

<b>Nursing Policy Statements:</b> (designates what must be done by Nursing)	
1.	The RN assesses the patient's genitourinary system minimally every 12 hours.
2.	The RN evaluates and discusses alternatives to placing the Indwelling Urinary Catheter (IUC) with the LIP.
3.	The RN ensures IUC placement is for an approved indication: <ol style="list-style-type: none"> <li>Perioperatively for selected surgical procedures (e.g., certain urologic, gynecologic, colorectal, and other major procedures - i.e., meets SCIP criteria), for 1-2 days</li> <li>Urinary output monitoring in critically ill patients</li> <li>Temperature monitoring associated with induced hypothermia/normothermia</li> <li>Management of acute urinary retention or obstruction</li> <li>Continuous bladder irrigation for urologic patients; instillation of medications</li> <li>Wound management in sacral/perineal area; assistance in pressure ulcer healing in incontinent patients; need to protect nearby operative site</li> <li>Prolonged immobilization (e.g., unstable spine or pelvic injury)</li> <li>Comfort for end-of-life care</li> </ol>
4.	The RN follows <a href="#">Standard Work: Foley Catheter Insertion</a> . Two health care providers are involved in the placement of the IUC for every patient except non-obese, adult males.
5.	The RN assesses the need for IUC utilization every 12 hours and plans for prompt removal with the LIP minimally every 24 hours.
6.	The RN delegates or provides IUC care every 24 hours with 2% Chlorhexidine Gluconate (CHG) cloth product. Perform <a href="#">CHG perineal and catheter care</a> after each bowel movement.
7.	The RN changes short term IUC when indicated for malfunction, obstruction, contamination, or when following the <a href="#">SW for urine culture</a> in the patient with an IUC in place >48 hours.
8.	The RN changes long-term catheters every 30 days or according to patient established schedule.
9.	The RNs may insert coude catheters and replace established (>30 days in situ) suprapubic catheters with LIP order.
10.	The RN does NOT automatically replace an IUC placed at an outside facility prior to admission.

- Policies** (designates what MUST be done)
- Patient Care Services: [Inpatient Nursing Documentation Standards](#) (Assessment, LDA and I&O documentation)

- Interprofessional Standard Work** (best known how-to steps to optimize outcomes, minimize waste and variation)
- [A3 Worksheet - Infection Investigation for CAUTI or CLABSI](#)
  - [Chlorhexidine \(CHG\) Bathing and Peri-Care](#)
  - [Foley Catheter Insertion](#)
  - [Foley Catheter Insertion with Substitute Insertion Kit](#)
  - [Intermittent Catheter Insertion with VaPro Plus Catheter](#)
  - [PrimaFit External Urine Management System for Females](#)
  - [Urinary Incontinence Pad Weighing](#)
  - [Urine Culture Specimen Collection with Indwelling Urinary Catheter Algorithm](#)

**Nursing Procedures:**

Lippincott ADULT	Lippincott PEDIATRIC
<a href="#">External urine collection device use, female / male</a> <a href="#">Indwelling urinary catheter Foley care and management</a> <a href="#">Coudé catheter insertion female / male</a> <a href="#">Indwelling urinary catheter Foley insertion male / female</a>	<a href="#">Indwelling urinary catheter Foley insertion neonatal female / male</a>

- Manufacturer's Instructions:**
- [Bard Condom Catheter – Fitting the Sheath](#)

<b>Primary Contact:</b> Kathleen Rea	<b>Version information:</b> Version 1.0: Initial version	<b>Date &amp; Approval Body:</b> 2/14/17 Nursing Policy Program 3/3/17 CNO & Nursing Executive Committee
	1.1 SW links updated	12/5/17
	1.2 SW links updated	4/16/18; 8/2019

**Keywords:** indwelling urinary catheter, IUC, IUC care, CHG bathing, coude, long-term foley, suprapubic catheter, bladder, chlorhexidine gluconate, cauti

## References

Appendix C. Sample Bladder Scan Policy. Content last reviewed October 2015. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/quality-patient-safety/hais/cauti-tools/impl-guide/implementation-guide-appendix-c.html>

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