Medical Directive

갔		
Thunder Bay Regional		
Health Sciences		
Centre		

Allergies:

Place Patient Label with Barcode Here

Urinary Catheter Removal - Medical Directive

Procedure:

Review due by: Apr-24-19

- 1. Assess the ongoing clinical indications for the urinary catheter
- 2. Remove urinary catheter if not clinically indicated
- 3. If not NPO or on a fluid restriction diet, encourage PO fluid intake
- 4. If the patient voids within 4 hours post removal and has no symptoms of urinary retention such as:
 - Abdominal distention
- Inability to void, or void small volumes
- Lower back / flank pain
 Lower abdominal and or suprapubic discomfort
- Continue to monitor routinely as per the medical/surgical standards of care.
- 5. If the patient voids within 4 hours post removal and is experiencing any symptom(s) of retention:
 - Bladder scan patient
 - a. If volume is less than 400 mL, continue to observe patient for symptoms of retention, repeat scan in 1 hour. Notify MRP if symptoms do not improve
 - b. If volume is greater than 400 mL, have patient reattempt to void; if unsuccessful perform intermittent in / out catheterization. Notify MRP, repeat post void bladder scan with the next void attempt
- 6. If patient does not void within 4 hours:
 - Bladder scan patient
 - a. If volume is less than 400 mL, observe for symptoms of urinary retention. Notify MRP of results. Repeat bladder scan in 1 hour
 - b. If volume greater is than 400 mL, have patient reattempt to void; if unsuccessful perform intermittent in / out catheterization and notify MRP of results. Bladder scan patient in 4 hours if inability to void continues

	THIS AREA MUST BE COMPLETED BY IMPLEMENTING PROFESSIONAL:			
ž	Signature with classification	Date:		
SECTION	Name (Print)	(yyyy/mm/dd) Time: (hh:mm)		
SI	Name of most responsible physician for the patient's care related			
12	MEDICAL ADVISORY COMMITTEE:	PATIENT CARE SERVICES:		
lion	Signature	Signature		
SECTION	Date (yyyy/mm/dd)	Date(yyyy/mm/dd)		
		WHITE COPY – CHART YELLOW COPY - PHARMACY		
PCS-MD-155 Approved: Apr-24-18 Rev:				

Guidelines for Implementation of a Medical Directive

Before implementing a Medical Directive, the health professional will be responsible for:

- 1. Placing a patient label on the form or in the absence of a label print: the name, age, admission number, chart number and most responsible physician's name.
- 2. Ensuring the implementer meets the criteria as set out in Section 4.
- 3. Ensuring the patient meets the criteria as set out in Section 3.
- 4. The Medical Directive will not be implemented unless the implementing professional has completed Section 1 including his/her signature, health professional designation, name, the date and time and name of the most responsible physician according to the criteria in Section 5.
- 5. The implemented Medical Directive will be added to the patient's chart in the Physicians Order section.

This completes the implementation process. The Medical Directive is now processed as any Medical Order and is subject to all policies pertaining to a Medical Order.

Section 3

Patient Criteria

- 1. Patient conditions that must be met:
 - a. Patient currently has a urinary indwelling catheter
 - b. Patient is medically stable
- 2. Specific circumstances that must exist:
 - Adult patient admitted to a medical / surgical inpatient service

3. Contraindications:

- 1. The patient has any of the following exclusions:
 - Urology admission / consultation
 - Hematuria requiring CBI
 - Comfort care / palliation
 - Spinal Cord Injury

- Renal calculi / urinary obstruction
- Chronic Foley Catheter as outpatient
- Major abdominal / pelvic surgery
 - Presence of an epidural catheter
- Stage III and IV perineal / sacral pressure ulcers with incontinence
- 2. Order from MRP to leave indwelling catheter insitu

Section 4		Section 5
1.	Health professional(s) that can implement the directive: Registered Nurse or Registered Practical Nurse	Criteria for selection of the responsible physician: MRP of inpatient
2.	Specific education qualifications: NONE	



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