Recommendations for Bladder and Bowel Management in People with Acute SCI

**When to Start a Bladder Regime:**

Once maintenance and continuous IV Fluids have been discontinued consider removing the endwelling foley to begin intermittent catheterizations.

Encourage staff to empty and document the foley output every 4 hours. This allows one to assess if the patient's current fluid intake would permit his Q four 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.

It will be important to establish standardized times for catheterizations throughout the unit/facility. 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). And that for patients advancing to catheterizations every 6 hours have standardized times: 0600, 1200, 1800, 2400. So, remove the foley at one of those times so that the first cath will be a complete 4 hour volume at a standard time. 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.)

**When to Start a Bowel Regime:**

Bowel programs should be done as part of daily care and can be initiated once patients are fed, by mouth or enterally.

If Blubocavernosus Reflex (BCR) is negative, begin with a rectal suppository Q pm or Q am.

If Blubocavernosus Reflex (BCR) is positive, start manual digital stimulation Q pm or Q am.

**References:**


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