



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: NURSE-DRIVEN DISCONTINUATION OF INDWELLING URINARY CATHETERS

POLICY NO. 324B

CATEGORY: Provision of Care	EFFECTIVE DATE: 11/18
POLICY CONTACT:	UPDATE/REVISION DATE:
REVIEWED BY COMMITTEE(S): Catheter-Related Urinary Tract Infection Committee	

PURPOSE:

To define the process for the safe and expedited removal of indwelling urinary catheters (IUC) by nursing without a physician order. The duration of catheterization is directly related to risk for developing a catheter-related urinary tract infection (CAUTI). Nurse-driven IUC discontinuation protocols impact on its utilization and likelihood of CAUTI.

DEFINITIONS:

An IUC refers to a urinary catheter that is inserted through the urethra into the urinary bladder and attached to a closed sterile drainage system. All IUCs will be eligible for its discontinuation as per this policy, unless otherwise excluded.

A patient is a candidate for IUC removal ONLY if: a) no IUC indication is present; b) all relevant clinical criteria are present; and c) no exclusions are present.

POLICY:

1. All patients with an IUC must be assessed daily for appropriate indication of IUC.
2. A Registered Nurse (RN) may discontinue an IUC independently (without provider’s order) **ONLY** if the following criteria are met:
 - Patient is awake, alert and oriented, or is at baseline mental capacity
 - If post-surgical procedure, patient is able to comfortably use bed pan/commode without an IUC
 - Order for strict output monitoring is discontinued, or the patient is able to cooperate with strict output monitoring

A. An RN shall discontinue or remove an IUC on both adult and pediatric patients if the above criteria are met.
3. A provider order remains required to discontinue and remove an IUC in the following circumstances:

REVISED: 6/19, 11/22

REVIEWED: 11/18, 6/19, 11/22

APPROVED BY: _____
Anish Mahajan, MD
Chief Executive Officer
Chief Medical Officer

Griselda Gutierrez, MD
Associate Chief Medical Officer

Jason Black, MBA, DNP, RN
Chief Nursing Officer



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- A. Discontinuation or removal within 24 hours following a perioperative/short term indication for IUC insertion (see below). This is usually performed in the Post-Anesthesia Care Unit (PACU).
 - Anticipated prolonged duration of surgery
 - Receiving large volume infusions or diuretics
 - Intraoperative monitoring of urine output
- B. Discontinuation or removal of IUC in the following surgical cases:
 - Recent urologic surgery
 - Bladder injury
 - Pelvic surgery
 - Anorectal surgery
 - Recent surgery involving structures contiguous with the bladder or urinary tract
 - Current or recent epidural catheter in place and all other obstetric patients
- C. Newborns in NICU or nurseries
- D. The IUC must NOT be removed by nursing without a physician order, for the following indications:
 - Critical illness that requires accurate measurement of urinary output (this does not apply to those without critical illness)
 - Incontinence with open sacral/perineal wounds
 - Unstable thoracic or lumbar spine and pelvic fractures
 - Acute urinary obstruction/outlet obstruction
 - Status-post genitourinary tract surgery

PROCEDURE (See Appendix below):

1. Assess all patients for presence of IUC upon admission.
 - A. Review the exclusion criteria for IUC removal and assess for physician's order as appropriate.
 - B. If post-surgical patient, discontinue the IUC if perioperative indication no longer applies and no other indication for IUC placement exists.
 - C. If there is no appropriate indication for the IUC, discontinue the IUC catheter independently IF the delineated criteria for removal are met:
2. Assess daily the appropriateness of the indication for IUCs that are left in place longer than 24 hours.
3. To remove an IUC, follow the algorithm in "Appendix A: Removal of Indwelling Urinary Catheter Algorithm"
4. For post IUC removal, follow the algorithm delineated in "Appendix B: Post-removal of Indwelling Urinary Catheter- ADULTS, and Appendix C: Post-removal of Indwelling Urinary Catheter- PEDIATRICS"
5. Document the following:
 - A. Results of bladder scanning.
6. Document **discontinuation** of the IUC order in ORCHID by following the steps listed below (this process may be subject to change):
 - A. Go to "Orders."
 - B. Select "Maintain Indwelling Urinary Catheter" and also select "Urinary Catheter Placement Indwelling" (both).
 - C. Right click on both orders and select "Cancel/Discontinue."
 - D. When the communication box pops up, indicate the physicians name and then select "no co-sign required."
 - E. Click "sign" order.



