HOUDINI NURSE DRIVEN PROTOCOL

Foley Catheter Removal Protocol

HOUDINII PROTOCOL IS TO BE USED IN THE ABSENCE OF A SPECIFIC PHYSICIAN'S ORDER ADDRESSING URINARY CATHETERS

Step 1: Assess indications for Indwelling Urinary Catheter

If patient meets one or more of criteria below, the Foley Catheter should remain. Re-assess in 24 hours.

- **H**ematuria, Gross or continuous bladder irrigation
- **O**bstruction, Urinary Retention
- **U**rologic surgery or Urology placed Catheter
- **D**ecubitus: To assist in healing of open sacral or perineal wounds for incontinent patients (Stage III or IV or moisture related injury secondary to incontinence)
- **I** & O- critical for patient management or hemodynamic instability requiring hourly I&O
- **N**eurogenic bladder dysfunction or chronic indwelling catheter
- **I**mmobilization due to physical constraints (I.e., potentially unstable fracture, spinal anesthesia, multiple traumatic injuries, IABP) or **I**mproved patient comfort at end of life care

Step 2: Implement Nurse-Driven Removal Protocol

If the patient does not meet above criteria, the nurse may discontinue the Foley catheter. Special factors to consider include:

- Alternatives to indwelling urinary catheter such as Liberty male urinary containment system or PureWick for females
- Epidural catheter removal
- Strict I & O vs Hourly (or q2) I & O, Strict I & O may be satisfied by patient voiding
- Urology, urologic surgery, or neurogenic bladder/chronic catheter (double check)
- Assess indications for use when transferring patient to a lower level of care

STEP 3: After Urinary Catheter Removal

- Assess for voiding within (6) six hours of removal
- If patient spontaneously voids within six (6) hours, but it is less than 200ml, perform bladder scan. Initiate straight catheterization if post void residual (PVR) is greater than 200ml.
- If patient spontaneously voids within (6) hours but is incontinent, perform bladder scan, straight catheterization if PVR is > 200 ml.
- If patient has not voided within six (6) hours after straight catheterization, notify physician.