A. Criteria for Continuing Foley Catheter

- Known or suspected urinary tract obstruction
- Neurogenic bladder dysfunction
- Urologic surgery, bladder injury, pelvic surgery, or surgery involving structures contiguous with the bladder or urinary tract
- Continuous bladder irrigation
- Postsurgical procedure, discontinue by POD 1 or POD 2
- Urine output monitoring in critically ill patients in ICU (mechanically ventilated, hemodynamically unstable, unconscious or unable to cooperate with measurement of urine)
- Assistance in Stage III or Stage IV pressure ulcer healing for incontinent patients
- As an exception, to improve comfort with end-of-life care

B. Assessment Postcatheter Removal

1. After removal of the foley catheter, interventions should be employed to encourage spontaneous voiding:
   - Early mobilization
   - Offering toileting with use of toilet or bedside commode to allow for upright position
   - Privacy

2. The patient will be assessed by the RN for the following parameters:
   - Patient is spontaneously voiding without difficulty
   - Patient is not voiding, however, is comfortable and expresses no desire to void

3. A bladder scan should be done for any of the following:
   - Patient is uncomfortable at any time, whether voiding or not
   - Patient has an urge to void but is unable to do so
   - Patient is incontinent at any time
   - Patient who has not voided within an appropriate time frame per nursing judgment.

4. If the patient is uncomfortable or has the urge to void and if the bladder scan postresidual is > 400 cc, the RN will contact physician to obtain order for straight catheterization. If the patient needs intermittent catheterization for a period longer than 24 hours, inform physician of inability to void.