1. **CLINICAL GUIDELINE**
   1.1. The purpose of this guideline is to prevent and reduce indwelling urinary catheter use and to limit indwelling urinary catheter use to clinically appropriate and adequately justified clinical situations.

2. **SCOPE**
   2.1. This clinical guideline supports the practice of all clinicians caring for patients of any age across all settings and services at Massachusetts General Hospital. Procedures established under this guideline provide the flexibility to permit the development of population specific standards, practices, and procedures that further facilitate the decreased use of indwelling urinary catheters in those settings.

3. **GUIDING PRINCIPLES**
   3.1. Catheter-associated urinary tract infections (CAUTIs) are the most common nosocomial infections.
   3.2. Older adults are at increased risk for experiencing subsequent adverse complications, and prolonged length of stay from urinary catheter associated infections.
   3.3. Catheter-associated urinary tract infections are preventable. To reduce the risk for infection, use urinary catheters only when clinically indicated, as determined by the evidence based guidelines.
   3.4. Indwelling urinary catheters are associated with increased morbidity, including polymicrobial bacteriuria, gram negative bacteremia, febrile episodes, nephrolithiasis, bladders stones, epididymitis, chronic renal inflammation and pyelonephritis, and meatal damage.
   3.5. The use of indwelling urinary catheters should be avoided whenever possible to prevent urinary tract infections which commonly occur after urinary catheterization.

4. **INDICATIONS FOR USE**
   4.1. Indications for a indwelling urinary catheter:
       4.1.1. Acute urinary retention;
       4.1.2. Chronic urinary retention, if alternative treatments have failed;
       4.1.3. Monitoring urinary output of critically ill patients;
       4.1.4. Management of patients with stage III to IV pressure sacral, perineal or trunk ulcers;
       4.1.5. May be indicated as a comfort measure/palliative care for a terminally ill patient;
       4.1.6. Gross hematuria, if at risk for clotting;
       4.1.7. Following some urological/gynecological surgeries.

5. **ALGORITHM TO SUPPORT INDICATIONS FOR USE**
   5.1. The Urinary Catheter algorithm is a guide to support the appropriate use of indwelling urinary catheters.
Urinary Catheter Algorithm for Indwelling Urinary Catheter Guideline

**Patient has urinary catheter**

- **RN assesses need DAILY**
  - **Is criteria for urinary catheter met?**
    - **YES**
    - **Obtain MD order and remove urinary catheter**
      - **Monitor for voiding & apply appropriate interventions to support patient**
    - **NO**

- **Monitor Pt as needed**
  - **Does Pt void within 6 hours?**
    - **YES**
    - **NOTE: If at anytime the Pt complains of bladder fullness, proceed to Bladder Scan**
    - **NO**
      - **Does Pt void within 1 to 2 hours?**
        - **YES**
        - **Encourage more PO fluids and continue to assess**
        - **NO**

- **Bladder Scan to assess bladder volume (See Bladder Scan Procedure)**
  - **Greater than 300 ml?**
    - **YES**
    - **Contact MD**
    - **NO**

**Indications for a indwelling urinary catheter:**
- Acute urinary retention;
- Chronic urinary retention, if alternative treatments have failed;
- Monitoring urinary output of critically ill patients;
- Management of patients with stage III to IV pressure sacral, perineal or trunk ulcers;
- May be indicated as a comfort measure/palliative care for a terminally ill patient;
- Gross hematuria, if at risk for clotting;
- Following some urological/gynecological surgeries;
- Encourage PO intake, as allowed by diet;
- Provide privacy & unhurried time to void to limit stress;
- Offer intermittent assistance to bathroom/commode;
- Promote relief of physical discomfort;
- Provide sensory stimuli to promote relaxation (pouring warm water over perineum, running water, provide reading material).
6. REFERENCES


Cancio, Leopoldo C. Managing the Foley Catheter, American Family Physician: Managing the Foley Catheter. October 1993


7. RELATED POLICIES, PROCEDURES & GUIDELINES

Bladder Scanning Policy
Urinary Catheterization: Insertion
Urinary Catheterization: Removal
Urinary Catheterization: Straight Catheterization

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