NURSE DRIVEN FOLEY CATHETER PROTOCOL
There are over 1.7 million hospital-acquired infections in US hospitals annually, 40% of which are urinary tract infections.

80% of hospital-acquired UTIs are attributable to indwelling urethral catheters.

Between 12% and 25% of all hospitalized patients in the US will have a urinary catheter during their hospital stay, almost half of which are not placed for an appropriate indication.

The duration of catheterization is directly related to risk for developing a UTI. The daily risk of developing a catheter-associated UTI (CA-UTI) ranges from 3-7%.

TJUH began working on reducing CA-UTIs in 2008.

Nurse – Driven Foley Protocol (NDFP) is the next step in this process.
Background

- Centers for Medicare and Medicaid Services estimates that the cost of CA-UTI is between $424 and $451 million annually.
- Beginning on October 1, 2008 CMS no longer pays for “preventable hospital-acquired complications” including CA-UTI.
- CA-UTI received a high priority because of its high cost, high volume, and because it can be reasonably prevented through application of accepted evidence-based prevention guidelines.
GOALS

- Reduce the number of catheter-associated urinary tract infections (CA-UTIs), as well as reduce catheter days.
- Improve patient care and outcomes at TJUH.
- Reduce length of stay and increase cost-effectiveness.
IMPLEMENTATION

- All inpatients admitted to Jefferson who have or may require indwelling urinary catheters, **excluding those with NDFP protocol exceptions**, will have Nurse Driven Foley Protocol orders.
Several components of care can be uniformly recommended for all patients to prevent or reduce risk of CA-UTI. These components are:

- Avoid unnecessary urinary catheters,
- Insert using aseptic technique
- Maintain catheters based on recommended guidelines,
- Review urinary catheter necessity daily and remove promptly.
Appropriate indications for foley insertion include:

- Urinary retention/obstruction
- Close monitoring of urinary output
- Pre/Peri/Post Operative Management (epidural in place; femoral sheath in place.)
- Bladder Training
- Unstable Hip or Spinal Injury
- Incontinence with Stage III or IV skin breakdown (perineal or sacral)
- Palliative Care/End of Life Care
- Urology Service patients
ALTERNATIVES TO FOLEYS

- Intermittent straight catheterization with the aid of bladder scanning
- Use of external catheters for male patients.
SHEA/IDSA compendium October 2008: “The duration of catheterization is the most important risk factor for development of infection.”

The necessity of a bladder catheter should be addressed by physicians daily as a part of rounds, and by nursing as part of their assessment.

Nursing is empowered to remove catheters when protocol patients no longer meet the appropriate indications.
Nurse Driven Foley Catheter Protocol
Criteria for Inserting/Continuing a Foley Catheter
- All patients who need a Foley catheter inserted will have an order placed in Jeffchart. One of two orders will be chosen:
  - Urologic patients and some surgical patients with special needs will have “Foley Orders for Urology/Non-Protocol Orders” entered.
  - All other patients will have “Foley Protocol Orders” entered.
- Thereafter, the RN is responsible to continually assess the need for the catheter and properly monitor catheter use. If any of the following criteria is met, the foley catheter will REMAIN in place:
  - Urinary retention/obstruction
  - Close monitoring of urinary output required
  - Pre/Peri/Post Operative Management (epidural in place; femoral sheath in place.)
  - Bladder Training
  - Unstable Hip or Spinal Injury
  - Incontinence with Stage III or IV skin breakdown (perineal or sacral)
  - Palliative Care/End of Life Care
  - Urology service Patients (as ordered)
  - Physician order to remain
Foley Catheter Protocol No. 2.016: All patients who need a Foley catheter inserted will have an order placed in JeffChart. One of two orders will be chosen.

1. Urology patients, patients with urology consults, or patients with extensive pelvic surgery will have Foley Orders for Urology/Nonprotocol Orders entered. The physician must document the reason for this order.
2. All other patients will have Foley Protocol Orders entered.

Other information of importance:
Patients with a urinary catheter present on admission should have that clearly documented in the medical record.

Protocol Guidelines:
1. All patients who need a Foley catheter inserted will have an order placed in Jeffchart. One of two orders will be chosen.

Urology patients, patients with urology consults, or patients with extensive pelvic surgery will have Foley Orders for Urology/Nonprotocol Orders entered. The physician must document the reason for this order.
Order Name: ORANGEGWEN, Orange

MRN: 05600118
Account: 45800473
Date of Birth - Age: 2-FEB-1988/46
Sex: M
Room Bed: 71018
ADMD LOS: 9-Mar-10-343

Order Name: Foley Urol/Non-Protocol Insert/Maintain

Frequency: ONGOING
Priority: X

Comment:

Ordered By: DRUMM, DONNA M
Signed By: DRUMM, DONNA M

Start Date: 15-FEB-2011 Time: 12:59
End Date: [ ] Time: [ ]

Order Reference:

Foley Catheter Protocol No. 2.016: All patients who need a Foley catheter inserted will have an order placed in JeffChart. One of two orders will be chosen:

1. Urology patients, patients with urology consults, or patients with extensive pelvic surgery will have Foley Orders for Urology/Nonprotocol Orders entered. The physician must document the reason for this order.
2. All other patients will have Foley Protocol Orders

PLACE ORDER  Allergies  Lab Results  Med Profile  Print Ref  Cancel Order
Criteria for Removal by RN without a separate physician order:

- If the patient does not meet any of the above-mentioned criteria, the RN may discontinue the foley catheter when the following are met:
  - The patient is awake, alert and oriented and/or can verbally express that they had no trouble voiding before the catheter was placed.
  - Patient is able to resume their normal voiding position, or at least one that is presently comfortable.
  - A physician order for strict I&O is discontinued or the patient is able to cooperate with strict I&O monitoring.
  - If a foley is present post invasive cardiac or radiological procedure, confer with physician to remove foley unless there is a clear reason for not discontinuing the foley.
  - Epidural catheter is removed.
The staff nurse will then need to discontinue the present order by putting “Protocol user” in the “ordered by” and “signed by” fields, and changing the Order Mode to Protocol order or Written order.

The patient will subsequently be monitored according to the “Post Foley Removal Assessment and Care” guidelines listed below.
A physician order is required for removing the foley for patients who have had:

1. Recent urologic surgery
2. Bladder injury
3. Pelvic surgery (i.e. GYN, colorectal surgery) and/or recent surgery involving structure contiguous with the bladder or urinary tract.

These patients should NOT have Foley Protocol orders but rather Foley Orders for Urology/Non-Protocol patients.
References