Kaweah Delta Health Care District

Standardized Procedure Number: PC-SP.115	Latest Revision Date: 01/27/2015 Effective Date: 10/10/2011
Standardized Procedure*:* Urethral Catheter (IUC), Adult, Discontinuance of	

FUNCTION

To decrease and/or prevent the incidence of catheter associated infections and other complications associated with IUC.

The Registered Nurse (RN) will assess the patient for continued need for an indwelling urethral catheter and discontinue use when criteria are met. An order by a licensed medical provider supersedes use of this standardized procedure.

CIRCUMSTANCES UNDER WHICH RN MAY PERFORM FUNCTION

SETTING:

Kaweah Delta Health Care District (KDHCD).

SUPERVISION:

Procedure performed under the direction of a Licensed Provider with Medical Staff Privileges at KDHCD.

PATIENT CONDITIONS:

Patients with an indwelling urinary catheter

INCLUSION CRITERIA FOR IUC:

RN to assess the patient upon admission/transfer and each shift thereafter for the continued need for an indwelling urethral catheter using the following criteria (at least one criterion must be met):

- Neurogenic bladder (Includes patients with epidural or spinal anesthesia)
- Urinary retention not manageable by other means (such as intermittent catheterization)
- Management of urinary incontinence with perineal, groin or sacral pressure ulcer stage III or greater
- Urinary catheter placed for urologic procedure/surgery
- Indwelling ureteral stents
- Short term frequent monitoring of urinary output in critically ill patients.

- Instillation of medications / irrigation via urinary catheter
- History of difficult catheterization / urinary tract obstruction (such as enlarged prostate, strictures, etc.)
- Gynecological surgery
- Abdominal / pelvic trauma, history of possible bladder/urethral injury
- Hematuria (gross) within the past 24 hours
- To improve comfort of end of life patients. Order (written, electronic, order sets or protocols) and documented rationale from a licensed provider to maintain an indwelling urinary catheter.

PROTOCOL

DEFINITIONS:

Neurogenic Bladder: dysfunction of the urinary bladder due to disease of the central nervous system or peripheral nerves involved in the control of micturition.

Post Void Residual (PVR): Volume left in the bladder after normal voiding, this volume is obtained by performing an intermittent catheterization. Intermittent catheterization must be performed within 15 minutes of void.

Urinary Retention: Volumes of Post Void Residual Volume or Bladder scan volume that is greater than 150 mls.

Intermittent Catheterization for PVR: Straight (in and out) catheterization must be performed within 15 minutes of void.

SUBJECTIVE DATA BASE:

N/A

OBJECTIVE DATA BASE:

Evaluate the patient for appropriateness of maintaining an IUC.

- If the patient does not meet any of the inclusion criteria, and there is no order to continue the IUC by a licensed medical provider, the urinary catheter will be removed.

TREATMENT PLAN:

I. Review medical record for documentation of inclusion criteria for IUC.

II. Document identified actual / potential problems associated with IUC in Care Plan.

III. Reassess and document presence of IUC upon admission / transfer to the patient care unit and every shift.

IV. If the patient does not meet inclusion criteria for retaining the IUC, in The Physician's Orders, the RN will write an order for removal and sign their name in the following manner:
"Remove Indwelling Urethral Catheter per standardized procedure now.
Nathaniel Nurse RN, per standardized procedure"

V. Document removal of IUC and time.

VI. Assess for voiding within 6 hours.

A. If patient voids ≥300 ml, no action is required.

B. If patient voids <300 mls, use Bladder scan: (RNs on specific patient care units are trained and have completed the bladder scan competency training).
1. If bladder scan shows less than 150ml, contact licensed provider, provide SBAR and obtain orders.
2. If scan shows >150ml, but ≤300 ml and patient is not uncomfortable, reassess 2 hours later.
3. If scan shows > 300 ml, straight (in and out) catheterize patient; record volume obtained.
4. Repeat process after 6 hours, straight catheterize patient if indicated and record volume obtained.

C. If bladder scan is not available, seek out RN from unit with a bladder scanner (who has completed bladder scan competency training) for assistance with additional assessment.
1. If attempts to obtain a bladder scan assessment are not successful:
a. Palpate bladder for distention and assess the patient's comfort level.
b. If comfortable and/or no distention palpated, reassess in 2 hours.
c. If not comfortable and/or distention is palpated, proceed with straight catheterization.

d. Perform straight catheterization on patient and record response including volume of urine obtained.

VII. If patient demonstrates incontinence or frequent urination with small amounts of urine; follow plan in Section VI B or VI C.

