

LAC + USC MEDICAL CENTER
STANDARDIZED PROCEDURE for
DISCONTINUATION OR DEFERRAL OF PLACEMENT OF INDWELLING URINARY CATHETER

I. Purpose:

- A. To establish a standardized procedure for the management and safe and expedited removal or deferral of placement of the indwelling urinary catheter
- B. To outline the process and criteria by which an RN who has completed training for urinary bladder scanning may defer placement of or remove indwelling urinary catheter on patients in the inpatient units including ICUs and medical-surgical units.
- C. To reduce the risk of catheter associated urinary tract infection by preventing unnecessary use of indwelling catheter when its placement or continuation is not indicated.

II. Procedure Statements:

The Standardized Procedure for discontinuation or deferral of placement of indwelling urinary catheter establishes a guideline which will ensure that indwelling catheters are removed or placement deferred based on the RN's assessment. This standardized procedure delegates the authority to the RN to discontinue or defer the placement of indwelling bladder catheters. Only RN's are authorized to initiate this standardized procedure after completion of training and after providing evidence of competency.

III. Definition:

An indwelling catheter refers to a urinary catheter that is inserted through the urethra into the urinary bladder and attached to a closed sterile drainage system. These are left in place for urinary drainage for a continuous period of time.

IV. Procedure:

- A. Assessing circumstances for the use of the indwelling urinary catheter
 1. The RN will assess prior to insertion and daily whether the patient's urinary catheter meets the CDC criteria for appropriate use of indwelling urinary catheter
 2. Consider and utilize alternatives to indwelling urinary catheters (e.g. Condom catheter for male patient
 3. The RN will inform the team that indwelling catheter does not meet criteria and will be discontinued / deferred..
 4. Indications for the appropriate use of the indwelling urinary catheter include:
 - Acute urinary retention/obstruction
 - Accurate hourly urine measurement in critically ill patients
 - Select surgical procedures
 - Wound healing for sacral or perineal wounds/surgical procedures
 - Requires immobilization; sedated or comatose
 - Patient comfort for end of life care
 - Continuous bladder irrigation
 - Intra-abdominal pressure monitoring

5. The RN will assess for adequate bladder emptying and perform bladder scanning to assess urinary volume and any urinary retention including the following:
 - Patients with urinary incontinence and retention
 - Patients with neurologic disorder causing impaired ability to void
 - Patients with dehydration
 - Patients with acute renal failure
 - Patients receiving hemodialysis treatment
 6. The RN will educate the patient regarding the indication to discontinue indwelling urinary catheter or circumstances when the catheter may be retained.
- B. Post removal monitoring and documentation:
1. The RN will assess adequate bladder emptying and document:
 2. First voiding within 1-6 hours post removal of urinary catheter
 3. Urine output characteristics and volume
 4. Urgency or inability to void; pain or discomfort on urination
 5. Date and time of discontinuation of urinary catheter
 6. Indications requiring continuation of indwelling urinary catheter
- C. Circumstances when RN may not discontinue urinary indwelling catheter:
1. Post operatively an indwelling catheter may typically remain in place for up to 24 hours as ordered.
 2. For specific surgery patient, catheter may not be discontinued as ordered. These surgeries may include but not limited to:
 - Cystectomy
 - Cystostomy
 - Bladder suspension procedures
 - Prostatectomy
 - Urethrectomy
 - Urethroplasty
 - Renal surgery
 - Ileoanal surgery
 - Coloanal surgery
 3. For urology patients when urology service has been consulted for the patient's urinary problem, the RN will not proceed with discontinuing catheter.
 4. Physician has ordered not to remove indwelling urinary catheter
 5. Other: bladder irrigation and intra-abdominal pressure monitoring.
- D. Circumstances requiring communication with Physician of primary service
Notify physician:
1. prior to discontinuation of indwelling catheter
 2. prior to deferral of urinary catheter placement
 3. when patient has signs of urinary retention
 4. result of bladder scanning
- E. Initial and Ongoing RN education and training
1. The registered Nurse will complete training on the following:
 - the standardized procedure for urinary catheter removal or deferral

- the urinary catheter insertion procedure and maintenance

F. Initial and Ongoing verification of competence:

1. Only trained RN will carry out the standardized procedure. Training and competency will be reviewed and tested annually by the ICU educator / Unit Nurse Manager

G. References:

- How to Guide: Prevent catheter associated urinary tract infections. Cambridge, MA: Institute for Healthcare Improvement; 2011. (Available at www.ihl.org).
- Gould CV, Umscheid CA, Agrawal RK, Kuntz G, Pegues DA & HCPAC. Guideline for prevention of catheter associated urinary tract infections 2009.
- Urinary Tract Infection (Catheter- Associated Urinary Tract Infection [CAUTI] and Non- Catheter-Associated Urinary Tract Infection [UTI] and other Urinary System Infection [USI]).CDC; January 2015.
- Streamlined Evidenced-Based RN Tool: Catheter Associated Urinary Tract Infection (CAUTI) Prevention. American Nurses Association: 2015.