Appropriate Indwelling Urinary Catheter Utilization in Hospital Medical Patients

Indication	Additional Notes
Acute urinary retention without bladder outlet obstruction	e.g., medication-related urinary retention.
Acute urinary retention with bladder outlet obstruction due to noninfectious, nontraumatic diagnosis	e.g., exacerbation of benign prostatic hyperplasia Caution: consider urology consultation for catheter type and/or placement for conditions, such as acute prostatitis and urethral trauma.
Chronic urinary retention with bladder outlet obstruction	It is unclear whether a Foley catheter is appropriate for chronic urinary retention without bladder outlet obstruction when an intermittent straight catheter (ISC) is feasible and adequate; appropriateness may vary according to reason for urinary retention and level of difficulty or discomfort inserting an ISC.
Stage III or IV or unstageable pressure ulcers or similar severe wounds of other types that cannot be kept clear of urinary incontinence despite would care and other urinary management strategies	Other urinary management strategies: barrier creams, absorbent pads, prompted toileting, nonindwelling catheters.
Urinary incontinence in patients for whom nurses find it difficult to provide skin care despite other urinary management strategies‡ and available resources, such as lift teams and mechanical lift devices	e.g., turning causes hemodynamic or respiratory instability, strict prolonged immobility (such as in unstable spine or pelvic fractures), strict temporary immobility after a 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, nonindwelling catheters.
Management of gross hematuria with blood clots in urine	
Hourly measurement of urine volume required to provide treatment	e.g., management of hemodynamic instability, hourly titration of fluids, drips (e.g., vasopressors, inotropes), or life-supportive therapy.

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 Indwelling Urinary Catheter Utilization in Hospital Medical Patients, continued

Daily (not hourly) measurement of urine volume that is required to provide treatment and cannot be assessed by other volume and urine collection strategies	e.g., acute renal failure work-up, or acute IV or oral diuretic management, IV fluid management in respiratory or heart failure Other volume assessment strategies: physical examination, daily weighing. Other urine collection strategies: urinal, bedside commode, bedpan, external catheter, ISC.
Single 24-h urine sample for diagnostic test that cannot be obtained by other urine collection strategies	Other urine collection strategies: urinal, bedside commode, bedpan, external catheter, ISC.
Reduce 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, nonindwelling catheters.
Improvement in comfort when urine collection by catheter addresses patient and family goals in a dying patient	Actively dying verses signed onto hospice.
Clinical condition for which ISC or external catheter would be appropriate but placement by experienced nurse or physician was difficult or patient for whom bladder emptying was inadequate with nonindwelling strategies during this admission	

Inappropriate Indwelling Urinary Catheter Utilization in Hospital Medical Patients

Indication	Additional Notes
Urinary incontinence when nurses can turn/provide skin care with available resources, including patients with intact skin, incontinence-associated dermatitis, pressure ulcers stages I and II, and closed deep-tissue injury	
Routine use of Foley catheter in ICU without an appropriate indication	
Foley placement to reduce risk for falls by minimizing the need to get up to urinate	
Post-void residual urine volume assessment	
Random or 24-h urine sample collection for sterile or nonsterile specimens if possible by other collection strategies	Other urine collection strategies: urinal, bedside commode, bedpan, external catheter, ISC.
Patient or family request when no expected difficulties managing urine otherwise in nondying patient, including during patient transport	It is unclear whether a Foley catheter is appropriate for a patient with long-term ISC use who requests a “break” from the ISC by using a Foley catheter while admitted; transition to Foley catheter may lead to difficulties returning to an outpatient ISC regimen, but a patient’s clinical capabilities to perform self-catheterization may be reduced depending on the reason for admission. In addition, a patient with self-catheterization history may prefer to avoid catheterization by others.
Patient ordered for “bed rest” without strict immobility requirement	e.g., lower-extremity cellulitis
Preventing urinary tract infection in patient with fecal incontinence or diarrhea or management of frequent, painful urination in patients with urinary tract infection	

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