

Example of a Nurse driven protocol to evaluate and discontinue unnecessary urinary catheters (protocol where no physician order is required using an algorithm for assessment):

Nurse to assess each AM for the presence of the urinary catheter and continued need:

1. Does patient have a urinary catheter? If no, reevaluate the next day. If yes, evaluate for need.
2. Catheter need: the catheter is acceptable for any (at least one) of the following reasons below
 - Urinary retention including obstruction and neurogenic bladder: the patient is unable to pass urine because of an enlarged prostate, blood clots or an edematous scrotum/penis or unable to empty the bladder because of neurologic disease / medication effect.
 - Short perioperative use in selected surgeries (less than 24 hours) and for urologic Studies or surgery on contiguous structures.
 - Placed by urology service (check plan with urology service).
 - Output measurements in the Intensive Care Units.
 - Assist healing of perineal and sacral wounds in incontinent patients to avoid further deterioration of wound and skin.
 - Required immobilization for trauma or surgery.
 - Hospice/comfort care or palliative care, if requested by patient
 - Chronic indwelling urinary catheter on admission (may clarify reason of use from physician)
3. If no appropriate (acceptable) indication(s) for use are present, nurse to discontinue urinary catheter.
4. Post discontinuation, observe the patient based on the attached algorithm.
5. Contact physician if any concerns related to patient's assessment.

