STANDING DELEGATION ORDER FOR URINARY CATHETER REMOVAL

1. All patients with an indwelling urinary catheter will be assessed on admission to unit and daily every morning shift for the following criteria:
   a. Acute urinary retention or bladder obstruction.
   b. To improve comfort for end-of-life-care.
   c. Critically ill and need for accurate measurement of I&O (ICU patient that are hemodynamically stable may not need a urinary catheter).
   d. Selected surgical procedure (gynecological, genitourinary, or surgery adjacent to structures such as colo-rectal or abdominal pelvic surgery).
   e. To assist in healing of open sacral or perineal wound in incontinent patient.
   f. Need for intraoperative monitoring of urinary output during surgery or large volume of fluid or diuretics anticipated.
   g. Prolonged immobilization (potential unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures). Bedrest is NOT necessarily considered prolonged immobilization.

2. If the patient meets ONE the criteria listed above, or if there is a DO NOT REMOVE ORDER per the physician the urinary catheter will remain in place and will be assessed every shift until criteria for discontinuation is met, physician writes an order to discontinue urinary catheter, and/or patient is discharged. Document reason for urinary catheter in electronic record.

3. If the patient DOES NOT meet ANY of the criteria listed above, the urinary catheter is to be removed. Place an order to remove the urinary catheter as a Standing Delegation Order per Dr. Allan Haynes.

4. Once the urinary catheter is removed assess for adequate bladder emptying
   a. If patient has voided within 4-6 hours follow these guidelines:
1. If minimum urinated volume less than or equal to 180ml in 4-6 hours or urinary Incontinence present confirm bladder emptying.

   a. Prompt patient to void and check for spontaneous urination within 2 hours, if post void residual less than 300-500ml per bladder scan, recheck post void residual within 2 hours.

   b. If post void residual greater than or equal to 300-500ml place order for straight catheterization as Standing Delegation Order per Dr. Allan Haynes and perform straight catheterization. Refer to GNP#NE-251.0.

   c. Repeat scan within 4-6 hours to determine if need for repeat catheterization.

   d. After second catheterization and if retention persists with post void residual greater than or equal to 300-500ml report to patient’s primary provider. ORDER MUST COME FROM PRIMARY PHYSICIAN TO PLACE NEW URINARY CATHETER.

   b. If patient HAS NOT voided within 4-6 hours and/or complains of bladder fullness, then determine presence of complete bladder emptying.

   1. Prompt patient to void. If urination is, less than or equal to 180ml perform bladder scan.

      a. If greater than 300-500ml perform straight catheterization. Refer to GNP#NE-251.0 Place order for straight catheterization as Standing Delegation Order per Dr. Allan Haynes.

      b. If patient continues to have difficulty with retention and complains of bladder fullness report to patient primary provider. ORDER MUST COME FROM PRIMARY PHYSICIAN TO PLACE NEW URINARY CATHETER.

      If unable to contact primary physician or having difficulty placing an indwelling catheter call DR ALLAN HAYNES OR UROLOGY RESIDENT ON CALL FOR ASSISTANCE AND/OR ORDER.

5. If patient is incontinent, observe appropriate skin care/hygiene to prevent breakdown and development of pressure ulcer. (see Nursing Policies WI-319.0, WI-320.1, WI-320.2).

2016