

ACS NSQIP Best Practice Guidelines: Indications for indwelling catheters

With our attempt to reduce the number of catheters inserted for surgical patients, especially in our total joint population, below are the indications for insertion of an indwelling catheter based on NSQIP Best Practice Guidelines, page 7.

Indications for indwelling catheter insertion:

- Perioperative use for selected surgical procedures (with planned removal as soon as possible) for:
 - o Patients undergoing urological surgery (or other surgery involving the structures of genitourinary tract)
 - o Anticipated prolonged duration of surgery (these catheters should ideally be removed in PACU)
 - o Patients anticipated to receive large-volume infusions or diuretics during surgery
 - o Operative patients with urinary incontinence
- Need for intra-operative monitoring of urinary output
- Need for short-term, frequent monitoring of urine output in critically ill patients
- Management of acute urinary retention/obstruction
- Need to facilitate healing of advanced pressure ulcers in incontinent patients, when other interventions (for example condom catheters) are ineffective
- Use at patients request to improve comfort (for example terminally ill patients)

Indwelling catheters should NOT be used:

- As a substitute for nursing care of the patient with incontinence
- As a means of obtaining urine for culture (or other diagnostic tests) when patients can voluntarily void
- Routinely for patients receiving epidural anesthesia/analgesia