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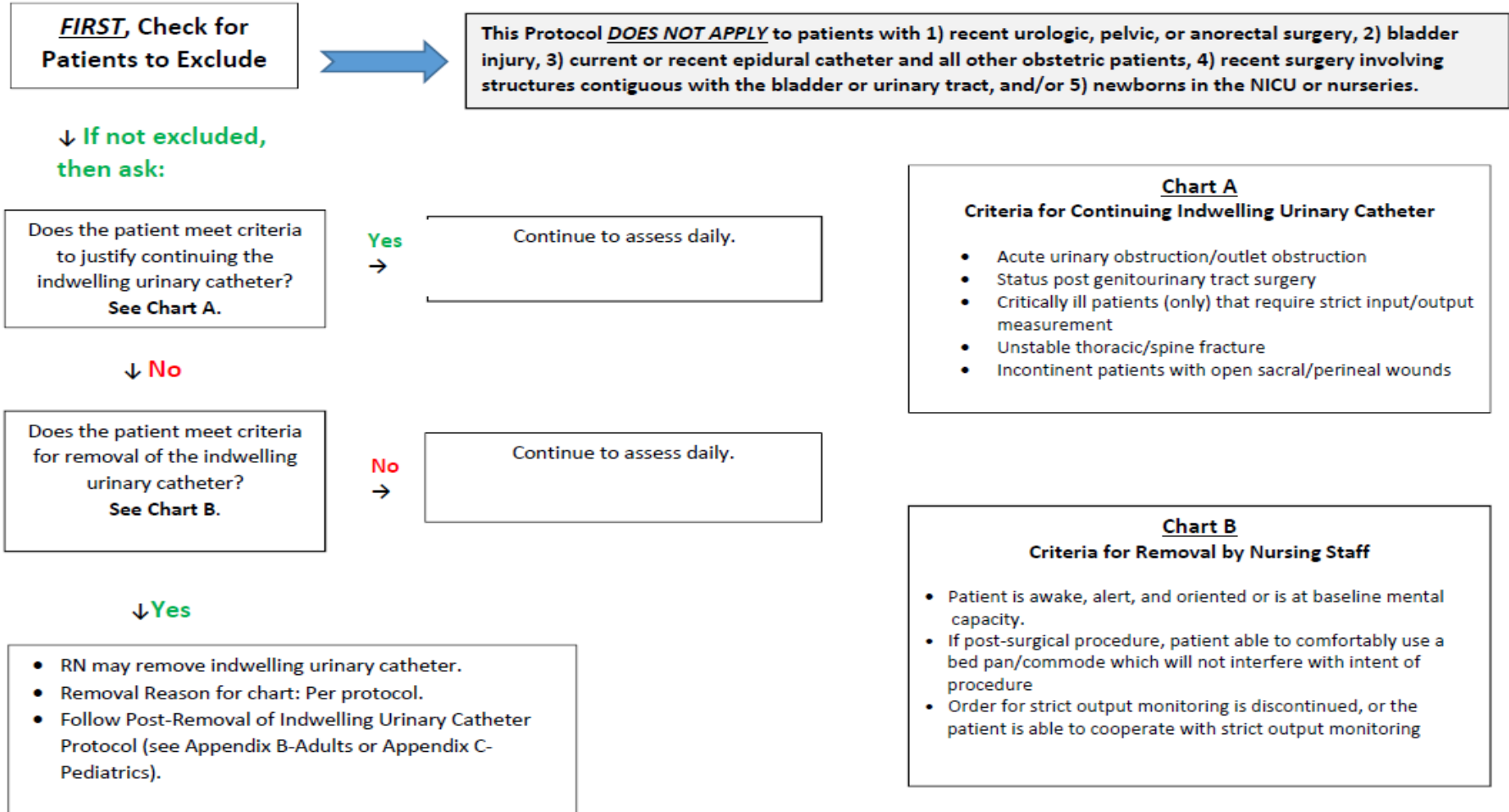
Reviewed and approved by:
Medical Executive Committee 11/2022

