Assessment and Care and Documentation of Indwelling Catheter

Assess the following every shift while in acute care and facility settings and with each visit in the community.

- Continued need for indwelling catheter, if no longer indicated consult authorized prescriber for removal order
- Signs and symptoms of infection
- Type of catheter in place, date of last catheter change
- Colour, clarity, character, odour, and amount of urine
- Presence/absence of pain or bladder spasms
- Hydration goals and status
- Type/location of securement device
- Condition of tissue and surrounding skin (e.g. hyper granulation)
  - Cleaning performed as needed with soap and water, cleansing wipe or sterile saline. Neonates use sterile saline.
- Presence/absence of problems (e.g. leakage, blockage and catheter slippage)
- Patient tolerance/response to care and interventions
- Patient/family teaching, and reinforcement as indicated

Document significant findings on the patient care record.

The longer a catheter is in place, the greater chances of bacteria growth. This can result in urinary tract infections (UTI). Risks of extended duration of urinary catheterization should be balanced with benefits.

Presence of any catheter bypassing or excoriation near or around the urethral orifice may indicate leakage or irritation from the catheter which needs further assessment and intervention. 

**Note:** For neonate and pediatric population, urine bypassing may not warrant the need for catheter change or intervention.

**Dwell Time**

Change indwelling urinary catheters every 29 days, or sooner, based on Health Canada Medical Devices Regulations.

**What is required should the dwell time exceed 29 days?**

1. An authorized prescriber order,
2. A documented patient assessment of no evidence of catheter-associated complications, and
3. A documented, informed patient consent following discussion of risks and benefits of catheter dwell time beyond 29 days.