CHAMP: Foley Catheters
Catherine DuBeau, MD, Geriatrics, Univ of Chicago

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 Cellulitus / necrosis
        - Urinary Retention
        - Bacteruria & Infection
   c. Foleys are Uncomfortable / Painful
   d. Foleys are Restrictive⇒Falls & Delirium
   e. Cost

CHAMP: Inability to Void
Catherine DuBeau, MD, Geriatrics, Univ of Chicago

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**

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