

## Nursing Service Nursing Guideline

**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 (NDP) 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 if meets protocol criteria
  - Consider changing system if symptoms of UTI are present (e.g., fever, suprapubic tenderness), system leaks, or if red 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, nursing services will assess the need for the urinary catheter using the NDP.
2. 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
3. Document the date of removal and the first void post removal in the electronic nursing documentation
4. The bladder scan protocol must be initiated if the patient has not voided 4-6 hours after urinary catheter removal
  - a. Documentation will be reflected in the medical record use of the Bladder Scan Protocol

# 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
- 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
  - External catheter is preferred if patient is able to spontaneously void
- Improve patient comfort at end of life

**If no criteria was met must:**

1. REMOVE FOLEY CATHETER
2. FOLLOW BLADDER SCAN PROTOCOL\*

**\* BLADDER SCAN PROTOCOL:**

If the patient has not voided 4-6 hours after Foley removal. Perform bladder ultrasound.

Urine volume in bladder is :

1. Greater than 300 mL — have patient void, measure and record volume voided, and re-scan bladder after patient voids.
  - a. If voiding in small amounts and post void residual (PVR) via bladder scan is greater than 50% of the voided amount consult Urology (e.g., patient voids 100mL and 201mL PVR via bladder scan)
2. Greater than 400 mL AND patient has lower abdominal pain or discomfort — call physician to obtain order to perform intermittent catheterization and record urine volume.
  - a. If after 3 consecutive straight catheterizations patient has not resumed spontaneous urination consult Urology

References:

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

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