Purpose:
To provide guidelines for the prevention of urinary catheter associated infections.

Policy:
Sterile technique will be utilized for the insertion of urinary catheters.

Procedure:
The urinary tract is a common site of health care-associated infection (HAI). Most of these infections follow instrumentation of the urinary tract, mainly urinary catheterization. Although not all catheter-associated urinary tract infections can be prevented, it is believed that a large number could be avoided by the proper management of the indwelling catheter. The following recommendations were developed for the care of patients with temporary indwelling urethral catheters.

- Personnel – Only persons (Physicians, Nurses, family members or patients themselves) who know the correct technique of aseptic insertion and maintenance of the catheter should handle catheters.
- Catheter Use – Urinary catheter (antimicrobial coated is preferred) should be inserted only when necessary and left in place only for as long as necessary. They should not be used solely for the convenience of patient-care personnel. For selected patients, other methods of urinary drainage such as condom catheter drainage, supra-pubic catheterization, and intermittent urethral catheterization or adult disposable diapers and pads can be useful alternatives to indwelling urethral catheterization.
- Handwashing – Handwashing should be done immediately before and after any manipulation of the catheter site or apparatus.
- Catheter Insertion – Catheters should be inserted using aseptic technique and sterile equipment. Gloves, drape, sponges, and appropriate antiseptic solution for periurethral cleaning, and a single use packet of lubricant jelly should be used for insertion. As small a catheter as possible, consistent with good drainage, should be used to minimize urethral trauma. Indwelling catheters should be properly secured after insertion to prevent movement and urethral traction.
- Closed Sterile Drainage – A sterile continuously closed drainage system should be maintained. The catheter and drainage tube should not be disconnected. If irrigation is anticipated, 3-way catheters should be used.
- Irrigation – 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. If the catheter becomes obstructed it should be changed.

• Specimen Collection – If small volumes of fresh urine are needed for examination the sampling port should be cleansed with a disinfectant and urine then aspirated with a sterile needle and syringe. Larger volumes of urine for special analysis should be obtained aseptically from the drainage bag.

• Urinary Flow – Unobstructed flow should be maintained (occasionally, it is necessary to temporarily obstruct the catheter for specimen collection or other medical purposes.) To achieve free flow of urine the catheter and collecting tube should be kept from kinking and the collecting bag should be emptied regularly using a separate collecting container for each patient. (the drainage spigot and non-sterile collecting container should never come in contact). Poorly functioning or obstructed catheters should be replaced and collecting bags should always be kept below the level of the bladder.

• Meatal care – Catheter care shall consist of gently cleansing the perineal area with soap and water during the patient’s daily bath and only removing gross debris from the catheter. It is important not to manipulate the catheter more than is absolutely necessary because vigorous routine catheter care may predispose the patient to HAI.

• Catheter Change Interval – Indwelling catheters should be changed at the discretion of the physician.

• Taking a culture from and indwelling catheter:
    The number of patients in hospitals and nursing homes with long – term, indwelling urinary catheters continues to increase. These patients ultimately develop bacteriuria, which predisposes them to more severe infections. Specimen collection from patients with indwelling catheters requires scrupulous aseptic technique. Health care workers who manipulate a urinary catheter in any way should wear gloves. The catheter tubing should be clamped off above the port to allow the collection of freshly voided urine. The catheter port or wall of the tubing should then be cleaned vigorously with 70% ethanol, and urine aspirated via a syringe; the integrity of the closed drainage system must be maintained to prevent the introduction of organisms into the bladder. Specimens obtained from the collection bag are inappropriate, because organisms can multiply there, obscuring the true relative numbers. Cultures should be obtained when patients are ill; routine monitoring does not yeild clinically relevant data.

Date Policy to be reviewed: 09/15