Beverley A. Petrie

Beverley A. Petrie, M.D.
President, Professional Staff Association

APPENDIX A

REMOVAL OF INDWELLING URINARY CATHETER ALGORITHM

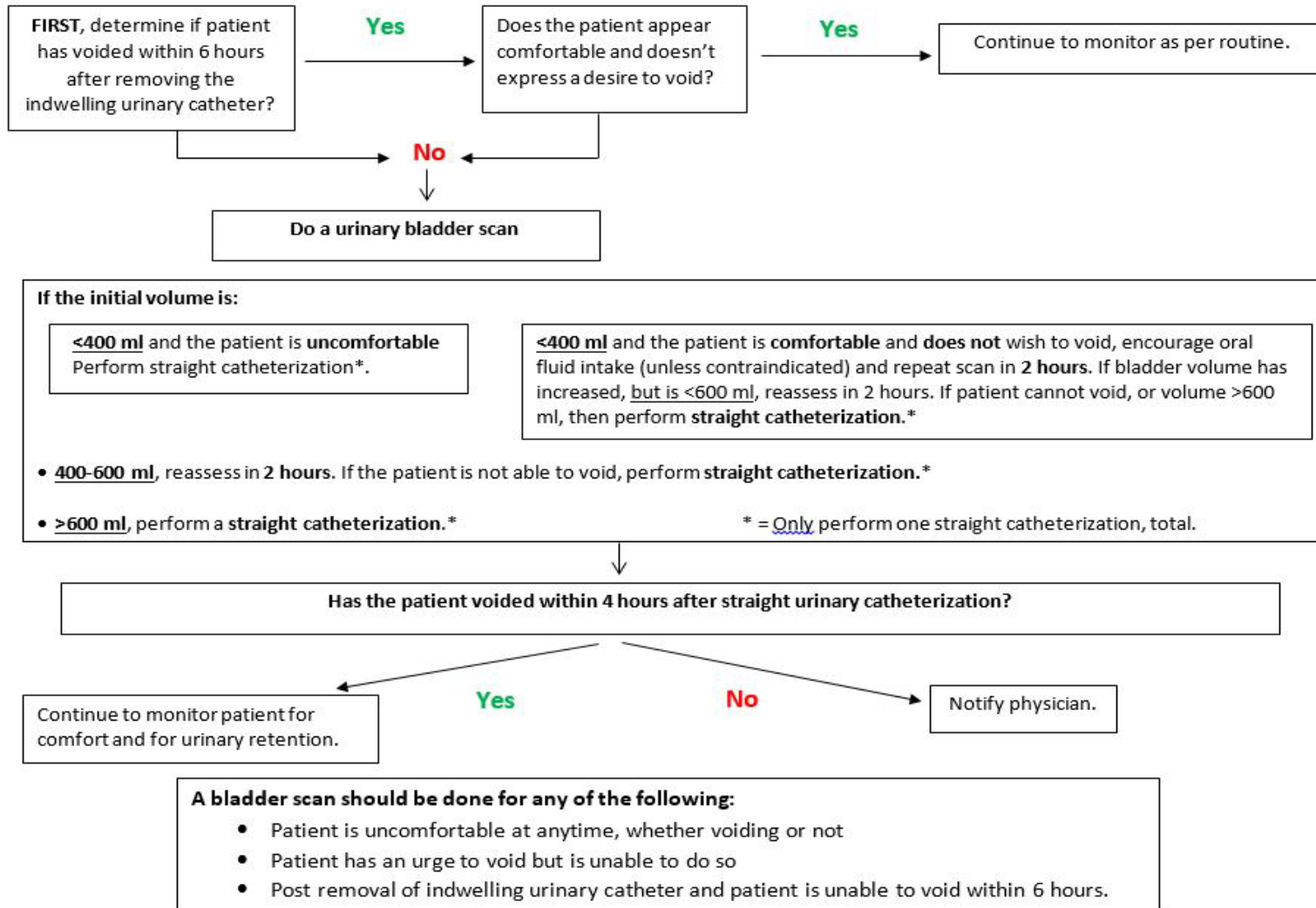




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SUBJECT: NURSE-DRIVEN DISCONTINUATION OF INDWELLING URINARY CATHETERS
APPENDIX B POST- REMOVAL OF INDWELLING URINARY CATHETER ALGORITHM = ADULTS

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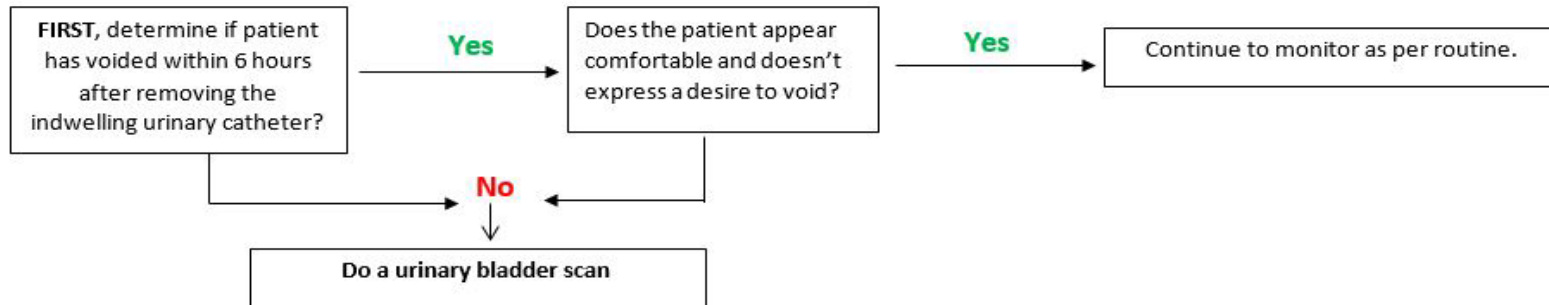
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APPENDIX C

POST- REMOVAL OF INDWELLING URINARY CATHETER ALGORITHM = PEDIATRICS



If the initial volume is:

For child <2yrs: if volume is more than [7 x weight (kg)], **perform catheterization***. E.g. for 11kg infant: 7 x 11 kg = 77 mL.

For child ≥2yrs: if volume is more than [age (years) x 2] x 30, **perform catheterization***. E.g. for 3 years old: [3y x 2] x 30 = 180 mL.

* = Only perform one straight catheterization, total.



A bladder scan should be done for any of the following:

- Patient is uncomfortable at anytime, whether voiding or not
- Patient has an urge to void but is unable to do so
- Post removal of indwelling urinary catheter and patient is unable to void within 6 hours.