Appendix M. Example of a Nurse-Driven
Protocol for Catheter Removal

Below is an example of a nurse-driven protocol to evaluate and discontinue unnecessary urinary catheters and to evaluate urinary needs after catheter removal. This protocol uses an algorithm for assessment, and no physician order is required. It is an example that can be used to determine the best practices for your hospital’s patient population via discussion with your institution’s medical care providers

The nurse should assess the patient each morning for the presence of a urinary catheter and the continued need using the following steps:

1. Does the 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 is 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).
* Required highly accurate output measurements in the intensive care units (e.g. hourly measurement)*.*
* Assist healing of severe perineal and sacral wounds in incontinent patients to avoid further deterioration of wound and skin.
* Required strict immobilization for trauma or surgery.
* Hospice/comfort care or palliative care, if requested by patient.
1. If no appropriate (acceptable) indication(s) for use are present, the nurse should discontinue the urinary catheter.
2. Post discontinuation, observe the patient based on the attached algorithm.
3. Contact physician with any concerns related to assessment of the patient.