URINARY CATHETER REMOVAL PROTOCOL

Purpose:
To establish a written protocol governing the timely removal of urinary catheters based on identified criteria assessed and documented by nursing and best practice evidence to decrease catheter related infections.

Protocol:
1. The nurse is authorized to remove a urinary catheter with the understanding that:
   - This protocol has been pre-approved by the Medical Executive Committee and Chief Medical Officers (CMO) to provide necessary and timely care.
   - The nurse is to document in the patient care record all observations and criteria to support the removal of the urinary catheter or indications for the urinary catheter to remain in place.

2. When an order is placed to insert a urinary catheter, a nursing task will be generated daily to ‘Assess Patient for Urinary Catheter Removal’. Nurse will assess each morning for the presence of the urinary catheter and continued need using the following criteria:
   - Accurate Urinary Output Critically ill Patient (ICU)
   - Accurate Urinary Output Surgical Patient (perioperative)
   - Acute Urinary Retention or Obstruction
   - Assist Healing of Perineal/Sacral Wound
   - Chronic Indwelling Urinary Catheter
   - Hospice/Comfort Care/Palliative Care
   - Required Immobilization for Trauma/Surgery
   - Present on Arrival to Hospital
   - Anticipated Surgery within 24 Hours
   - Urological Procedure or placed by urology
   - Other: See Other Documented Reason

3. If the nurse documents that the ‘patient does not meet criteria to maintain the indwelling urinary catheter’, the following will occur:
   - A ‘Discontinue Urinary Catheter’ order will be automatically generated for the nurse to remove the urinary catheter
   - A communication order will be sent to the physician’s inbox indicating that “Urinary catheter discontinued on [date/time]” based on nursing approved protocol
   - A physician’s order to remove the urinary catheter super cedes the Advanced Patient Care Protocols.

4. Post discontinuation, the nurse will
   - Document urinary catheter removal in the patient record
   - Assess the patient for voiding to occur within 6 hours and/or symptoms of urinary retention (abdominal fullness or discomfort)
   - If patient unable to void and/or exhibits symptoms of urinary retention (abdominal fullness or discomfort), perform bladder scan
     - If volume <300, observe, repeat bladder scan and if symptoms persist, notify the provider
     - If volume >300, perform intermittent catheterization; repeat bladder scan and if symptoms persist, notify the provider