[INSERT HOSPITAL LOGO]	[Insert Manual Name]	No.	CO.GL.2.025
	Title: CLINICAL GUIDELINES INDWELLING URINARY CATHETER INSERTION AND MAINTENANCE	Page:	1 of 7
		Origination Date: 12-30-19	02-28-20;
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I. SCOPE:

This policy applies to the licensed professionals who have the required education and competency who provide treatment for patients who require indwelling urinary catheters (IUC) and other types of urine collection devices.

The IUC policy is applicable to any patient care setting in which indwelling urinary catheters are placed and/or managed.

II. PURPOSE:

The purpose of this policy is to establish guidelines for the insertion and management of indwelling urinary catheters (IUCs) and to outline evidence-based clinical practice guidelines that [hospital name] shall follow to reduce the incidence of Catheter Associated Urinary Tract Infections (CAUTI).

III. DEFINITIONS:

A. **"Chlorhexidine Gluconate (CHG)"** means an antibacterial agent effective against gram positive and gram negative bacteria and some fungi. It is available as 2% and 4% solutions and 2% wipes.

B. **"Non-indwelling Catheters"** means external urinary management products (i.e. PureWick, condom catheters, Liberty catheters)

IV. POLICY:

A. Assessment for Device Type

1. Identify need for bladder and/or urinary intervention and assess clinical presentation to determine least invasive appropriate device. Devices listed from least to most invasive:

a. Non-indwelling catheter

b. Straight catheter

c. Indwelling urinary catheter

2. Select indwelling urinary catheter only for patients who meet appropriate indication.

(1) IUC appropriate indications exclusively include:

(1) Acute urinary retention or bladder outlet obstruction.

(2) Accurate measurements of urinary output in critically ill patients.

(3) Perioperative use for selected surgical procedures:

a. Urologic surgery or other surgery on contiguous structures of the genitourinary tract.

b. Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU).

c. Anticipated to receive large-volume infusions or diuretics during surgery.

d. Need for intraoperative monitoring of urinary output.

(4) Healing of stage III/IV open sacral or perineal wounds in incontinent patients.

(5) Requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures).

(6) Improve comfort for end of life care if needed.

(2) Examples of **inappropriate** IUC use include:

(1) Substitute for nursing care of the patient or resident with incontinence.

(2) Obtaining urine for culture or other diagnostic tests when the patient can voluntarily void.

(3) Prolonged postoperative duration without appropriate indications (e.g., structural repair of urethra or contiguous structures, prolonged effect of epidural anesthesia, etc.).

B. General Standards

1. Do not place IUCs in non-sterile emergent situations.

2. Antimicrobial coated or impregnated catheters are not recommended as a standard.

3. Do not use systemic antimicrobials routinely to prevent CAUTI in patients requiring either short or long-term catheterization unless clinical indications exist (e.g., in patients with bacteriuria upon catheter removal post urologic surgery).

4. Bladder irrigation is not recommended unless obstruction is anticipated (e.g., as might occur with bleeding after prostatic or bladder surgery)

a. If obstruction is anticipated, closed continuous irrigation is preferred to prevent obstruction.

b. Routine irrigation of the bladder with antimicrobials is not recommended.

C. Indwelling Urinary Catheter

1. Insertion

a. A provider order with appropriate indication is required to place an IUC.

b. Provide patient education.

c. Perform periurethral care immediately prior to starting catheter insertion procedure.

d. Use approved all-inclusive insertion kit (i.e. SureStep)

e. Use the smallest bore catheter possible, consistent with good drainage, to

f. minimize bladder neck and urethral trauma.

g. Maintain sterile technique.

h. Two-person insertion required.

i. Stop insertion procedure if breaches in sterile technique are observed.

2. Maintenance

a. Assess need for device at least every shift based on appropriate indication.

b. Follow removal process when device is no longer indicated.

c. Label urine collection bag with date and time of insertion and initials of inserting professional.

d. Maintain a closed drainage system.

(1) If closed system is compromised, replace the catheter and collecting system.

(2) Use urinary catheter systems with pre-connected, sealed catheter-tubing junctions.

e. Maintain unobstructed urine flow.

(1) Keep the catheter and collecting tube free from kinking and dependent loops.

(2) Keep the collecting bag below the level of the bladder at all times.

(3) Do not rest the bag on the floor.

(4) Empty the collecting bag at least once per shift, when full, and before patient transport.

f. Properly secure indwelling catheters after insertion to prevent movement and urethral traction.

g. Use singe use caps to cover catheter system access port.

h. Perform chlorhexidine bathing daily for all patients with IUCs.

3. Present On Admission

a. Remove IUC received from an outside facility, unless contraindicated

(1) Follow assessment for device type described above.

(2) Perform specimen collection, as ordered, after IUC has been removed and/or replaced.

4. Specimen Collection

a. Obtain urine samples aseptically.

(1) Follow procedure in learning platform (i.e. Elsevier)

(2) Use complete urine collection system with preservative tubes per manufacturing instructions (i.e. BD Vacutainer Urine Collection System).

b. Replace IUC prior to obtaining specimen if catheter has been in place for greater than one week.

D. Removal

1. Remove IUC when indication is no longer met.

a. Follow Nurse Driven IUC Removal Protocol.

(1) For provider managed devices, notify provider to remove device when there is not an appropriate indication for continuation

2. Do not clamp indwelling catheters prior to removal.

E. Documentation

1. Documentation includes, but is not limited to, the following:

a. Insertion: date, catheter type, size, site, description, balloon inflation

b. Maintenance: catheter and periurethral care, CHG bathing, interventions, response to interventions, and urine description.

F. Responsible Person

The Chief Nursing Officer is responsible for ensuring that all individuals adhere to the requirements of this policy, that these procedures are implemented and followed at Facility and that instances of non-compliance with this policy are reported to the Chief Nursing Officer or designee.

G. Auditing and Monitoring

Nursing Directors or designee are responsible for daily monitoring of compliance to the guideline. Infection Preventionists (IP) are responsible for auditing compliance periodically based on risk assessment and disease transmission outcomes. The IP will also periodically disseminate compliance data in the Infection Prevention Committee meetings.

H. Enforcement

All Hospital staff and Medical Staff whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, including the Medical Staff Bylaws, Rules and Regulations.

V. REFERENCES:

- Center for Disease Control and Prevention. Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009. Available here: https://www.cdc.gov/infectioncontrol/guidelines/cauti/recommendations.html

- Centers for Disease Control and Prevention. Urinary Tract Infection (Catheter-Associated Urinary Tract Infection [CAUTI] and Non-Catheter-Associated Urinary Tract Infection [UTI]) Events. January 2019. Available here: https://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf