

(place patient label here)

Patient Name: \_\_\_\_\_



**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: \_\_\_\_\_

**Indwelling Urinary Catheter Management Protocol**

**Version 2 5/14/2019**

**\*\*For Adult Hospital Inpatients and Rehab ONLY\*\***

**\*\*Excludes OB/Maternal Child Health, OB/GYN/Urology procedures or Indwelling Urinary Catheter placed by Urologist\*\***

- IF this protocol has not been initiated by a provider, an order for initiation must be obtained prior to implementation

**Indwelling Urinary Catheter Use Criteria: Assess and Document every shift**

Criteria for insertion and continued Indwelling Urinary Catheter use:

1. Placed by Urology/OB-GYN for procedure or surgery
2. For OR and/or Post-op: If needed greater than 48 hours postop [provider to document reason]
3. Measure urinary output more often than every 2 hours
4. To manage urinary retention or bladder outlet obstruction
5. Protect healing Stage III or IV pressure ulcer from urine leakage
6. For patients with neurological disorder and bladder dysfunction
7. For patients with neurological disorder and urinary retention
8. For patients with neurological disorder and incontinence
9. To improve comfort during end of life care at request
10. Hematuria present within the past 24 hours or continuous bladder irrigation
11. History of chronic catheter placement
12. Required for specific laboratory testing
13. Required for pelvic x-ray or ultrasound

**Indwelling Urinary Catheter Discontinuation**

**\*\*DO NOT DISCONTINUE any Indwelling Urinary Catheter placed by a Urologist or for OB/Gynecological/Urological procedures. The provider must specifically discontinue catheters placed for these procedures\*\***

- Discontinue Indwelling Urinary Catheter when Use Criteria is not met and begin Void Trials

**Bladder Volume Index [BVI] and Straight Catheterization Protocol after the catheter is discontinued**

- Frequency of BVI and Straight Catheterization is determined by comfort and to maintain total bladder volume less than or equal to 400 milliliters
- 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
- If the patient is 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 BVI 4 hours after catheter removal and then at 2 hour intervals depending on fluid intake and urinary output.

**Spontaneous Void or Incontinent within 4 hours after catheter discontinued**

- Perform Bladder Volume Index (BVI) Post-Void Residual  
**Post Void BVI less than or equal to: 250 milliliters**
- Monitor patient to ensure adequate emptying  
**Post Void BVI greater than: 250 milliliters**
- Perform straight catheterization for BVI volume greater than 250 milliliters

**For Discomfort, Unable to Void, or No Spontaneous Void within 4 hours after catheter discontinued  
BVI less than or equal to 400 milliliters**

- Perform BVI every 2 hours and monitor for spontaneous void  
**BVI greater than 400 milliliters**
- Perform straight catheterization if BVI volume is greater than 400 milliliters without spontaneous void

**Notify provider**

- If straight catheterization is needed more than 2 times
- If straight catheterization urine volume is greater than 400 milliliters and patient is uncomfortable