

For Allergies Refer to Electronic Record

Intermittent Bladder Catheterization Clinical Protocol

Patient Population

Patients who have:

- Complete inability to void
- Low urinary output
- Urine residual volume greater than 400 mL on bladder scan (Ultrasound) assessment

Exclusion criteria – Patients with:

- Significant urethral stricture disease
- Known false urethral passages
- Previously requiring catheterization by a Urologist

Implementation Considerations

- Patient or substitute decision maker has received education related to the procedure

Clinical Protocol Orders

- Bladder Ultrasound using a bladder scanner q4 – 6h
 - If residual volume indicated by bladder scanner is greater than 400 mL, perform an intermittent catheterization
 - If residual volume is greater than 200 mL and less than 400 mL consider bladder scanning in 2 hours to avoid overdistension and discomfort

Lab Investigations

- If patient exhibits signs and symptoms of urinary tract infection collect urine specimen for R + M and C + S
- If urine analysis indicates infection, notify MD

Termination of Clinical Protocol

- Discontinue clinical protocol if an indwelling urinary catheter is inserted or post void residuals are consistently less than 150 mL



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