U
Urological Solution

Proper techniques and best practice guidance

Does your patient need an indwelling urinary catheter (IUC)?

MEDLINE Infection Prevention

Stop! Is there a clinical reason?

Before inserting an IUC, confirm at least one of the following conditions exists:

- Select surgical procedures
- Prolonged immobilization
- End-of-life care
- Acute urinary retention or obstruction
- Precise measurement of urinary output
- Open wounds in incontinence patient

YES
Insert IUC according to your facility's protocols

NO
Consider using an alternative means to managing the bladder

For urinary incontinence

- Develop a **toileting plan**
- Consider a **male external catheter or urinal** when the patient:
  - Is cooperative
  - Does not have urinary retention or bladder outlet obstruction
  - Has no problem with post-void residual (PVR)
  - Requires precise urine output measurement
  - Prefers not to use a brief

For inability to adequately void bladder

- Assess bladder volume by performing a bladder scan. **Bladder scanner is located:**

  _____

  - If PVR is **<300-500 ml, prompt to urinate**
  - If PVR is **≥300-500 ml, perform straight catheterization** per facility protocol (usually every 4-6 hours)
- Perform straight catheterization if physician requires a urine specimen and patient cannot provide it on their own

⚠ PRACTICE ALERT

Once an IUC has been placed, the clinical reason for use should be re-evaluated every 24 hours. Duration of catheterization is the highest risk factor for acquiring a CAUTI.[1]

1. Meddings J, Kreiin SL, Fakih MG, et al. Reducing Unnecessary Urinary Catheter Use and Other Strategies to Prevent Catheter-Associated Urinary Tract Infections: Brief Update Review. In: Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices. Rockville (MD): Agency for Healthcare Research and Quality (US); 2013 Mar. (Evidence Reports/Technology Assessments, No. 211.) Chapter 9. Available from: http://www.ncbi.nlm.nih.gov/books/NBK133354/ Accessed December 2, 2015.