

For Allergies Refer to Electronic Record

Indwelling Urinary Catheter Clinical Protocol

Follow hospital policy for insertion and maintenance of an indwelling catheter

Patient Population

Inclusion Criteria

- Patients who have an indwelling urinary catheter

Approved indications for insertion of an indwelling urinary catheter are 1 or more of the following:

- Close/hourly monitoring of urinary output (critically ill patients)
- Comfort care during terminal illness
- Continuous bladder irrigation (CBI)
- Obstruction of the urinary tract distal to the bladder (prostate enlargement, significant uterine prolapse)
- Peri-operative use for selected surgical procedures e.g. planned urologic/prostatic surgery
- Protection of an open wound in the sacral/perineal area from urinary incontinence

Exclusion Criteria

This clinical protocol is not intended for use in the following conditions:

- Urinary retention with contraindications to intermittent catheterization
- Known challenges to insertion of a urinary catheter and/or previously requiring catheterization by a Urologist
- Long term use of an indwelling catheter (more than 30 days) is intended or develops

If this clinical protocol is ordered for other indications, then MD should document the reason
(incontinence, immobility, and convenience are not approved indications)

Implementation Considerations

- Indwelling urinary catheters cause hospital acquired UTI associated with morbidity and mortality

Clinical Protocol Orders

Assessment for Need of Catheter

- Assess/document need for continued use of catheter against the inclusion and exclusion criteria daily (including on admission or transfer). Notify MD if required
- If unable to remove the indwelling urinary catheter, request MD evaluation q3days for alternative management

Discontinuation of Indwelling Urinary Catheter

- If no approved indications are met for short term use, discontinue indwelling urinary catheter and notify MD
- If unable to void 6 hours after catheter discontinued, then Intermittent Bladder Catheterization Clinical Protocol

Suspected Urinary Tract Infection

- If signs and symptoms of a new urinary tract infection (T greater than/equal to 38°C, suprapubic pain, flank pain, delirium) notify MD of signs and symptoms, change urinary catheter
THEN Urine R + M and Urine C + S

Education

- Provide information about indwelling urinary catheter use to patient/substitute decision maker

Termination of Clinical Protocol

- This clinical protocol is discontinued post removal of indwelling catheter if any of the following occur:
 - Patient is voiding
 - Intermittent Bladder Catheterization Clinical Protocol is initiated.

