Intermittent Straight Catheterization (ISC) Utilization in Hospital Medical Patients Excluding Perioperative Setting

Indication	Additional Notes
Acute urinary retention without bladder outlet obstruction, if bladder can be emptied adequately by a maximum frequency of ISC every 4 hours	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 such conditions as acute prostatitis or urethral trauma.
Chronic urinary retention with or without bladder outlet obstruction	
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 if ISC is adequate to manage the type of incontinence	e.g., overflow. Other urinary management strategies: barrier creams, absorbent pads, prompted toileting, external catheters.
Urinary incontinence that is treated and can be managed by ISC Urine volume measurements (not hourly) or sample collections in patients using ISC for urinary retention/obstruction or overflow incontinence	e.g., overflow incontinence.
Random urine sample collection for sterile or nonsterile specimens if impossible by other collection strategies	Other urine collection strategies: urinal, bedside commode, bedpan, external catheter.
Management of urine in patients with strict temporary immobility if ISC does not require excessive movement	
Post-void residual urine volume assessment if bladder scanner is unavailable or inadequate and more detail than suprapubic fullness is needed	

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