CHAMP: Bedside Teaching

INDICATIONS FOR FOLEY CATHETER USE

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Teaching Trigger:
Look for catheter at the side of the bed or by lifting blanket

I. Clinical Question:
Why is this patient catheterized?

Teaching Points:
Discuss indications for catheterization
1. Inability to void.
2. Urinary incontinence
   A. Patient with open sacral or perineal wound
   B. At patient’s request (end of life or informed preference)
3. Urine output monitoring
   A. Frequent/urgent monitoring needed (eg, critical illness)
   B. Pt unable/unwilling to collect urine
4. During/immediately after prolonged surgical procedures with general or spinal anesthesia

If an indication for Foley catheter placement does not exist, then discontinue.

II. Clinical Question:
Why should Foley catheter use be minimized?

Teaching Points:
1. Infection risk
   a. Catheter-related UTIs (CAUTIs) cause 40% of nosocomial infections
      i. More people die from hospital acquired infections than from auto accidents and homicides combined
   b. Morbidity associated with Foley catheters
      i. Indwelling catheters
         1. Polymicrobial bacteriuria (universal at 30 days)
2. Fever (1/100 pt-days)
3. Chronic pyelo
4. Bladder and renal stones
5. Urethral and meatal injury
6. Agitation

ii. External catheters
   1. Bacteriuria and infection
   2. Penile cellulites, necrosis
   3. Urinary retention

c. CAUTIs can cause delirium
d. Quality of care mandates:
   i. The Joint Commission Patient Safety requirement: reduce the risk of health care-acquired infections.
   iii. Consumers: StopHospitalInfections.org

2. Foley catheters are uncomfortable. They can lead to urethral and meatal trauma (traumatic hypospadius in men, patulous meatus in women, scarring, bleeding)

3. Foley catheters are restrictive (“one-point restraints”) that can lead to falls and delirium.

4. Cost:
   a. Unnecessary Foley catheter use results in unnecessary equipment and labor
   b. Hospital infections cost $5 billion annually
   c. Nosocomial infections result in longer lengths of stay
   d. Functional decline in older hospitalized patients can result from longer lengths of stay related to Foley catheter morbidity