

Appendix I:

Intermittent Catheterization Protocol

Source: St. Joseph's Healthcare. (2007). Rehabilitation Bladder Scanning and Intermittent Catheterization Protocol. St. Joseph's Healthcare, Hamilton, ON.

Scanning and Intermittent Catheterization Protocol:

This is determined by the amount of fluid intake and output

Intake should be between 1500 - 2000 cc/day

Scanning and catheterization times should be adjusted so that over distention does not occur.

Intake -- 1400 - 1800 cc/24 hours

Scan q 8 hours, e.g., 0600, 1400, 2200

Catheterize patient if bladder scan demonstrates equal to or greater than 300cc of urine

Intake -- 1800 - 2400 cc/24 hours

Scan q 6 hours, e.g., 0600, 1200, 1800, 2400 hours

Catheterize patient if bladder scan demonstrates equal to or greater than 300cc of urine

Intake -- 2400 - 3000 cc/24 hours

Scan q 4 hours, e.g., 0600, 1000, 1400, 1800, 2200, 0200 hours

Catheterize patient if bladder scan demonstrates equal to or greater than 300cc of urine

If intake is greater than 3000 cc/24 hours, an indwelling Foley Catheter would be more useful, until intake is within more manageable limits, or if patient is incontinent (more accurate measurement).

REASSESSMENT of BLADDER SCANNING AND INTERMITTENT CATHETERIZATION

Catheterization Times MUST adjusted when fluid intake increases or decreases.

After 48 hours reassess the need for bladder scanning and intermittent catheterizations. If patient has 3 consecutive voids with residuals of less than 150 cc and does not complain of discomfort discontinue bladder scanning and intermittent catheterization procedure.