

**\*\*\*REFERENCE TEXT\*\*\***

**STANDING DELEGATION ORDER FOR URINARY CATHETER REMOVAL  
IN PEDIATRIC PATIENTS UNDER 18 YEARS OF AGE**

Once the urinary catheter is removed, assess for adequate bladder emptying.

*\*NOTE\* If patient is incontinent, observe appropriate skin care/hygiene to prevent breakdown or development of pressure ulcers. (See Nursing Policies WI-319.0, WI-320.1, WI-320.2).*

1. At 4 hours post cath removal, if patient has voided and the total volume over 4 hours is less than or equal to 1 mL/kg/hr, confirm bladder emptying as follows:
  - a. If post void residual per bladder scan is less than the maximum allowable bladder scan volume calculated by  $((\text{patient's age in years} + 2) \times 30 = \text{value})$  mL \*[see Reference Table 1], SDO may be discontinued.
  - b. If post void residual per bladder scan is greater than or equal to the maximum allowable bladder scan volume calculated by  $((\text{patient's age in years} + 2) \times 30 = \text{value})$  mL \*[see Reference Table 1] or patient complains of bladder fullness, discomfort, or urgency, CALL PRIMARY TEAM OR PEDI RESIDENT FOR FURTHER INSTRUCTIONS. **ORDER MUST COME FROM PRIMARY PHYSICIAN OR PEDI RESIDENT TO PLACE NEW URINARY CATHETER.**
2. At 4 hours post cath removal, if patient **DOES NOT** void and/or complains of bladder fullness, then determine presence of complete bladder emptying as follows:
  - a. Encourage patient to void utilizing non-invasive techniques \*\*[see Reference Table 2].
    - i. If patient voids, perform bladder scan.
      1. If post void residual per bladder scan is less than or equal to the maximum allowable bladder scan volume calculated by  $((\text{patient's age in years} + 2) \times 30 = \text{value})$  mL \*[see Reference Table 1], SDO may be discontinued.
      2. If post void residual per bladder scan is greater than or equal to the maximum allowable bladder scan volume calculated by  $((\text{patient's age in years} + 2) \times 30 = \text{value})$  mL \*[see Reference Table 1] or patient complains of bladder fullness, discomfort, or urgency, CALL PRIMARY TEAM OR PEDI RESIDENT FOR FURTHER INSTRUCTIONS. **ORDER MUST COME FROM PRIMARY PHYSICIAN OR PEDI RESIDENT TO PLACE NEW URINARY CATHETER.**
    - ii. If patient does not void and continues to have difficulty with retention and/or complains of bladder fullness, discomfort, or urgency, CALL PRIMARY TEAM OR PEDI

RESIDENT FOR FURTHER INSTRUCTIONS. **ORDER MUST COME FROM PRIMARY PHYSICIAN OR PEDI RESIDENT TO PLACE NEW URINARY CATHETER.**

**Reference Table 1**

**\*Max Allowable Bladder Scan Volume**

Age of Patient (years)	Max Allowable Bladder Scan Volume (mL)
0	60
1	90
2	120
3	150
4	180
5	210
6	240
7	270
8	300
9	330
10	360
11	390
12	420
13	450
14	480
15	510
16	540
17	570

**Reference Table 2**

**\*\*NON-INVASIVE TECHNIQUES TO ATTEMPT TO ASSIST PATIENT TO VOID**

- Educate on outcomes if patient does not void (“pee”, urinate)
- Warm water to private area (not hot enough to burn or scald)
- Warm baths
- Gentle pressure or pushing on the bladder
- Encouragement of fluids
- Positive reinforcements (prizes)
- Allow for privacy for older children