

Indwelling Urinary Catheter Template

Date Revised: / /

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Authorization: _____

Committee

Define the Infection Prevention and Control (IPC) Practice

An indwelling urinary catheter is a flexible hollow tube inserted into the urinary bladder via the urethra to drain urine that can be left in place for a period of time. Implementing evidence-based, infection prevention practices during both the insertion and maintenance of indwelling urinary catheters has been shown to prevent the occurrence of catheter-associated urinary tract infections (CAUTIs).

Purpose (Provides Background to Explain the Rationale for the Policy/Procedure)

Both infectious and noninfectious harms are associated with the presence of indwelling urinary catheters, including pain and discomfort, urethral inflammation or strictures, mechanical trauma, and CAUTIs. Bacterial pathogens can migrate along the external or internal surface of the catheter tubing into the bladder, resulting in bacteriuria and increased risk of CAUTI. The presence of the urinary catheter provides a surface for biofilm formation, which can lead to complications such as antibiotic resistance.

To protect our residents, our staff members follow evidence-based infection prevention practices to minimize use of indwelling urinary catheters and maintain their safety when inserting and handling indwelling urinary catheters.

Responsibility (Defines Who Is Responsible for Following This Policy/Procedure)

For each policy and procedure related to the insertion and maintenance of indwelling urinary catheters, staff members credentialed to perform tasks related to catheter care will be identified and will undergo training and education along with an assessment of competency. For example, staff members in the facility who may be responsible for following catheter insertion policies and procedures include, but may not be limited to, the registered nurse (RN), nurse practitioner (NP), licensed practical nurse (LPN), physician (MD/DO), and physician assistant (PA). Additional staff members who may be involved with catheter handling and maintenance activities, especially during other resident care activities, include, but are not limited to, the certified nursing assistant (CNA), respiratory therapist (RT), external consultants (e.g., wound care services, podiatrists), paramedics, students, and volunteers.

Policy Content Considerations

- Define and document appropriate indications for indwelling urinary catheters.
- Assess and document the ongoing need for urinary catheters.
- Define criteria for catheter removal and processes for monitoring residents following catheter removal.
- Define alternatives to indwelling urinary catheters and circumstances when they are appropriate.
- Define appropriate indications for obtaining a urine culture.
- Define criteria for use of leg bags, if applicable.

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- Identify necessary supplies for insertion and maintenance of indwelling urinary catheters and a process for ensuring accessibility of supplies in appropriate locations.

Note: Other resident care policies and procedures should reinforce indwelling urinary catheter policies and procedures by incorporating monitoring and maintenance practices as critical steps during activities. Examples include wound care and physical therapy to ensure stability and functioning of catheter.

Procedure Content Considerations (Outlines the Steps/Supplies to Perform the Practice)

General considerations:

- Staff members involved with urinary catheter insertion and maintenance or urine sample collection should receive training and education followed by assessment of competency.
- Hand hygiene should be performed before and after insertion and any manipulation of catheter, drainage tubing, and/or urine collection bag.
- Use standard precautions, including use of gloves, gown, and face protection, as appropriate, during any manipulation of the catheter or collecting system.

Practices during insertion of the indwelling urinary catheter:

- Review and document the indications for insertion.
- Use aseptic technique during insertion.
- Use sterile equipment (e.g., gloves, drape, sponges, antiseptic for periurethral cleaning, single-use packet of lubricant jelly).
- Use the smallest bore catheter to prevent urethral trauma.
- Properly secure after insertion to prevent dislodgement, trauma, or migration.
- The catheter drainage bag should be placed below the level of the bladder and off the floor.
- An insertion checklist can help ensure staff involved in insertion follow all recommended practices.
- A trained assistant can monitor for and assist with performance of optimal insertion technique.

Practices during maintenance of the indwelling urinary catheter:

- Maintain a closed system.
- Maintain unobstructed urine flow.
- Tubing and collecting bag should be below the level of the bladder.
- Secure catheter to prevent dislodgement/urethral trauma.
- Routine hygiene of the meatal area.
- Catheter and collecting system should be replaced when there are breaks in aseptic technique, disconnections, or leaks.

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Practice during urine sample collection:

- Urine samples should be obtained aseptically.
- Urine for culture and urinalysis should be obtained from the needleless sampling port using a sterile syringe/cannula adapter after cleansing the port with a disinfectant.
- Only large volumes of urine needed for nonculture-related analyses should be obtained from the drainage bag. Avoid splashing, and prevent contact of the drainage spigot with the nonsterile collecting container.

Guidelines, Standards, and Resources for Policy/Procedure Development

Policies and procedures should be based on current standards of practice and developed using evidence-based guidelines. The following resources could be used for developing policies and procedures addressing safe use and handling of indwelling urinary catheters for your facility:

- CDC, Guideline for Prevention of Catheter Associated Urinary Tract Infections: <https://www.cdc.gov/infectioncontrol/guidelines/cauti/index.html>
- SHEA Strategies to Prevent Catheter-Associated Urinary Tract Infections in Acute Care Hospitals: https://www.jstor.org/stable/10.1086/675718#metadata_info_tab_contents.