

(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 7 2/3/20

- Initiate Urinary Catheter Removal Protocol

### 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: \_\_\_\_\_