Nurse Driven Protocol for Indwelling Urinary Catheter Removal

**IMPORTANT POINTS TO REMEMBER**

- **Daily before 0500:** Nurses assess criteria for continuation; if pt. no longer meets criteria, nurses will remove Foley per protocol order by 0700.
- **Post-cath Assessment:** Nurses assess voiding status; if no void x 6 hours and > 400 ml per bladder scan, nurses will straight cath x1 AND nurse will notify physician.
- **Order for the protocol is within the initiation of all urinary catheter orders.** You do not have to call the Physician to discontinue a urinary catheter when the order is in place.

**Criteria for Continuation:**

- Known/suspected urinary obstruction - 24 hours
- Neurogenic bladder/acute urinary retention - 24 hours
- Urological surgery or other surgery on contiguous structures of the GU tract - 3 days
- Anticipated prolonged duration of surgery, postoperative day 0 or 1 – 24 hours
- Anticipated receipt of large volume infusions or diuretics during surgery, postoperative day 0 or 1 – 24 hours
- Intraoperative monitoring of urinary output, postoperative day 0 or 1 – 24 hours
- Assisted healing of Stage III/IV perineal or sacral pressure ulcers in incontinent patient - 7 days
- Need for accurate measurement of urinary output in a critically ill patient - 24 hours
- Bladder irrigation in patient with gross hematuria with potential clots – 24 hours
- Palliative care for terminally ill – if selected alert will not fire during rest of encounter
- Prolonged immobilization for trauma or surgery – 24 hours
- Known/suspected urinary obstruction
- Neurogenic bladder/acute urinary retention
- Urological surgery or other surgery on contiguous structures of the GU tract
- Anticipated prolonged duration of surgery, postoperative day 0 or 1 – 24 hours
- Anticipated receipt of large volume infusions or diuretics during surgery, postoperative day 0 or 1 – 24 hours
- Intraoperative monitoring of urinary output, postoperative day 0 or 1 – 24 hours

**RATIONALE:**

EBP shows reduced CAUTI rates when nurses engage in assessment of criteria to discontinue Foley catheters.

After the Urinary Catheter is removed the nurse will document within the “Post Removal Urinary Catheter” band in I-View for Adults ONLY.

**Distribution:** All nursing staff. Effective 9/20/2016. Redistributed 3.14.17 with Cerner Charting Updates.
New Cerner Charting for Urinary Catheter Necessity

Important Points to Remember:

• Nurse Driven Protocol for Indwelling Urinary Catheter Removal has been previously implemented.

• The order for the Urinary Catheter Removal Protocol is located within the NEW Urinary Catheter Subphase.

• Documentation has been placed within I-View which will follow the protocol.

• If indications to keep urinary catheter are not documented in charting, a open chart alert will fire to remind the nurse/provider to document indications.

• If the nurse or provider documents that the catheter is no longer necessary, a discontinue order will fire

• Documentation of “urinary catheter discontinuation date” will cancel the order for the urinary catheter and initiate the post catheter assessment and care task.

• Post Catheter Assessment and Care is for ADULTS ONLY.
Physician Ordering Process:

- The Urinary Catheter Subphase will be the only option for the physician to order a urinary catheter.
  - This will be a teaching point for all physicians.
Physician Ordering Process:

- The protocol will be attached to “Indwelling Urinary Catheter” and “3 Way Indwelling Urinary Catheter” order sentence.
- The nurse will not receive a discontinue task with the Suprapubic (MD only) order.
Physician Ordering Process:

- The physician will modify the order for any special instructions.
- Activate Indwelling urinary Catheter Removal Protocol will default to “YES”.
- At this point the physician can select “NO” if they do not want to use the protocol.
- The protocol should be followed except in special circumstances.
Physician Ordering Process:

• Once the Urinary Catheter order has been placed, the protocol sentence will populate on the Continuous Task list.
• If the “Activate Indwelling Urinary Catheter Removal Protocol” is not seen then the physician has not ordered the nursing protocol.
• If the protocol is not ordered the nurse should clarify with the physician why the protocol has not been ordered.

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Mnemonic</th>
<th>Order Details</th>
<th>Order Status</th>
<th>Last Done Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary Catheter Insertion/View</td>
<td>Insert Indwelling Urinary Catheter (1/28/17 &amp; 2/7/00, Leg Bag, IV, Constant Infusion)</td>
<td>Activate Indwelling Urinary Catheter Removal Protocol</td>
<td>Discontinued</td>
<td></td>
</tr>
</tbody>
</table>
Physician Orders:
The physician must initiate the subphase.
Urinary Catheter Protocol Documentation

1. A task will fire in I-View when an order for a urinary catheter is placed.

2. The task will take the nurse to I-View charting to document the insertion of the catheter.
New Cerner Charting for Urinary Catheter Necessity

3. The nurse will complete the Urinary Catheter Necessity documentation daily.

A Urinary Catheter Alert will only fire when necessity documentation is not completed. If the nurse has documented in I-View it will not fire.

The nurse can complete documented of necessity from this alert.
Cerner Charting for Urinary Catheter Necessity

4. When the patient no longer meets criteria for the urinary catheter the nurse selects NO under “Continue Indwelling Urinary Catheter” and will document date and time of catheter removal.
   - Discontinuation date and time should be documented in real time.

The nurse must also document the discontinuation of the catheter in ACTIVITY TYPE section in I-View.
Cerner Charting for Urinary Catheter Necessity and Post Removal Documentation (Adults Only)

• 5. A task will fire to “Discontinue Indwelling Urinary Catheter” which is the reminder to document the urinary catheter removal.

• 6. A task to complete the “Post Removal of Urinary Catheter Assessment” documentation will fire 6 hours after the nurse documents discontinuation of the urinary catheter. This is why documentation in REAL TIME is important.
Cerner Charting for Urinary Catheter Necessity and Post Removal Documentation (Adults Only)

- 7. If “no issues” documented (meaning the patient has voided with no complaints) or “other” is documented (meaning other measures have been taken) the urinary catheter charting is complete.
Cerner Charting for Urinary Catheter Necessity and Post Removal Documentation (Adult Only)

- A. If the nurse selects the other options, then you will follow the post removal protocol.
Cerner Charting for Urinary Catheter Necessity and Post Removal Documentation (Adults Only)

- B. Per Protocol the nurse will perform bladder scan

- C. If > 400 via straight cath; notify physician for any additional orders
After one in/out catheterization, the MD should be notified and a discussion had about scheduled in/out catheterization vs. replacing the indwelling catheter.

If decision is made to replace indwelling catheter, document “other” on the reassessment task and document what intervention was performed.
New I-View Charting Urinary Catheter Assessment Updates include:

- IN and Out Catheter
- Securement Device