

# BEEBE HEALTHCARE

## PATIENT CARE MANUAL

<b>Adult Urinary Catheter Discontinuation Protocol Bladder Scan/Straight Catheterization Procedure</b>	Date of Issue: 12/11
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[X ] Conditions of Participation 42 CFR 482.24(c)(2)(vi) 42 CFR 482.23(b)(5) 42 CFR 482.42(a) [X ] Joint Commission Standard NPSG.07.06.01	Revised: CPC 10/13 CPC 5/14, CAUTI Task Force 8/18, 9/18

### PURPOSE

To prevent urinary tract infections that may be associated with urinary catheter placement.

### SCOPE

Adult patients at Beebe Healthcare. Note: Indwelling urinary catheters placed by a urologist or other provider should not be removed by nursing without an explicit provider order to discontinue the catheter, i.e., these patients will not have this protocol ordered. In cases where there is any question, contact the provider to clarify.

### POLICY

Indwelling urinary catheters should only be inserted when indicated, and left in place only as long as deemed medically necessary. Alternatives to indwelling urinary catheters should be used whenever possible.

### PROCEDURE

1. A provider order must be obtained prior to initiating this protocol.
2. For general care and management of indwelling urinary catheters, follow the related policy “**Urinary Catheterization and Catheter Care Guidelines.**”
3. Nursing will assess and document every shift the criteria for insertion and continued use of the indwelling urinary catheter using the C.H.O.R.U.S criteria (see Appendix A).
4. When the patient no longer meets criteria for the indwelling catheter, or it is determined that an alternative can be used, nursing should discontinue (remove) the indwelling urinary

catheter. A provider order to discontinue the catheter is NOT required *if this protocol is ordered*.

- Note: a urinary catheter may be discontinued at any time; however, the recommended best practice is to remove urinary catheters between 0600 and 1000 to allow a sufficient period of observation to ensure patient safety.

### **FOLLOWING REMOVAL OF THE INDWELLING URINARY CATHETER:**

- Follow the “**Bladder Scan/Straight Catheterization Procedure**” outlined in Appendix B.
- Document discontinuation of urinary catheter in the patient’s permanent medical record (e.g., CERNER, IBEX, paper record). At a minimum, the documentation should include:
  - The activity of discontinuation (e.g., CERNER Activity Type = “Discontinued Urinary Catheter”)
  - The date and time of discontinuation
  - Reason for discontinuation, i.e., “Patient does not meet criteria”
  - Patient tolerance of procedure
  - Patient/caregiver education
    - Include the rationale for avoiding urinary catheter use
    - Instruct the patient/family to call for assistance if needed, to use bedpan, urinal, or for getting out of bed to bathroom or commode.
- Establish an environment that promotes continence:
  - Ensure that patients are offered opportunity to toilet at least every two hours (daytime hours) and every 4-6 hours at night until pattern is established.
  - Have call light within easy reach of patient
  - Have bedside commode/urinal available if patient is unable to walk to bathroom
  - Encourage ambulation when appropriate.
- Upon discontinuation of urinary catheter, assess the patient’s ability to adequately empty the bladder.
  - If the patient voids less than 180 mLs within 6 hours after removal of the urinary catheter OR the patient complains of any symptoms related to distention such as suprapubic pain, the nurse will immediately follow the bladder scan procedure outlined in **Appendix B**.
- Maintain accurate intake and output for a minimum of 24 hours after discontinuing urinary catheter.
- If urinary catheter is discontinued on day of discharge, patient must demonstrate ability to void prior to being released from hospital.
- Once patient has demonstrated proper continence for a 24 hour period, discontinue the protocol.

### **REFERENCES**

American Nurses Association (ANA). Streamlined evidence-based RN tool: catheter associated urinary tract infection (CAUTI) prevention. Available from: <https://www.nursingworld.org/~4aede8/globalassets/practiceandpolicy/innovation--evidence/clinical-practice-material/cauti-prevention-tool/anacautipreventiontool-final-19dec2014.pdf> , Accessed on August 2, 2018.

Healthcare Infection Control Practices Advisory Committee (HICPAC). Centers for Disease Control and Prevention. Guidelines for Prevention of Catheter-Associated Urinary Tract Infections 2009. Available from: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/cauti-guidelines.pdf>, Accessed on July 1, 2018.

