

# FOLEY CATHETER PROJECT

## Avoiding Unnecessary Foley Catheter Placement in the Emergency Department

### Goal:

- Decrease placement of unnecessary Foley catheters

### Background:

- 80% of hospital-acquired UTIs are from a Foley catheter
- Half of Foleys placed do not have a valid reason

### Acceptable Indications for Foley Placement:

- Urinary flow obstruction (prostatic hypertrophy, hematuria with clots, urethral stricture, trauma to area involved)
- Neurogenic bladder, including paraplegia/quadruplegia (if no straight catheterization is done)
- Urologic study or procedure
- Stage 3 or 4 decubitus ulcer with incontinence
- Hospice/ comfort care/ palliative care
- Severe hypoxia, requiring  $\geq 6$  l/min O<sub>2</sub> (or 40% FIO<sub>2</sub>)
- Emergency surgery
- Acute hip fracture
- Intubated patients
- Unconscious patients
- Acute mental status changes with confusion or agitation
- Urine output monitoring, if being admitted to ICU
- Chronic indwelling UC from nursing home
- Pelvic Ultrasound (if emergently needed or patient unable to drink)

### Non-Indications for Foley Placement:

- Incontinence
- Morbid obesity
- Dementia or chronic confusion
- Patient's request
- Nursing convenience
- Urine specimen collection



## Avoid Placement of Unnecessary Foley Catheters

**Always Use Sterile Technique when Placing Foley Catheters!**

Source: St. John Providence Health System, Warren, MI