

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

Specialty Foley Catheter Discontinuation

Version 1 5/19/15

Foley Discontinuation

- Discontinue Foley at _____

BVI/Straight Cath Protocol

- After catheter removal toilet or offer urinal every 2 hours in daytime hours and every 4-6 hrs at night until pattern is established. Document void trials and results in BVI screen
- After catheter removal if incontinent and this is new for the patient continue to toilet or offer urinal every 2 hrs in daytime and every 4-6 hrs at night.
- Monitor for distention and check Bladder Volume Index (BVI) at 4 hours after catheter removal and then at 2 hrs intervals depending on fluid intake and urinary output.

Spontaneous Void or Incontinent within 4 hours after catheter d/c

- Perform Bladder Volume Index (BVI) Post-Void Residual

Post Void BVI $< / =$ _____ mL

- Monitor patient to insure adequate emptying

Post Void BVI $>$ _____ mL

- Urinary straight catheterization if post void BVI volume is $>$ _____ mL

For Discomfort at any time and unable to void or No Spontaneous Void within 4 hours after catheter d/c

BVI $< / =$ _____ mL

- Perform Bladder Volume Index (BVI) every hour and monitor for spontaneous void

BVI $>$ _____ mL

- Urinary straight catheterization if BVI volume is $>$ _____ mL without spontaneous void

Notify provider

- If straight cath needed more than ____ times
- If straight cath urine volume is $>$ _____ mL and patient is uncomfortable

Provider Signature: _____ Date: _____ Time: _____