

Policy/Procedure Title	Prevention of Catheter Associated Urinary Tract Infection	Manual Location	Mountain View Regional Medical Center
Policy/Procedure #		Effective	10/20/2008 Page 1 of 4
Department Generating Policy	Nursing		
Affected Departments	All Clinical Areas		
Prepared By	Dawn Tschabrun	Dept/Title	Nursing Administration/Chief Nursing Officer
Dept / Committee Approval (If Applicable)	Medical Executive Committee	Date/Title	
Dept / Committee Approval (If Applicable)		Date/Title	
Dept / Committee Approval (If Applicable)		Date/Title	
Medical Staff Approval (If Applicable)		Date/Title	
Board Approval (If Applicable)		Date/ Title	

I. POLICY

Catheterization of patients should be avoided whenever possible due to the associated infection risk.

II. CRITERIA for CATHETERIZATION

The following are examples of indicators when urinary catheterization would be acceptable:

1. Patients with an alteration in blood pressure or volume status who requires continuous accurate urine volume measurement
2. Patients who require urinary catheterization for an obstruction of the urinary tract distal to the bladder
3. Patients who are going to surgery and the surgical procedure necessitates the catheter
4. Patients who require continuous bladder irrigation
5. Patient who have urinary incontinence and a Stage III or IV pressure ulcer(s) on their trunk, hip, thighs, or buttocks
6. Patients who require urinary catheterization for neurogenic bladder dysfunction
7. Patient who are terminally ill and require a urinary catheter for palliative care measures

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8. Patient who require urinary catheterization for the management of urinary retention that cannot be managed by other means (i.e. intermittent catheterization)

III. ALTERNATIVES to INDWELLING URINARY CATHETERIZATION

Consideration for other methods of urinary drainage such as condom catheters, suprapubic catheterization, and intermittent urinary catheterization may be suitable alternative to indwelling catheters, and should be considered for appropriate patients.

IV. CATHETER DWELL TIME

Urinary catheters should be inserted only when necessary, and left in place only as long as necessary. UNDER NO CIRCUMSTANCE, MAY URINARY CATHETERS BE USED SOLELY FOR THE CONVENIENCE OF PATEINT CARE PERSONNEL OR PER FAMILY REQUEST.

V. CATHETER INSERTION, CARE AND MAINTENANCE

1. Perform hand hygiene prior to catheter insertion, as well as before and after any manipulation of the catheter site, or apparatus.
2. Catheters are to be inserted using sterile technique with equipment provided in sterile catheter insertion trays.
3. The smallest sized caliber catheter that provides adequate drainage should be used:

Males (Adult)	Females (Adult)
16 – 18 French	16 – 22 French

4. The catheter should be properly secured after insertion to prevent movement, disconnection, and/or trauma to the urethral area.
5. A sterile, single use continuous closed drainage system should be connected to the urinary catheter, and maintained.
6. The meatal area should be cleansed with soap and water at least daily, and as needed if the area becomes soiled with fecal matter, or other contaminants.
7. Utilize a secure device to stabilize the foley catheter to the patient.
8. The catheter and drainage tube should not be disconnected unless for an identified acceptable reason.
 - a. Examples of acceptable disconnection of the catheter and the drainage tube may include the following:
 - i. Catheter must be irrigated

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- ii. Change from a urimeter to a standard collection drainage bag or a TURP collection drainage bag
 - iii. Change from any collection bag to a leg bag
 - iv. Change from any collection bag to a catheter plug for bladder training
9. If breaks in aseptic technique, disconnection, or leakage occur, the drainage system must be replaced using aseptic technique. The catheter-tubing junction must be disinfected using an alcohol sponge prior to connecting the new drainage system.
10. Silver alloy coated catheters have been effective in decreasing UTI's related to long-term use of indwelling urinary catheters.
- a. Guidelines for consideration when choosing between a Silver coated catheter versus a non-silver coated catheter:

Silver Coated Catheter	Non-Silver Coated Catheter
Dwell time greater than 3 days	Dwell time less than 3 days
MD order	

11. An unobstructed flow of urine should be maintained. In order to achieve a free flow of urine:
- a. The catheter and collecting tube should be kept from kinking or from becoming dependent.
 - b. The collecting bag should be emptied regularly using a separate collecting container/graduate for each patient.
 - c. When emptying the collecting bag, the drainage spigot, and the non-sterile collection container should never come in contact with each other.
 - d. Collection bags should always be kept below the level of the bladder, taking care not to allow the bag to touch the floor.

VI. IRRIGATION

1. Irrigation should be avoided unless obstruction is anticipated (i.e. after prostatic or bladder surgery, or to relieve obstruction due to bleeding or other causes)
2. When irrigation is necessary follow physician orders
3. If the catheter becomes obstructed and can be changed if it is likely that the catheter itself is contributing to the obstruction

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VII. SPECIMEN COLLECTION

1. The sampling/drainage port should be used for specimen collection via the following procedure:
 - a. Perform hand hygiene
 - b. Gloves should be worn for specimen collection
 - c. Cleanse the port with an appropriate disinfecting solution prior to withdrawing a specimen.
 - d. Using aseptic technique, withdraw urine using a safety needle or approved blunt needle to collect the specimen
 - e. Specimen should be labeled with the appropriate patient identifiers and transported immediately to the laboratory in a biohazard specimen bag.
 - f. Document specimen collection in the medical record.
2. Collecting specimens from the drainage bag should not be done, as organisms cultured directly from the drainage bag have a poor correlation with true urinary pathogens.

VIII. CATHETER CHANGE INTERVAL

Indwelling catheters should not be changed at routine fixed intervals. URINARY CATHETERS SHOULD BE REMOVED AS SOON AS THEY ARE NO LONGER NEEDED.