

Print Name: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Prevention of Catheter-Associated Urinary Tract Infections	Initial
<p><b>HAND WASHING / HAND HYGIENE</b>                      Handwashing should be done immediately before and after any manipulation of the catheter site or apparatus, and prior to preparation for catheter insertion.</p>	
<p><b>APPROPRIATE URINARY CATHETER USE:</b></p> <ul style="list-style-type: none"> <li>• Order insertion of catheters <b>ONLY</b> for appropriate indications and leave in place only as long as needed. Minimize urinary catheter use and duration of use in all patients, particularly those at higher risk for catheter-associated urinary tract infection (CAUTI) or mortality from catheterization (e.g.elderly, patients with impaired immunity).</li> <li>• Avoid use of urinary catheters in patients and nursing home residents for management of incontinence.</li> <li>• Use urinary catheters in operative patients only as necessary, rather than routinely. For operative patients who have an indication for an indwelling catheter, remove the catheter as soon as possible postoperatively, preferably within 24 hours, unless there are appropriate indications for continued use.</li> </ul>	
<p><b>Table 1. Examples of <b>Appropriate</b> Indications for Indwelling Urinary Catheter Use</b></p>	
<ul style="list-style-type: none"> <li>• Patient has acute urinary retention or bladder outlet obstruction</li> <li>• Need for accurate measurements of urinary output in <b>critically ill patients</b></li> <li>• Perioperative use for selected surgical procedures:</li> <li>• Patients undergoing urologic surgery or other surgery on contiguous structures of the genitourinary tract                             <ul style="list-style-type: none"> <li>○ Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU)</li> <li>○ Patients anticipated to receive large-volume infusions or diuretics during surgery</li> <li>○ Need for intraoperative monitoring of urinary output</li> </ul> </li> <li>• To assist in healing of open sacral or perineal wounds in incontinent patients</li> <li>• Patient requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)</li> <li>• To improve comfort for end of life care if needed</li> </ul>	
<p><b>Examples of <b>Inappropriate</b> Uses of Indwelling Urinary Catheters</b></p>	
<ul style="list-style-type: none"> <li>• As a substitute for nursing care of the patient or resident with incontinence</li> <li>• As a means of obtaining urine for culture or other diagnostic tests when the patient can voluntarily void</li> <li>• For prolonged postoperative duration without appropriate indications (e.g., structural repair of urethra or contiguous structures, prolonged effect of epidural anesthesia, etc.)</li> <li>• Note: These indications are based primarily on expert consensus.</li> </ul>	
<p><b>RN-DRIVEN DISCONTINUATION PROTOCOL:</b>                      Be advised that our hospital has implemented the RN-Driven Discontinuation protocol which allows the licensed nurse to discontinue indwelling catheters if certain criteria have been met. <b><i>This does not in any way negate the requirement for the physician to continually evaluate appropriate indications for continued use of the indwelling catheter.</i></b></p>	
<p><b>PROPER URINARY CATHETER MAINTENANCE:</b>                      A sterile, continuously closed drainage system should be maintained.                      The catheter and drainage tube should not be disconnected unless the catheter must be irrigated                      If breaks in aseptic technique, disconnection, or leakage occur, the collecting system should be replaced using aseptic technique after disinfecting the catheter-tubing junction</p>	

<p>Indwelling urinary catheters should be properly secured after insertion to prevent movement and urethral traction. Ideally, indwelling catheters should be positioned and secured toward the anterior (frontal area) of the patient.</p> <p>Maintain unobstructed flow.</p> <ul style="list-style-type: none"> <li>• Keep the catheter and collecting tube free from kinking.</li> <li>• Keep the collecting bag below the level of the bladder at all times. Do NOT rest the bag on the floor.</li> <li>• Empty the collecting bag regularly using a separate, clean collecting container for each patient; avoid splashing, and prevent contact of the drainage spigot with the nonsterile collecting container.</li> <li>• Use Standard Precautions, including the use of gloves and gown as appropriate, during any manipulation of the catheter or collecting system.</li> <li>• Do not clean the periurethral area with antiseptics to prevent Catheter-Associated Urinary Tract Infections (CAUTI) while the catheter is in place. Routine hygiene (e.g., cleansing of the meatal surface during daily bathing or showering) is appropriate.</li> <li>• Unless obstruction is anticipated (e.g., as might occur with bleeding after prostatic or bladder surgery) bladder irrigation is not recommended.</li> <li>• If obstruction is anticipated, closed continuous irrigation is suggested to prevent obstruction.</li> <li>• Routine irrigation of the bladder with antimicrobials is not recommended.</li> <li>• Routine instillation of antiseptic or antimicrobial solutions into urinary drainage bags is not recommended.</li> <li>• Clamping indwelling catheters prior to removal is not necessary.</li> </ul>	
<p><b><i>IRRIGATION:</i></b></p> <p>Irrigation should be avoided unless obstruction is anticipated (e.g., as might occur with bleeding after prostatic or bladder surgery); closed continuous irrigation may be used to prevent obstruction. To relieve obstruction due to clots, mucus, or other causes, an intermittent method of irrigation may be used. Continuous irrigation of the bladder with antimicrobials has not proven to be useful and should not be performed as a routine infection prevention measure.</p>	
<p><b><i>CLAMPING OF THE FOLEY – NOT RECOMMENDED</i></b></p> <p>Clamping of indwelling urinary catheters is NOT recommended. Clamping is prohibited even as a means of bladder training.</p>	
<p><b><i>MEATAL CARE</i></b></p> <p>Routine hygiene (e.g., cleansing of the meatal surface during daily bathing or showering) is appropriate.</p>	
<p><b><i>CATHETER CHANGE INTERVALS</i></b></p> <p>Indwelling catheters should NOT be changed at arbitrary fixed intervals. Changing indwelling catheters or drainage bags at routine, fixed intervals is not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised.</p>	

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Participant Physician's Signature

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Date

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Provided by: Virgilio Petero, MD

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Date