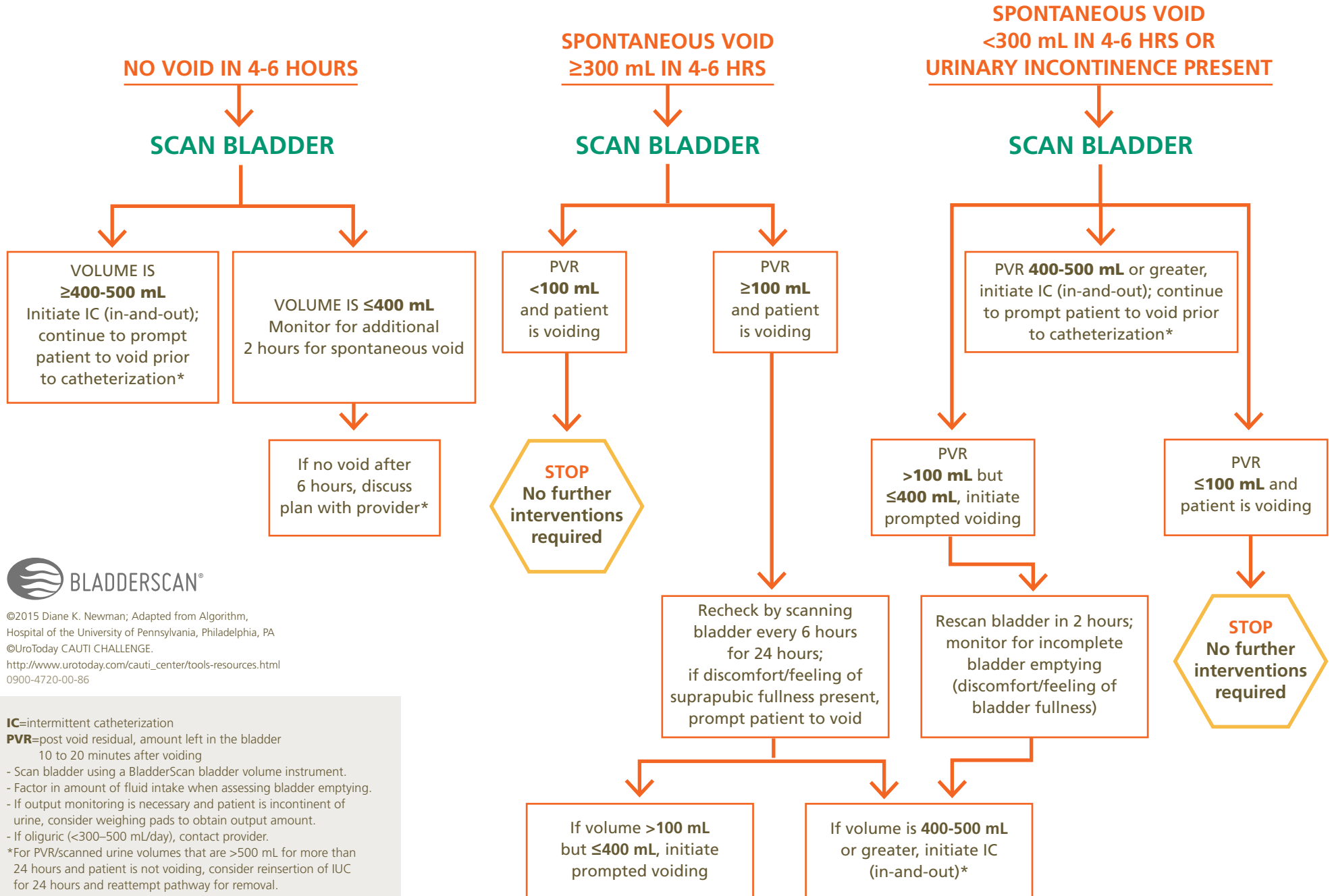


BLADDER MANAGEMENT PATHWAY

POST-INDWELLING URINARY CATHETER (IUC) REMOVAL

A bladder management protocol using bladder ultrasound to determine the need for urinary catheterization.



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http://www.urotoday.com/cauti_center/tools-resources.html
0900-4720-00-86

IC=intermittent catheterization

PVR=post void residual, amount left in the bladder
10 to 20 minutes after voiding

- Scan bladder using a BladderScan bladder volume instrument.
- Factor in amount of fluid intake when assessing bladder emptying.
- If output monitoring is necessary and patient is incontinent of urine, consider weighing pads to obtain output amount.
- If oliguric (<300–500 mL/day), contact provider.

*For PVR/scanned urine volumes that are >500 mL for more than 24 hours and patient is not voiding, consider reinsertion of IUC for 24 hours and reattempt pathway for removal.

Guideline for the Prevention of Catheter Associated Urinary Tract Infections 2009

Indications for Indwelling Catheter Use

Table 2

A. Examples of Appropriate Indications for Indwelling Urethral Catheter Use¹⁻⁴

Patient has acute urinary retention or bladder outlet obstruction

Need of accurate measurements of urinary output in critically ill patients

Perioperative use of selected survival procedures:

- Patients undergoing urologic surgery or other surgery on contiguous structures of the genitourinary tract
 - Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU)
 - Patients anticipated to receive large-volume infusions or diuretics during surgery
 - Need for intraoperative monitoring of urinary output
-

To assist in healing of open sacral or perineal wounds in incontinent patients

Patient requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)

To improve comfort for end of life care if needed

Guideline for prevention of catheter-associated urinary tract infections 2009

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