

Nurses Improving Care for Healthsystem Elders

# NICHE



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## NICHE SOLUTION #27 • 2012

### A NURSE DRIVEN URINARY CATHETER REMOVAL PROTOCOL

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**PROBLEM:** Indwelling urinary catheters were often used without adequate indication, posing significant safety risk.

**SOLUTION:** Create a nurse-driven protocol to decrease the use of indwelling urinary catheters by 50%.

**Problem Identified** The use of indwelling urinary catheters in acute and transitional care settings is often inappropriate and associated with risks, including catheter associated urinary tract infections (CA-UTI), increased health care costs, patient discomfort, increased morbidity/mortality, dignity issues and mobility/ambulation issues.

Indwelling urinary catheters are misused for several reasons including: 1) convenience, to manage urinary incontinence; 2) lack of knowledge of risks associated with use and alternative treatments; 3) physicians not tracking continued use; and 4) lack of valid continence assessment tools for the older adult population (Georgiou, 2001). Unfortunately, educational initiatives have often traditionally focused on incontinence products, including indwelling urinary catheters, rather than continence promotion strategies (Arwin, 2000).



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**Solution Formulated** The Lehigh Valley Health Network created a nurse-driven protocol with a goal of decreasing the use of indwelling urinary catheters on the Transitional Skilled Unit (TSU) by 50%. The protocol included removing urinary catheters within 48 hours of admission (unless contra-indicated specifically by the physician) and assessing voiding patterns after catheter removal.

An educational program was launched to support the use of the protocol.

Nurses received training in:

- Acceptable reasons for indwelling catheters
  - Urinary obstruction/inability to void
  - Comfort measures for the terminally ill
  - Stage 3 or 4 pressure ulcer on the sacrum or buttock
  - Medically unstable patient.
- Alternatives to indwelling catheter use
- Infection control
- Bladder scan protocol

Certified Nursing Assistants received training in:

- Infection control
- Proper placement of the drainage bag
- Hourly rounding for toileting needs and toileting plan
- Empowered to report the presence of all urinary catheters to their nurse and to question necessity

Education was provided to nursing assistants on infection control, catheter care, and placement of Foley bags. Therapy staff were educated on infection control issues with Foley's while ambulating and transferring patients. Physicians were also educated on acceptable reasons for maintaining a Foley catheter and documentation requirements in the medical record.

**NICHE Role** The NICHE Geriatric Resource Nurse (GRN) core curriculum is designed for use by those at NICHE sites who train nurses in best practices for hospitalized older adults. GRNs are the foundation of system-wide improvement to achieve positive outcomes for hospitalized older adults. The NICHE program, available to hospitals throughout North America, offers evidence-based, interdisciplinary approaches to promote improved care for the hospitalized older adult.

**Evaluation/Results** As a result of the program, initially there was a sharp decrease in the number of urinary catheters. After several months, the number of urinary catheters decreased but remained constant. The catheters being used all had medical justification documented in the medical record. An unanticipated positive result of the protocol has been no CAUTI's in the past 30 months.

## For more information

1. Fink, R., Gilmartin, H., Richard, A., Capezuti, E., Boltz, M., Wald, H. (2012). Indwelling urinary catheter management and catheter-associated urinary tract infection prevention practices in Nurses Improving Care for Healthsystem Elders hospitals. *AJIC: American Journal of Infection Control*. Published online [http://www.ajicjournal.org/article/S0196-6553\(11\)01250-8/abstract](http://www.ajicjournal.org/article/S0196-6553(11)01250-8/abstract).
2. McLafferty, D. (2006). Nurses' perceptions of indwelling urinary catheters in older people. *Nursing Standard*, December 13, vol 21, no 14-16, pages 35-42. Retrieved from Ovid Sept. 6, 2007 (Document ID 11428445).
3. Geirgiou, A., Potter, J., Brocklehurst, J.C., Lowe, D., Pearson, M. (2001). Measuring the quality of urinary continence care in long term care facilities: An analysis of outcome indicators. *Age and Ageing*, 30, 1, 63-66.
4. Hampton, T. Urinary catheter use often inappropriate in hospitalized elderly. *JAMA*, 295, 2838.

## NICHE-related resources

1. Wald, H., Fink, R.M., Makic, M.B.F., & Oman, K.S. Catheter-associated Urinary Tract Infection Prevention. In Boltz, M., Capezuti, E., Fulmer, T., & Zwicker, D. (eds.) (2012). *Evidence-Based Geriatric Nursing Protocols for Best Practice* (4th ed.). New York: Springer.
2. Urinary Incontinence. The Geriatric Resource Nurse (GRN) Core Curriculum 2012. (Available at NICHE Knowledge Center, accessed via [www.nicheprogram.org](http://www.nicheprogram.org).)
3. Pilloni, S., Krhut, J., Mair, D., Madersbacher, H. and Kessler, T. (2005). Intermittent catheterization in older people: A valuable alternative to an indwelling catheter? *Age and Aging*. 34 p. 57-60. Retrieved from ProQuest Sept. 16, 2007.

## About NICHE

NICHE (Nurses Improving Care for Healthsystem Elders) is designed to help hospitals improve the care of older adults. A program of the Hartford Institute for Geriatric Nursing at New York University College of Nursing, the vision of NICHE is for all patients 65-and-over to be given sensitive and exemplary care. The mission of NICHE is to provide principles and tools to stimulate a change in the culture of health care facilities to achieve patient-centered care for older adults. For more information visit [www.nicheprogram.org](http://www.nicheprogram.org).

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