

WHY BLADDER TRAINING PRIOR TO FOLEY CATHETER REMOVAL IS NOT BEST PRACTICE



**SYDNY TUCKER &
EMILY WINSTEAD**

School of Nursing and Health Professions: Murray State University
NUR 412: Leadership and Management in Nursing
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ABSTRACT

Several studies have been completed on bladder training prior to foley catheter removal via intermittent clamping. While this practice initially appears to be beneficial to patient care, the studies we have researched all found the practice to be insignificant or not indicated for patient care. As we researched, we were able to compile evidence from multiple sources that support bladder training prior to catheter removal is not best practice. After compiling those results, we were able to gather a better understanding of the reasons this practice is not indicated and what risks it will pose to patients. In conclusion, we were able to defend that free draining foley catheter systems are best practice and should continue to be used rather than bladder training via clamping.

PROBLEM/BACKGROUND

INTRODUCTION

➤ Bladder training prior to foley catheter removal via intermittent clamping.

- Catheter discontinuation is a main goal for patients using foley catheters.
- Bladder training via intermittent clamping in theory, is supposed to retrain the bladder to fill properly and cue release of urine to the patient.
- This should help reduce the post void time after discontinuation.

Our research has shown that this method of catheter discontinuation is not indicated and can cause more problems for the patient.

THEORETICAL FRAMEWORK

➤ **IMOGENE KING : THEORY OF GOAL ATTAINMENT**

"Nursing is a process of action, reaction, and interaction by which nurse and client share information about their perception in a nursing situation." (Gonzalo, 2023)

"A process of human interactions between nurse and client whereby each perceives the other and the situation, and through communication, they set goals, explore means, and agree on means to achieve goals." (Gonzalo, 2023)

Main goal of foley catheter placement is eventually discontinuing the catheter.

- Patient communication
- Goal setting
- Planning

PROCESS OF BLADDER TRAINING VIA INTERMITTENT CLAMPING OF FOLEY CATHETER SYSTEM

- **SETTING A REMOVAL DATE**
 - **CLAMPING THE FOLEY
CATHETER SYSTEM**
 - **RELEASE THE CLAMP TO ALLOW URINE
DRAINAGE**
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EVIDENCE BASED PRACTICE

➤ Bladder training prior to foley catheter removal poses several health risks to the patient

- Urinary tract injury
 - Increased CAUTI risk (Wang, Tsai, Stacey Han, Huang, & Liu, 2016).

- Bladder over-distention
 - Can cause blockage of blood flow to the bladder (Kim, 2020)

- Prolongs post voiding time after catheter removal
 - Acute Urinary Retention (AUR) (Ma, Gu, & Fan, 2023)

- Increased risk of catheter reinsertion
 - AUR requires straight catheterizations to drain urine. (Guzman-Esquivel, et al., 2021)

RECOMMENDATIONS FOR PRACTICE

➤ EDUCATE

Educate fellow nurses on the dangers of bladder training via clamping prior to foley catheter removal.

➤ POLICY

Propose an addition to the foley catheter policy stating bladder training should not be initiated.

➤ IMPLEMENTATION

Continue to allow free drainage catheter systems in practice.

POLICY AND PROCEDURES

ADDITION TO CURRENT POLICY

We propose that an addition to the current foley catheter policy should be made to ensure bladder training via intermittent clamping is not used.

The policy should state:

3. **"Upon removal of the indwelling catheter, bladder training regarding intermittent clamping should not be initiated."**

CONCLUSION

In conclusion, we have found that bladder training prior to foley catheter removal is not best practice and can put the patient at risk for injury and infection. Although the process that's included in the procedure and past research appears that it would be beneficial to the patient, intermittent clamping can increase the risk of CAUTI and can increase the post void time after removal. Foley catheters are meant for the clinical benefit for patients with urinary retention of use when the patient cannot void on their own. The removal of foley catheters should be practiced as soon as possible for the safety of the patient. When considering removal, we urge nurse and health care providers to continue to allow free drainage catheter systems instead of implementing bladder training via intermittent clamping.

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➤ **BY SYDNY TUCKER &
EMILY WINSTEAD**

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