Including bladder ultrasound scanning as a consideration for a patient who is not voiding is important – rather than just jumping to the conclusion that inserting an indwelling urinary catheter is necessary.

Also, it can be helpful when discontinuing a urinary catheter to utilize a bladder scanner if a patient has initial difficulty with voiding urine. This may help to prevent additional placement (or re-placement) of the indwelling catheter. One sample algorithm from a hospital is the following (link document). Please keep in mind that while the example recommends catheterization when the volume is > 300, to the best of our knowledge there is no specific data to support that precise recommendation and in our review we have found that the volume that would trigger catheterization varies between 150 and 300 ml. Therefore, this may be an area for discussion and adaption based on the guidance /and or preferences of clinicians at your hospital.
Discontinue urinary catheter when it no longer meets appropriateness criteria

Patient voids within 6 hours and no symptoms
- Bladder scan, if volume <300 ml, observe. Repeat postvoid bladder scan if symptoms persist and contact physician

Patient voids within 6 hours but has symptoms of abdominal fullness or discomfort
- Bladder scan, if volume >300 ml, intermittent catheterization. Repeat postvoid bladder scan if symptoms persist and contact physician

Patient unable to void within 6 hours
- Bladder scan, if volume >300 ml, intermittent catheterization. Repeat postvoid bladder scan if symptoms persist and contact physician

If concerns arise during any part of the above assessment, please contact the physician

(Prepared by Mohamad Fakih, MD, MPH - St. John Hospital & Medical Center, Detroit, MI)