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Promoting Nurse Autonomy: The Nurse-Driven Foley Removal Protocol

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UC San Diego Health’s nurse-driven protocol for the removal of indwelling urinary catheters gives nurses the authority and freedom to make decisions regarding urinary management within the full scope of their nursing practice.

The use of the protocol is in accordance with the ANA Scope of Nursing Practice, which includes as one of its tenets:

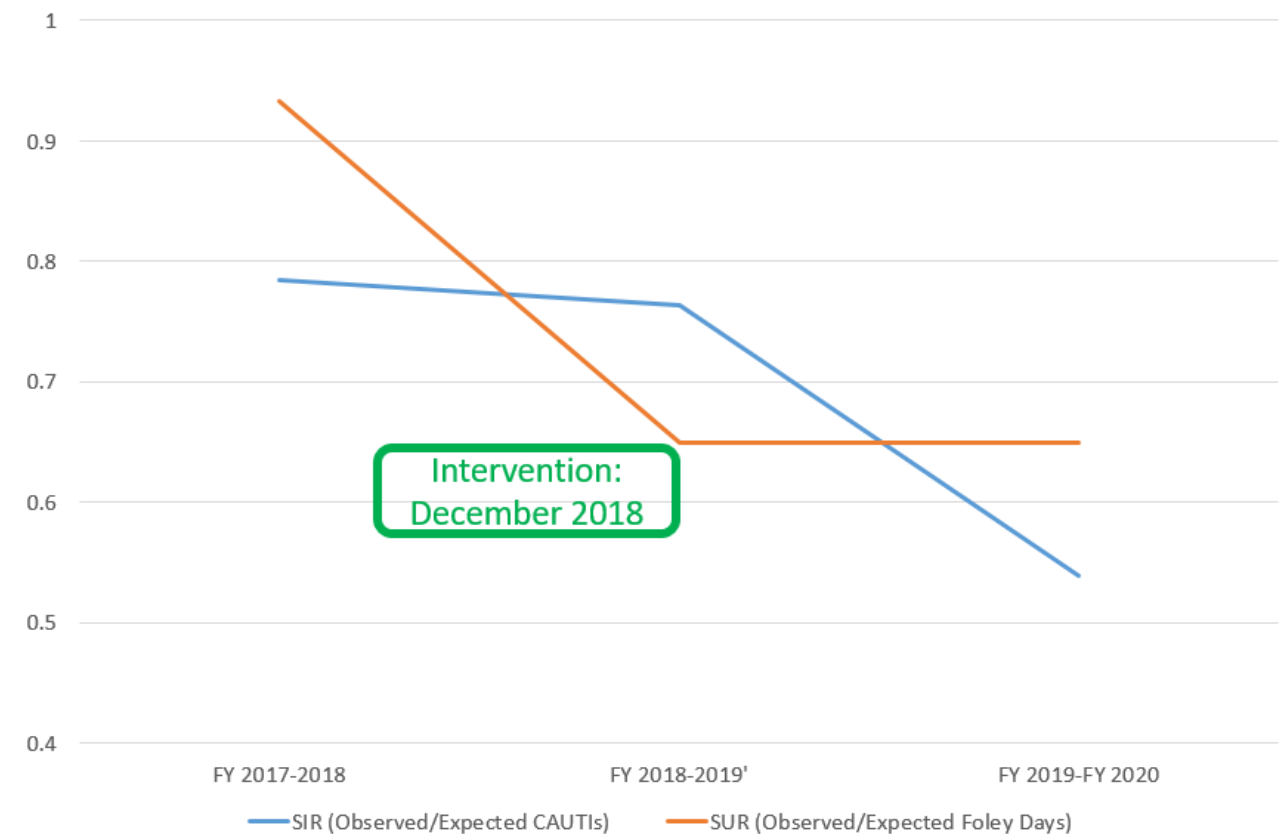
Registered nurses use the nursing process to plan and provide individualized care for healthcare consumers.

“The nursing process is cyclical and dynamic, interpersonal and collaborative, and universally applicable. Nurses use theoretical and evidence-based knowledge of human experiences and responses to collaborate with healthcare consumers to assess, diagnose, identify outcomes, plan, implement, and evaluate care that has been individualized to achieve the best outcomes. Nursing actions are intended to produce beneficial effects, contribute to quality outcomes, and above all, “do no harm.” Nurses evaluate the effectiveness of care in relation to identified outcomes and use evidence-based practice to improve care. Critical thinking underlies each step of the nursing process, problem-solving, and decision-making.”

Source: Nursing: Scope and Standards of Practice (3rd Edition). (2015). Silver Spring, Maryland: American Nurses Association.



Jennifer Garner, MSN, RN, CCRN received her BSN from Villanova University and spent the majority of her bedside career caring for trauma patients in Washington, D.C., and San Diego. In 2003, Jennifer joined the UC San Diego Health Surgical ICU team in Hillcrest, where she went on to serve as the Clinical Nurse Educator and receive her MSN from Walden University. Jennifer has been a Clinical Nurse Educator in the Nursing EDR Department since 2016, serving staff and patients in the Intensive Care Unit. In January 2021, Jennifer is transitioning within the EDR department to Magnet and Nursing Quality.



In following the evidence-based protocol, nurses assess if their patient with an indwelling urinary catheter continues to have indications for the catheter. If, per nursing assessment, a patient has no indications, the nurse will remove the catheter and then continue to evaluate the patient’s response through monitoring of urine output and assessment for signs and symptoms of urinary retention.

The protocol prevents unnecessary risk for catheter associated urinary tract infection (CAUTI) by leaving in catheters that are not necessary or beneficial to the patient. Using the protocol can therefore prevent patient harm and improve the outcomes of care.

Furthermore, the protocol states that if following it does not meet the patient’s needs or if the nurse has concerns about the plan of care, they may contact the provider to discuss alternatives. In this way, the nurse has the freedom to provide care that is individualized to the patient.

After the removal of the catheter, the nurse will follow the protocol

by continuing to assess the patient for urinary retention. Nurses are empowered to think critically through each patient’s individual case, taking into account things such as time in the operating room, fluid intake and normal voiding habits, in order to complete this assessment. Nurses have the autonomy to manage the patient’s urine output with bladder scanning to identify urinary retention and perform intermittent catheterization if indicated.

The nurse-driven urinary catheter removal protocol affords nurses the autonomy to evaluate care and take action to contribute to positive outcomes. Since implementation, in December 2018, the CAUTI rate and catheter days have both decreased.

CALL TO ACTION

Nursing driven protocols promote autonomous decision-making.

Nursing autonomy can decrease hospital-acquired infections, including CAUTI.