



Appropriate External Catheter Utilization in Hospital Medical Patients

Indication	Additional Notes
<p>Stage III or IV or unstageable pressure ulcers or similarly severe wounds of other types that cannot be kept clear of urinary incontinence despite wound care and other urinary management strategies</p>	<p>It is unclear whether external catheters are appropriate for incontinence with early-stage pressure ulcers (stage I or II ulcers or closed deep-tissue injury) because of the increased risk for infection even with external catheters and availability of noncatheter strategies to manage urinary incontinence. Other urinary management strategies: barrier creams, absorbent pads, prompted toileting</p>
<p>Moderate to severe incontinence-associated dermatitis that cannot be kept clear of urine despite other urinary management strategies</p>	<p>It is unclear whether external catheters are appropriate for early/mild incontinence-associated dermatitis because of the increased risk for infection even with external catheters and availability of noncatheter strategies to manage urinary incontinence. Other urinary management strategies: barrier creams, absorbent pads, prompted toileting.</p>
<p>Urinary incontinence in patients for whom nurses find difficult to provide skin care despite other urinary management strategies and available resources, such as lift teams and mechanical lift devices</p>	<p>e.g., turning causes hemodynamic or respiratory instability; strict prolonged immobility, such as in unstable spine or pelvic fractures; strict temporary immobility after procedure, such as after vascular catheterization; or excess weight (>300 lb.) from severe edema or obesity. Other urinary management strategies: barrier creams, absorbent pads, prompted toileting.</p>
<p>Daily (not hourly) measurement of urine volume that is required to provide treatment and cannot be assessed by other volume and urine collection strategies</p>	<p>e.g., acute renal failure work-up, or acute IV or oral diuretic management, of IV fluid management in respiratory or heart failure Other volume assessment strategies: physical examination, daily weighing. Other urine collection strategies: urinal, bedside commode, bedpan.</p>

Criteria for Appropriate Urinary Catheter Use in Hospitalized Medical Patients
Adapted with permission from the Ann Arbor Criteria, Annals of Internal Medicine, May 2015



Appropriate External Catheter Utilization in Hospital Medical Patients, continued

Single 24-h or random sterile or nonsterile urine sample for diagnostic test that cannot be obtained by other urine collection strategies	Sterile sample collection that involves external catheter is feasible and appropriate, but ability to perform depends on clinician experience.
Reduction in acute, severe pain with movement when other urine management strategies are difficult	e.g., acute unrepaired fracture Other urinary management strategies: barrier creams, absorbent pads, prompted toileting.
Patient request for external catheter to manage urinary incontinence while hospitalized	
Improvement in comfort when urine collection by catheter addresses patient and family goals in a dying patient	



Inappropriate External Catheter Utilization in Hospital Medical Patients

Indication	Additional Notes
Any use in an uncooperative patient expected to frequently manipulate catheters because of such behavior issues as delirium and dementia	
Any type of urinary retention (acute or chronic, with or without bladder outlet obstruction)	
Hourly measurement of urine volume required to provide treatment	
Urinary incontinence in patients with intact skin when nurses can turn/provide skin care with available resources when the patient has not requested the external catheter	
External catheter placement to reduce risk for falls by minimizing the need to get up to urinate	
Post-void residual urine volume assessment	
24-h or random sample collection for sterile or nonsterile specimens if possible by noncatheter collection strategies	<p>Sterile sample collection that involves external catheter is feasible and appropriate, but ability to perform depends on clinician experience.</p> <p>Other urine collection strategies: urinal, bedside commode, bedpan.</p>
Foley catheter placement for convenience of urinary management in patient during transport for tests and procedures	
Patient or family request when there are no expected difficulties managing urine by commode, urinal, or bedpan in nondying patient	
To prevent urinary tract infection in patient with fecal incontinence or diarrhea or to manage frequent, painful urination in patients with urinary tract infection	

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