

# SNAP ROUNDING TOOLKIT

## Nursing Unit Manager Expectations

This toolkit is intended to help management teams support SNAP conversations around Urinary Catheter use.

The clinical components of reducing CAUTIs include 3 parts:

- Appropriate catheter use
- Proper catheter insertion and maintenance
- Prompt catheter removal

**A**ppropriate catheter use- Ask why the catheter is in place. Is the reason valid and in-line with policy? Consider alternatives! Condom Catheter, Female Urinal and Straight Catheter.

**P**roper catheter insertion and maintenance- Remind staff of awareness of the need for securement device, no dependent loops, and draining Foley prior to transport. Stress importance of peri-care- washing Foley line and with CHG twice/day!

**P**rompt catheter removal- Continue to monitor patient's ongoing need for a catheter. Encourage nurses to call Provider to promptly discontinue or follow nurse-driven protocol to independently remove the Foley.

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### Guidelines for Insertion of Foley Catheters

**NO  
Catheter**

- Ambulatory patient
- No Urine Production (Renal Patients)
- Very Little Urine Production
- Incontinence

- \*\*Consider alternative devices\*\***
- Male External Catheter (MEC)
  - Urinal- male/female

**Straight  
Catheter**

- Chronic Straight Cath Patients
- Bladder Scanned with Minimal Urine - For Specimen Collection

**Foley  
Catheter**

- Accurate measurement of urinary output in critically ill patient
- Comfort/End of Life Care
- Required/prolonged immobilization where alternative device inappropriate
- Acute Urinary retention
- Continuous bladder irrigation
- Stage 3 or 4 Decubitus Ulcer with Incontinence
- Select surgeries (urologic, prolonged surgery, large volume infusions and intraop monitoring of UOP)