



Nurse Driven Foley Removal Protocol

August 2008

Prevent Catheter-Associated Urinary Tract Infections

Interventions

- ◆ Insert only when necessary—must have an order.
- ◆ Write insertion date, time, unit placed, and initials on urine bag with permanent marker.
- ◆ Engage in proper hand hygiene when handling catheter.
- ◆ Use catheter-securing device.
- ◆ Label the emptying device with the patient's name and date, and discard it after 24 hours.
- ◆ Ensure perineum was cleansed with soap and water during morning care (ask patient care technician or spot check).
- ◆ Properly place Foley bag on bed.
- ◆ Ensure Foley tubing is free of obstructions and kink free.
- ◆ Document insertion in Smart Chart/critical care or emergency department record.
- ◆ Complete daily assessment of need.

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* See "Foley Catheter Removal Protocol" algorithm

Write an order—Foley removed per protocol!

Documentation

New Foley care screen in Smart Chart should be completed with every shift assessment.

Critical care units should document interventions on flow sheet. Document insertion and discontinue date on patient care summary.

National Healthcare Safety Network CAUTI Criteria 1

Patient had an indwelling urinary catheter in place at the time of or within 48 hours prior to specimen collection
and

at least 1 of the following signs or symptoms with no other recognized cause: fever ($>38^{\circ}\text{C}$), suprapubic tenderness, or costovertebral angle pain or tenderness
and

a positive urine culture of $\geq 10^5$ colony-forming units (CFU)/ml with no more than 2 species of microorganisms.

National Healthcare Safety Network CAUTI Criteria 2

Patient had an indwelling urinary catheter in place at the time of or within 48 hours prior to specimen collection
and

has at least 1 of the following signs or symptoms with no other recognized cause: fever ($>38^{\circ}\text{C}$), suprapubic tenderness, or costovertebral angle pain or tenderness
and

positive urinalysis demonstrated by at least 1 of the following findings:

- a. positive dipstick for leukocyte esterase and/or nitrite
- b. pyuria (urine specimen with ≥ 10 white blood cells [WBC]/ mm^3 or ≥ 3 WBC/high power field of unspun urine)
- c. microorganisms seen on Gram stain of unspun urine

and

positive urine culture of $\geq 10^3$ and $< 10^5$ CFU/ml with no more than 2 species of microorganisms.

Cloudy or foul smelling urine, sediment in the Foley tubing, and temperature $< 100.4^{\circ}\text{F}$ do NOT always represent a urinary tract infection

If catheterized patient has

- cloudy or foul smelling urine
- sediment in the Foley tubing
- low grade fever ($< 100.4^{\circ}\text{F}$)



Assess the need for the Foley:

- If the patient does not need the catheter, remove it and observe the patient.
- If the patient needs a catheter, remove the old catheter and put in a new catheter; then reassess.

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