

**THE BRANT COMMUNITY HEALTHCARE SYSTEM**  
Brantford General Hospital Site  
ORDER SHEET

**ALLERGIES :**

Cranberry, Penicillins, Sulfa (Sulfonamide Antibiotics), acetylsalicylic acid, warfarin, uracil mustard, rabies vaccine, CNS-tissue type, salmeterol (From Advair Diskus), trandolapril, loperamide, chlorpromazine (From Largactil), fluticasone (From Advair Diskus), valacyclovir, bee pollen, plerixafor, bedaquiline

HT: 175 cm

WT: 58.000kg

HO-00-00-10-01 F B.MEDD  
15/01/72  
**TEST, NANCY**  
22 WILDEFLOWER AVE  
BRANTFORD, ON N3T 2E9  
(519) 741-3654  
1234567897-NE  
FD: Hadley, John D MD CCFP  
MRP: Kugathanan, Kaplan MD

**INDWELLING URINARY CATHETER PROTOCOL**

**Protocol must be signed by a physician within 24 hours of catheter insertion**

**PROTOCOL DOES NOT APPLY TO THE FOLLOWING:**

Nurse or physician to initial the appropriate boxes. If any criteria are met, the catheter will remain in situ.

- Age less than 18 years
- Urinary retention not amenable to management using intermittent catheterization
- Known difficult insertion of urinary catheter and/or Urologist required for prior insertion
- Long term usage of an indwelling catheter (i.e. greater than 30 days)

**Insert indwelling catheters only for the approved indications listed below:**

**APPROVED INDICATIONS FOR AN INDWELLING URINARY CATHETER**

Physician to initial the appropriate boxes.

- Close/hourly monitoring of urinary output (i.e. critically ill patients)
- Management of urinary retention and/or obstruction distal to the bladder (i.e. prostate enlargement, uterine prolapse, neurogenic bladder). Discuss with physician role of a trial of catheter discontinuation if this is a longstanding problem.
- Protection of an open wound in the sacrum/perineum
- Catheter placed for Continuous Bladder Irrigation (CBI)
- Preparing for planned surgery
- Catheter placed as part of end of life comfort measures
- A physician order indicating that the catheter is not to be removed
- Existing BCHS pre-printed orders with indwelling catheter guidelines

**The following are not approved indications: immobility, incontinence, urine specimen collection (an in-and-out catheter is acceptable), patient/health care worker convenience**

**REMOVAL OF INDWELLING CATHETER PROCEDURE:**

- \* Upon admission and daily, determine the ongoing appropriateness of an indwelling catheter based on the above indications.
- \* If there are no ongoing approved indications, a nurse may remove the catheter.
- \* Discontinue the protocol if there are ongoing indications for an indwelling catheter 7 days after initiating the protocol.

Signature \_\_\_\_\_  
Printed

Signature \_\_\_\_\_  
Signature

Date \_\_\_\_\_ Time \_\_\_\_\_  
(dd/mm/yyyy) (hh:mm)