BJC HealthCare Urinary Catheter Removal ("HOUDINI") Protocol

URINARY CATHETER REMOVAL NURSING PROTOCOL

The risk of a catheter-associated urinary tract infection (CA-UTI) increases the longer an indwelling urinary catheter stays in place. The need for continued catheterization should be assessed at least daily and the urinary catheter removed by a registered nurse, consistent with the scope of nursing practice, as soon as qualifying indications are no longer met.

THIS PATIENT NO LONGER MEETS ANY OF THESE CRITERIA FOR HAVING A URINARY CATHETER

QUALIFYING INDICATIONS for an indwelling urinary catheter:
1. Hematuria, gross
2. Obstruction, urinary
3. Urologic surgery
4. Decubitus ulcer – open sacral or perineal wound in incontinent patient
5. I & O critical for patient management or hemodynamic instability
6. No code/comfort care/hospice care
7. Immobility due to physical constraints (e.g., unstable fracture, IABP)

ACTION:
REMOVE CATHETER: ASSESS FOR VOIDING WITHIN SIX (6) HOURS
• If patient has not voided within 6 hours after removing urinary catheter, assess patient for urinary retention; straight cath patient.
• If patient has not voided within 6 hours after straight cath, notify physician.

Catheter removed by: __________________________ Date: __________ Time: ________

NURSING SIGNATURE REQUIRED PRINTED NAME

DO NOT WRITE BELOW THIS LINE

Source: BJC HealthCare, St. Louis, MO.