

# Nurse-Driven Indwelling Urinary Catheter (IUC) Removal Algorithm

9.3.13

**All indwelling urinary catheters (IUC) require a physician order for placement**

**Assess need daily**  
-Does patient meet criteria to leave Foley in?  
(see criteria below)  
-Document in EMR

No →

## Remove Foley per Standardized Procedure

- Follow post-removal protocol  
(see criteria below)  
-Document Foley removal in EMR

Yes  
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## Criteria for Continuing Foley met

1. **Strict I & O** monitoring, critically ill patient (per critical care foley placement decision tree), or requires nephrology consultation
2. Urinary obstruction/retention where intermittent catheterization is difficult or contraindicated/requires urological consultation to place indwelling catheter
3. Chemically paralyzed
4. Spinal or epidural anesthesia/continuous drip
5. Neurogenic bladder
6. Post-operative patients: renal transplant; gynecologic, peri-rectal or urologic procedures; coccyx/ sacral ulcer plastic surgery repairs
7. Surgery or diagnostic procedures lasting longer than 2 hours with post-op order to continue longer than post-op day 2 **requires MD order to continue IUC longer than day 2 post-op**
8. Incontinent patients actively receiving parenteral chemotherapy for up to 48 hours
9. Stage 2,3, 4, or unstageable, pressure ulcers on coccyx/sacrum with IAD/MRSD when incontinence impairs healing
10. In comfort measures when turning patients for incontinence care is too painful and/or terminal status
11. Pelvic fracture
12. Post-partum patient with vulvar edema until resolved
13. Obstetric patient receiving magnesium drip

## Post-Removal Protocol

- Assess for voiding q 2 hours X 8 hours
- Assist patient to sit or stand to attempt voiding, if condition allows
- If patient unable to void after 6-8 hours and/or complains of discomfort or voids < 250 ml over 2-4 hours RN assesses and documents bladder volume by one of these methods:
  - Bladder scanner ultrasound (preferred)
  - I & O straight cath (if bladder scanner not available)
- If bladder volume < 350 ml (with no discomfort/retention) continue to monitor q 1-2 hours for spontaneous voiding
- Perform I & O cath if bladder volume > 350 ml or symptoms of bladder discomfort/distension X 1
- May repeat I&O cath X 1 in 6-8 hours as above.
- Notify MD if third straight cath is required
- If patient **incontinent**, consider appropriate alternatives below

Yes  
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Continue daily evaluation

Yes  
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Obtain order to continue Foley longer than post-op day 2

## Alternatives for incontinence

- Ultrisorb pad (may be weighed for I&O)
- Condom catheter
- Adult brief with tabs for bedbound patient
- Adult pull-up type for ambulatory patients
- Provide skin care q 2-3 hours & prn