Algorithm for Removal of Foley Catheter

Foley Catheter in Place?

YES

Does patient meet Criteria to leave Foley in? (See #1-11 below)

YES

Continue to assess on a DAILY basis

NO

Obtain order to remove Foley cath

NO

Order obtained to remove Foley?

YES

Remove Foley

NO

No action necessary. Continue to assess urinary output. Avoid catheter placement.

Foley Catheter should be continued if any of the following criteria are met.

1. To provide relief of urinary tract obstruction not manageable by other means.
2. To permit drainage in patients with neurogenic bladder dysfunction and urinary retention not manageable by other means (i.e., with clean intermittent catheterization).
3. To obtain strict intake and output when patient is incontinent or a 24 hour urine collection when patient is incontinent.
4. Foley has been placed by physician due to difficult insertion or for special purposes.
5. Foley has been ordered by a urologist.
6. Management of urinary incontinence in persons with Stage III or IV pressure ulcers on trunk.
7. To aid in urologic surgery or other surgery in contiguous structures.
8. Patients with crush injury, pelvic fracture or who have had renal/urology surgery or other major surgery.
9. Patients who have had colorectal surgery or abdominal/pelvic surgery (Check with physician after 72 hours for continued need of Foley catheter).
10. Management of terminally ill patients.
11. Patients with epidural catheters in place.

* Key Point: Nursing will review appropriateness of Foley Catheter on a DAILY BASIS, using the above criteria.