

**VANDERBILT UNIVERSITY MEDICAL CENTER
DIVISION OF TRAUMA AND SURGICAL CRITICAL CARE**

TICU BLADDER TRAINING GUIDELINES IN SPINAL CORD INJURIES (SCI)

PRINCIPLE: To restore bladder storage, voiding function and urinary flow in the spinal cord injury patients

INDICATIONS: Urinary incontinence following spinal cord injuries

PROTOCOL:

- Staff will be required to empty and document the foley output every 4 hours.
 - This allows a person to assess if the patient's current fluid intake would permit his every 4 hour cathed volumes to be under 500ml each.
 - If the volumes are >500ml, work with patient to decrease intake volumes and continue to monitor output.
- Once maintenance and continuous IV fluids have been discontinued consider removing the indwelling foley to begin intermittent catheterizations.
- It will be important to establish standardized times for catheterizations throughout the VUH locations providing care for patients with SCIs.
 - Remove the foley at a standardized time so that all caths for every 4 hours are at the same time throughout the unit/facility (0400, 0800, 1200, 1600, 2000, 2400).
 - The standardization of times helps to maintain patient safety (by timely, scheduled, predictable emptying to avoid dysreflexia due to high volumes or high variations of the scheduled times.)

References:

1. Consortium for Spinal Cord Medicine. Clinical practice guidelines: Bladder Management for Adults with Spinal Cord Injury. Washington, DC: Paralyzed Veterans of America, 2006.
2. Consortium for Spinal Cord Medicine. Clinical practice guidelines: Early Acute Management in Adults with Spinal Cord Injury. Washington, DC: Paralyzed Veterans of America, 2008.
3. Shepard Center. Recommendations for Bladder and Bowel Management in People with Acute SCI.