Lo E, Nicolle LE, Coffin SE, et al. Strategies to prevent catheter-associated urinary tract infections in acute care hospitals: 2014 update. *Infect Control Hosp Epidemiol* 2014 May;35(5). Available from: <https://www.jstor.org/stable/10.1086/675718>, Accessed on July 1, 2018.

Meddings J, Saint S, Fowler KE, et al. The Ann Arbor Criteria for appropriate catheter use in hospitalized medical patients: results obtained by using the RAND/UCLA appropriateness method. *Ann Intern Med*;2017 May Suppl. Available from: <http://annals.org/aim/fullarticle/2280677/ann-arbor-criteria-appropriate-urinary-catheter-use-hospitalized-medical-patients>, Accessed on April 23, 2018.

Society of Urologic Nurses and Associates. Clinical practice guidelines: acute urinary retention. 2016. Available from: <https://www.sun.org/resources/acuteUrinaryRetention.pdf>, Accessed on August 15, 2018.

**Appendix A – Evidence-based Indications for Indwelling Urinary Catheter Insertion/Continuation**

PROTOCOL CATEGORY (CHORUS)	Specific Evidence-based Indication	Short Form (for EMR documentation)
C-COMFORT	Comfort at end-of-life/hospice	Comfort at end-of-life/hospice
C-COMFORT	Open perineal wound in incontinent patient	Open perineal wnd-incontinent
C-COMFORT	Open sacral wound (stage III or greater) in incontinent patient	Open sacral wnd (>stage II)-incontinent
H-HEMODYNAMIC	Strict I&O monitor in critically ill/postoperative patient not able to use alternatives	Strict I&O - critically ill/postop pt
H-HEMODYNAMIC	Hemodynamically unstable	Hemodynamically unstable
O-OBSTRUCTION	Gross hematuria/bladder irrigation	Gross hematuria/bladder irrigation
O-OBSTRUCTION	Urinary obstruction	Urinary obstruction
R-RETENTION	Acute urinary retention (confirmed w/ bladder scan) not manageable by alternatives	Acute urinary retention
U-UROLOGIC	Urologic procedure/study	Urologic procedure/study
U-UROLOGIC	Chronic indwelling (in place at time of admission)	Chronic indwelling
U-UROLOGIC	Neurogenic bladder	Neurogenic bladder
U-UROLOGIC	Placed by urologist or other physician	Placed by urologist/other physician
S-SURGERY	Monitor intraoperative urinary output/short term postop use (e.g., d/c on POD1)	Monitor intraop output/short term postop
S-SURGERY	Prolonged or strict immobilization	Prolonged or strict immobilization
S-SURGERY	Pelvic surgery (e.g., gynecology, colorectal)	Pelvic surgery (e.g., gynecol, colon)
S-SURGERY	Epidural/intrathecal catheter in place, or still in effect	Epidural/intrathecal catheter

	Broad Category for the Indication -CHORUS (what we documented previously)
	Specific Evidence-based Indication Related to Each CHORUS Category
	Corresponding Short Form for EMR Documentation, i.e., What We Document Now

**Appendix B – Bladder Scan/Straight Catheterization Procedure**

This procedure can be followed as part of the Adult Urinary Catheter Discontinuation Protocol, or when there is an order for “Bladder Scan” and/or “Insert Straight Urinary Catheter”

1. Assess patient’s ability to adequately empty bladder.
2. If one or more of the following signs/symptoms are present:
  - a. Bladder is palpable
  - b. Patient is unable to void  $\geq 180$  mLs and c/o abdominal/bladder distention/discomfort/pain/feeling of fullness
  - c. Unable to void  $\geq 180$  mLs for 6 hours postoperatively
  - d. Unable to void  $\geq 180$  mLs for 6 hours after removal of an indwelling urinary catheter
3. Perform bladder scan
4. If bladder scan shows  $\geq 350$  mL of urine retained, perform straight catheterization
5. Reassess in 6 hours, or sooner if the patient’s condition warrants it
6. Steps 1 through 5 can be repeated up to 3 times.
7. Notify the provider and obtain additional orders if:
  - a. Straight catheterization/bladder scan is required more than 3 times
  - b. Straight catheterization urine volume is  $\geq 350$  mL and patient c/o discomfort
  - c. Patient complains of new/increasing signs/symptoms

Additional orders may include reinsertion of indwelling urinary catheter (need new order), obtain urology consult, etc.