

# Urinary Retention and Safe Catheter Insertion Algorithm: Adult\*

## Does Patient have Physical Symptoms of Urinary Retention?



Persistent urge to void or small volume voids



Fullness



Bladder Pain



New incontinence/Leaking

**YES**



### Bladder Scan



**> 300 mL**

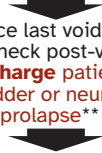
**Catheterize Patient:**  
Request catheter order if needed



**≤ 300 mL**

**Inpatient/Short Stay:**  
Consider other causes & rescan in 1-2 hours.\*\*\*  
**Same Day Discharge:**  
Contact care team for instructions

**NO**



### Bladder Scan



- If  $\geq 4$  hours since last void,
- Have order to check post-void residual, or
- **Same day discharge** patients at high risk for retention: BPH, neurogenic bladder or neuropathy, MS, Parkinson's, spinal cord injury, or pelvic prolapse\*\*



**> 500 mL**

**Catheterize Patient:**  
Request catheter order if needed



**≤ 500 mL**

**Inpatient/Short Stay:**  
Wait 1-2 hours and reassess.\*\*\*\*  
**Same Day Discharge:**  
Follow anesthesia criteria for discharge

## Is Patient High Risk for Difficult Catheter Insertion?

- History of difficult catheter insertion by record or patient report
- Male patient over age 55, enlarged prostate or history of prostate cancer
- History of pelvic floor prolapse or bladder support surgery
- Recent bladder, urethra, or prostate surgery, or trauma, or prostatitis
- History of urethral stricture, false passage, or neobladder
- History of genitourinary reconstructive surgery
- Artificial urinary sphincter



**Discuss with Urology**

**YES, Patient is high risk**

**NO, Patient is NOT high risk**

### Consider

- Having a nurse experienced in difficult catheterization catheterize the patient
- Asking patient what has worked for them in the past (e.g., type and size)
- Reviewing "10 Practical Tips for Safe Urinary Catheter Insertion" (see QR code below)
- Obtaining order for anesthetic gel for insertion
- If high-risk male, obtain 16 or 18 French Coude urethral catheter

**Standard Catheter Insertion Procedure**

## Catheterize with Intermittent Technique (Preferred over Indwelling) Unless:

- Inadequate bladder emptying every 4 hrs,
- Repeated large bladder volumes retained, or
- Patient anticipated to need catheterization at home & ISC not feasible

**If Failed First Attempt:** Review the "10 Practical Tips for Safe Urinary Catheter Insertion" booklet (see QR code)

\*Formal appropriateness criteria utilizing literature reviews and expert opinion were used to determine these evidence-based cut-offs. Updated January 2024. To note: use of external catheters to treat urinary retention is inappropriate as external catheters only collect spontaneously voided urine.

\*\*Consider checking sooner if patient getting high IV fluid volumes or receiving diuretics.

\*\*\*Other common causes of these urinary symptoms include UTI, kidney stones, or urethral injury. Consider contacting provider for further evaluation.

\*\*\*\*Evaluate patient's fluid intake and consider increasing fluids. Call provider if urine output is  $<35$  mL/hour, raising concern for oliguria from hypovolemia or acute kidney injury.

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**SUCCESS**

Surgical Urinary Catheter Care Enhancement Safety Study

Scan the QR code with a smartphone camera to view more SUCCESS toolkit resources.

