Indications for continuing a urinary catheter:
1. Required immobilization for surgery, trauma, or other therapies (e.g. unstable pelvic/spinal fractures)
2. Strict urinary output monitoring as indicated by the plan of care
   a. hourly monitoring of urine output to guide volume resuscitation
   b. hemodynamically instability requiring vasopressors
   c. high dose diuretic therapy
3. To assist in healing of open sacral or perineal wounds in incontinent patients
4. Acute ventilator dependent respiratory failure
5. Acute worsening of mental status
6. Palliative or end of life comfort care
**If the patient is not exempt and does not have one of these indications discontinue foley and document.**

Foley in place

Yes

Does the pt have an INDICATION?

No

Discontinue foley & then document

Avoid placement

Continue daily & prn reassessment

*Make sure there is an order
* Document indication
* SCIP: DC by post-op day 2

Post cath removal Guidelines

No UOP after 4 hrs

Assess for bladder distention & inadequate voiding
See Appendix 1

Yes

Reassess in 2 hours

No UOP

No

1. In & Out Cath
2. Notify MD (& document)
3. Reassess in 4 hrs
4. Repeat post removal algorithm one more time before obtaining order to replace foley

Foley Maintenance Guidelines
1. Always empty prior to travel & whenever bag has more than 500mL (~ Q6hrs)
2. Perform foley care Q12hrs and PRN
3. Maintain bag & tubing below the level of the bladder
4. Use securement device - Stat lock or - fabric stabilization device
5. Use wash basin only once
6. Maintain a closed system
7. Perform hand hygiene