



Nursing Service

Guideline

General

Title: FOLEY NURSE DRIVEN PROTOCOL

Responsibility: Registered Nurse (RN)

Purpose: To implement the Foley Nurse Driven Protocol in order to decrease the unnecessary indwelling urinary catheter use and prevent Catheter-associated Urinary Tract Infections (CAUTI).

Other important points:

- Nurse Driven Protocol will be followed each shift to determine continued need for indwelling urinary catheter
- Patients admitted with an indwelling urinary catheter will retain the current urinary catheter, if indication for use meets protocol definition
 - Consider changing system if UTI is diagnosed, system leaks or seal becomes broken
- Routine urinary catheterization will not be performed for the sole purpose of urine specimen collection or other diagnostic tests if the patient is able to void voluntarily, unless ordered by the physician

Procedure:

1. Within 24 hours of initial urinary catheter insertion, there will be a CARE ALERT in the nurse care organizer.
2. All nurses need to address the CARE ALERT.
3. A daily list of patients that do not have a current order for an indwelling urinary catheter will be generated:
 - a. Generated from the nursing documentation
 - b. RN will be prompted to assess for urinary catheter need
 - c. If not indicated according to protocol, indwelling urinary catheter to be removed
 - d. If indication for use is met, call the physician to obtain a Maintain Order
4. Document the date of removal and the first void post removal in the electronic nursing documentation
5. The bladder scan protocol must be initiated if the patient has not voided 4-6 hours after urinary catheter removal

Foley Nurse Driven Protocol

Pt has Foley catheter
Assess for need every shift

Continue Foley if one of the following criteria is present

- Urinary retention/obstruction, blood clots
- Measure hourly output for critically ill patient in ICU
- Continuous epidural anesthesia (remove Foley when epidural removed)
- Genitourinary/rectal surgery
- New renal transplant surgery
- Prefer straight catheterization at the end of surgical procedure instead of indwelling catheter for surgical procedures expected to last 3-4 hours. If not possible then:
 - Place indwelling catheter, but must be removed in post-anesthesia care unit or sooner
- Expected surgical procedure time greater than 4 hours. Foley must be removed in post-anesthesia care unit or sooner
- Unstable pelvic or spine fracture, severe trauma
- Stage III/IV pressure ulcers on sacrum or perineal wound, with incontinence
- Improve patient comfort at end of life

If no criteria met must:

REMOVE FOLEY CATHETER
FOLLOW BLADDER SCAN PROTOCOL*

When Foley catheter remains in place a CARE ALERT will appear every 24 hours in the nurses care organizer. The alert must be addressed by determining the need for continued use. Then either remove the Foley catheter, or obtain a physician order to maintain the Foley catheter indicating above criteria has been met.

IT IS RECOMMENDED THAT FOLEY NEED BE ASSESSED EVERY SHIFT. Implement Nurse Driven Protocol as soon as patient no longer meets Foley criteria.

*** BLADDER SCAN PROTOCOL:**

If the patient has not voided 4-6 hours after Foley removal. Perform bladder ultrasound (locate equipment via Awarepoint)

If bladder ultrasound is :

1. Greater than 250 ml: Have patient void, measure volume voided and record. Re-scan after patient has voided.
2. If volume, is greater than 400 ml, and the patient is unable to void AND has lower abdominal pain or discomfort, call physician to obtain order to perform intermittent catheterization and record urine volume.

References:

APIC - Guide to the Elimination of Catheter Associated Urinary Tract Infections. <http://www.apic.org/>

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Grist, H. (2009). Infection control and UTIs. *Journal of Community Nursing*, 23(8), 4-8. Lippencott, Williams, Wilkins (2009).
Nursing Procedures (5th ed.). Philadelphia: Springhouse.

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