VIII. Reassess patient for need for intermittent catheterization a minimum of every six hours.

RECORD KEEPING:

I. Document all interventions and outcomes.

II. If the patient does not meet inclusion criteria for retaining the IUC,

A. The Physician's Orders, the RN will write an order for removal and sign their name in the following manner:
"Remove Indwelling Urethral Catheter per standardized procedure now.
Nathaniel, Nurse RN, per standardized procedure"

III. If the patient requires a straight catheterization, the RN will write an order and sign their name in the following manner:
"***Straight Catheterization per standardized procedure now.***
Nathaniel, Nurse RN

IV. Document removal of IUC and time

V. Assess for voiding within 6 hours

<u>REQUIREMENTS FOR RN</u>:

INITIAL EVALUATION:

Education and competency demonstration of Standardized Procedure evaluated by the unit manager or designee during initial clinical orientation.

EXPERIENCE:

Current California Registered Nurse License.

CONTINUING EVALUATION:

Validation of competency: will be evaluated by examination annually and as appropriate.

DEVELOPMENT AND APPROVAL:

METHOD: Developed and approved by authorized representatives of the Device Associated Steering Committee under the direction of the Infection Prevention Committee.

REVIEW SCHEDULE:

Per policy.

REFERENCES:

Perry, A., & Potter, P. (2010). *Clinical nursing skills & techniques*. 7th ed. St. Louis, MO: Mosby.

The Joint Commission, Hospital Accreditation Program. (2011). *2012 National patient safety goals.* Pre-Publication Version. Retrieved from http://www.jointcommission.org/assets/1/6/Pre_Pubs_NPSGs_CAUTI_HAP_20110509.pdf.

U.S Department of Health and Human Services, Centers for Disease Control.and Prevention. Healthcare Infection Control Practices Advisory Committee. (2009). *Guideline for prevention of catheter-associated urinary tract Infections*. Retrieved from: http://www.cdc.gov/hicpac/cauti/001_cauti.html.

DEVELOPED BY:

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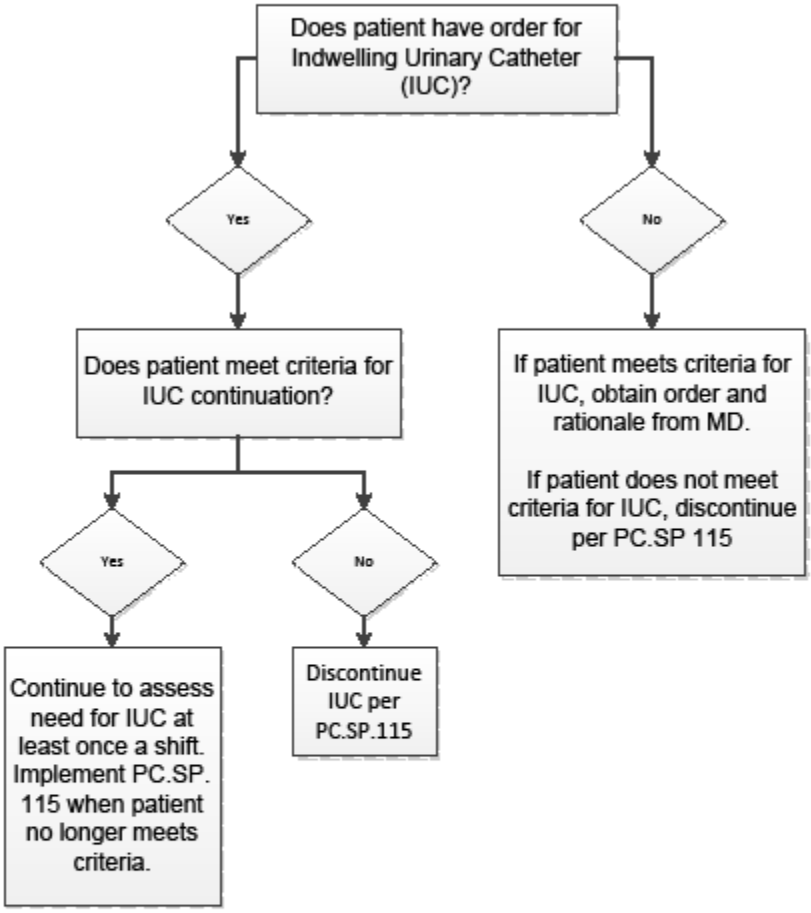
Appendix A


Does patient have order for Indwelling Urinary Catheter (IUC)?
Yes
No
Does patient meet criteria for IUC continuation?
If patient meets criteria for IUC, obtain order and rationale from MD.
If patient does not meet criteria for IUC, discontinue per PC.SP 115
Yes
No
Continue to assess need for IUC at least once a shift. Implement PC.SP. 115 when patient no longer meets criteria.
Discontinue IUC per PC.SP.115