

Urology Guidelines for Covering Interns

1. Common Urology calls
 - Bladder spasm (urgency and frequency complaints with foley in place) – treatment Ditropan 5mg PO q 8hr prn bladder spasm
 - Foley not draining – try irrigating foley with 60cc of normal saline in catheter tip syringe to test if foley placed in bladder. If catheter in bladder, it should easily irrigate.
 - Blood clots in foley – try irrigating foley with 60cc of normal saline in catheter tip syringe multiple times until no further clots or obstruction
 - Fever >102 – get blood cultures x 2, urine culture and sensitivity, chest x-ray
 - Chest pain – order EKG, cardiac enzymes q8hr x 24hrs, pain management with morphine, give ASA and call Urology resident
 - Pediatric foleys – call Urology resident for further instructions
2. Do **not** remove nephrostomy tubes, foleys or suprapubic tubes without speaking to Urology resident
3. For difficult catheterizations, inject 1 bottle of lidocaine jelly into urethra prior to placing foley. If unable to place regular foley, try a 16fr Coude catheter with curved tip facing up. **Must try to place foley prior to calling Urology resident.**
4. Patients will be signed out to you by the intern on Urology and it is your responsibility to sign out to the Urology intern in the morning any problems while you were covering.
5. You have backup by a Urology PGY 2 or 3 for any further questions or concerns about Urology patients.