Proper techniques and best practice guidance

Does your patient need an indwelling urinary catheter (IUC)?

**Stop! Is there a clinical reason?**

Before inserting an IUC, confirm at least one of the following conditions exists:

- Select surgical procedures
- Prolonged immobilization
- End-of-life care
- Acute urinary retention or obstruction
- Precise measurement of urinary output
- Open wounds in incontinence patient

**YES**

Insert IUC according to your facility’s protocols

**NO**

Consider using an alternative means to managing the bladder

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**For urinary incontinence**

- Develop a toileting plan
- Consider a male external catheter or urinal when the patient:
  - Is cooperative
  - Does not have urinary retention or bladder outlet obstruction
  - Has no problem with post-void residual (PVR)
  - Requires precise urine output measurement
  - Prefers not to use a brief

**For inability to adequately void bladder**

- Assess bladder volume by performing a bladder scan. Bladder scanner is located: __________________________________________
  - If PVR is <300-500 ml, prompt to urinate
  - If PVR is ≥300-500 ml, perform straight catheterization per facility protocol (usually every 4-6 hours)
- Perform straight catheterization if physician requires a urine specimen and patient cannot provide it on their own

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⚠️ **PRACTICE ALERT**

Once an IUC has been placed, the clinical reason for use should be re-evaluated every 24 hours. Duration of catheterization is the highest risk factor for acquiring a CAUTI.¹

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