

CHAMP: Foley Catheters

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1. Does this patient *have* a catheter?

Incorporate regular catheter checks on rounds as a Practice-Based Learning and Improvement Exercise.

2. Does this patient *need* a catheter?

Only FOUR Indications

1. Inability to Void
2. Urinary Incontinence and
 - Open Sacral or Perineal wound
 - Palliative Care
- c. Urine Output Monitoring
 - Critical Illness—frequent/urgent monitoring needed
 - Pt unable/unwilling to collect urine
- d. After General or Spinal Anesthesia

2. Why should catheter use be Minimized?

- a. Infection Risk:
 - Cause of 40% nosocomial infections
- b. Morbidity
 - Internal Catheters
 - Associated with Delirium
 - Urethral & Meatal Injury
 - Bladder & Renal Stones
 - Fever
 - Polymicrobial bacteruria
 - External (condom) Catheters
 - Penile Cellulitis / necrosis
 - Urinary Retention
 - Bacteruria & Infection
- c. Foleys are Uncomfortable / Painful
- d. Foleys are Restrictive⇒Falls & Delirium
- e. Cost

CHAMP: Inability to Void

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1. Is there a medical reason for this patient's inability to void?

Two Basic Reasons

→ Poor Pump

- Meds: anticholinergics, Ca++ Blockers, Narcotics
- Sacral Cord Disease
- Neuropathy: DM, B12
- Constipation / Impaction

→ Blocked Outlet

- Prostate Disease
- Supra-Sacral Spinal Cord Disease (e.g., MS) with detrusor-sphincter dyssynergia
- Women: scarring, large cystocele
- Constipation / Impaction

Evaluation of Inability to Void

Action Step	Possible Medical Reasons
Review Meds	α -cholinergics, narcotics, Ca-Ch Blockers, α -agonists
Review Med Hx	Diabetes with Neuropathy, sacral/subsacral cord, B12, GU surgery or radiation
Physical Exam	Women-pelvic for prolapse; All-Sacral Root S2-4—Anal Wink & Bulbocavernosus reflexes
Postvoiding Residual	This should have been done in evaluation of patient's inability to void, and repeated after catheter removal with voiding trial