SICU Foley Catheter Protocol

While foley catheter is in place, the following orders should be active in order to reduce catheter associated urinary tract infections (CAUTI):

1. Foley care q12h with soap and water.
2. Secure Foley to leg with statlock device to minimize catheter movement.
3. Keep Foley urometer and collection bag below level of bladder at all times.

Patient must meet the following criteria prior to Foley catheter removal:

- Appropriate mental status and level of cooperation
- Absence of skin breakdown in perineal or sacral areas
- No contraindication to I&O catheter (urethral injury, urethral stricture, artificial sphincter)
- No need for strict urine output measuring (resolution of shock or sepsis, etc.)

Revision to previous version: a patient does not necessarily need to be extubated or have a tracheostomy to consider catheter removal.

If the patient meets the following criteria, the foley catheter will be removed.

Considerations:

- Communicate Foley catheter removal with primary team.
- If known history of urinary retention or BPH, consider starting alpha blocker 24 hours before removal.
- If patient is not requiring strict I&O catheterization and has potential for incontinence an adult brief may be considered (if skin break down is not a problem). These patients need to be monitored closely for skin breakdown if a protective garment is used. The diaper can be weighed before use and again when soiled to determine volume of urine.
- An epidural is not a contraindication for Foley catheter removal unless the CPS states that there is something unique about the patient or epidural that requires the Foley to remain. Foley catheter may be discontinued if above criteria is met, and the epidural has been in place for >12 hours.
- Incontinence is not a contraindication for foley catheter removal in the absence of excoriation of the perineal or sacral area, skin breakdown, perineal dermatitis, or high risk of skin breakdown. Consider placing adult brief or condom catheter, with attention to good perineal hygiene with every episode of incontinence.
- Exercise caution when using condom catheter in male with urinary retention. Consider bladder scanning for residual urine. When applying condom catheter, ensure roller ring is fully unrolled to reduce risk of penile/urethral ulceration. Check often for penile skin breakdown. If skin breakdown noted, use adhesive remover to remove condom catheter, do not replace, and NHO.
In the following 24 hours, the following orders will be entered:
1. Nursing: Check for need to empty bladder q2h and offer bedpan/urinal/assistance to commode.
2. Nursing: If no UOP in 6 hours, perform bladder scan, then NHO of results.
   a. If no UOP in 6 hours, the patient will be catheterized with foley catheter and either of the following actions should be done:
      i. If UOP is <500 cc, drain bladder and remove Foley catheter. Refer back to step one. If patient unable to void within the second 6 hour interval, replace foley catheter.
      ii. If UOP is >500cc, consider I&O catheterization x 1 and refer back to step one. Replace catheter if patient unable to void after additional 6 hours or if patient feels urgency but is unable to void.


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This document was created on July 2, 2010.

Revised October 2013:
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Does the pt meeting the following?

___ Extubated/Trached
___ A&Ox2, cooperative
___ Able to use bedpan/urinal/commode
___ No skin breakdown in perineal/sacrum
___ No contraindication to I&O
___ No Epidural

Yes
No

Discontinue foley and offer bedpan/urinal q2h. If no UOP in 6h, I&O cath with foley catheter.

Foley remains until criteria is met.

If the patient is incontinent, a condom catheter or brief can be placed and good perineal hygiene should be done. Incontinence alone is not a reason to replace the foley.

July 2, 2010
Revised October 2013