SICU Foley Catheter Protocol:

While foley catheter is in place, the following orders should be active in order to reduce UTI:
1. Foley care q12h with soap and water.
2. Secure foley to leg to minimize movement.
3. Keep foley below level of bladder at all times.

Pt must meet the following criteria in order to remove the foley catheter:

- Extubated or trached
- Alert and oriented x2, cooperative
- Able to use bedpan/urinal/bedside commode
- No skin breakdown in perineal or sacral areas
- No contraindication to I&O catheter
- No epidural

If the patient meets the following criteria, the foley catheter will be removed.

In the following 24 hours, the following orders will be entered:
1. Nursing: Check for need to empty bladder q2h and offer bedpan/urinal/assistance to commode.
2. Nursing: Notify HO if no UOP in 6 hours.

If no UOP in 6h, the patient should be catheterized with a foley catheter and either action should be done:
1. If UOP >500ml, the catheter will be left in place.
2. If UOP<500ml, drain bladder and remove catheter. If pt is unable to void in an additional six hours, then replace foley catheter.

If the foley catheter have been reinserted after meeting the above criteria, bladder training q4h should be instituted for 48h. Then removal of the catheter should be attempted again.
1. Nursing: Clamp foley and release q4h for 20 minutes to allow bladder to drain. Then re-clamp.
2. Nursing: Ask pt each time before unclamping foley if they feel the sensation to urinate.

If the patient is incontinent, a condom catheter or brief can be placed and good perineal hygiene should be done. Incontinence is not a reason to replace the foley.

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This document was created on July 2, 2010.
SICU Foley Catheter Protocol:

Does the pt meeting the following?

___ Extubated/Trached
___ A&Ox2, cooperative
___ Able to use bedpan/urinal/commode
___ No skin breakdown in perineal/sacrum
___ No contraindication to I&O
___ No Epidural

Yes

Discontinue foley and offer bedpan/urinal q2h. If no UOP in 6h, I&O cath with foley catheter.

No

Foley remains until criteria is met.

UOP< 500ml

Drain bladder and remove catheter. If unable to void in additional 6h, replace foley.

UOP >500ml

Leave foley catheter in place.

Bladder training q4h for 48h. Attempt removal of foley catheter again.

If the patient is incontinent, a condom catheter or brief can be placed and good perineal hygiene should be done. Incontinence alone is not a reason to replace the foley.

July 2, 2010