

(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: _____

REHAB URINARY CATHETER REMOVAL PROTOCOL

Version 6 [6/5/2019]

Nursing Orders

- Discontinue Indwelling Urinary Catheter
- Toilet every 2 hours during daytime hours
- Toilet every 4 hours to 6 hours at night
- Document void trials and results
- Monitor for distension
- Bladder Volume Index (BVI)
BVI Frequency: Every 4 hours
- IF BVI is Greater Than 350 ml and NOT voided Perform Straight Cath
- Post void BVI
- When Post Void Residual is greater than 250 ml perform Straight Cath TID
- IF Bladder discomfort Straight Cath
- Discontinue BVI's after three consecutive Post Void Residuals of less than 250 ml

Medications

Lidocaine HCl [Lidocaine Jelly 2% Uro-Jet]

- Topical PRN pain

Notify Provider

- IF Unable to perform straight catheterization
- IF Experiences bleeding with catheterization

Provider Signature: _____ Date: _____ Time: _____