient for gross hematuria, recent prostatectomy, artificial urinary sphincter placement etc.
 - (3) Consult Physician if history of bladder or urethral injury, history of asymptomatic urinary retention of residuals > 400ml or pregnancy.
 - (4) Consult Physician if recent gynecological surgery or obstetrical diagnoses.

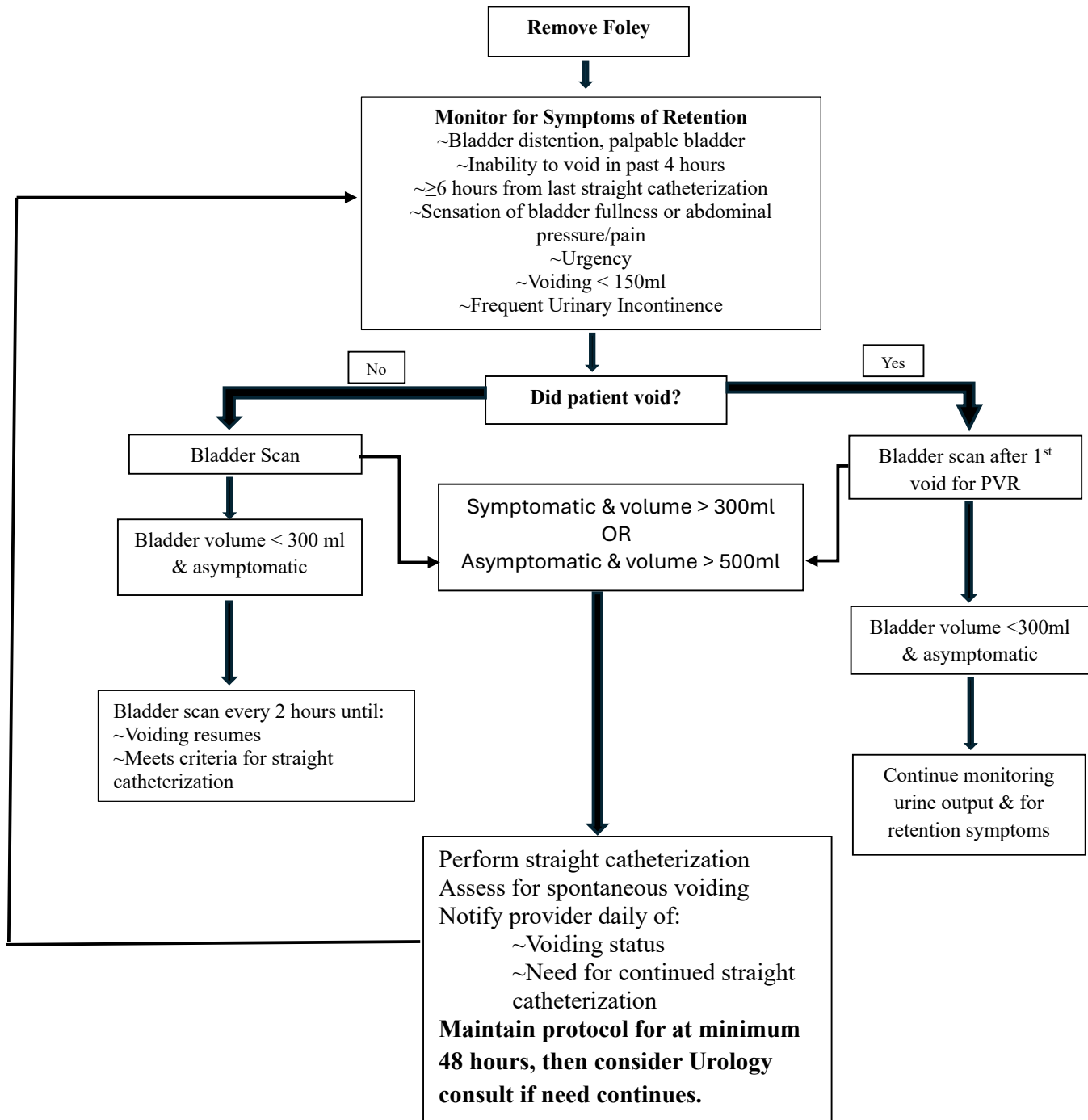
Inappropriate Foley Indications

- * "Bed rest" without strict immobility requirement
- * Fall risk reduction
- * Morbid obesity unless nursing care or patient safety is compromised
- * UTI prevention in patients with diarrhea or stool incontinence
- * Patient or Family request
- * Confusion or Dementia
- * Keeping Foley when transferring patient from one unit to another, from ED or ICU to another unit in the hospital - **remove Foley prior to transfer if indications are not met**

Foley Nurse Driven Protocol (NDP) updated 10/2025



Retention Protocol updated 10/2025



References:

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