

Preventing catheter associated urinary tract infections – Acute Settings

Patient who needs a urinary catheter (acute settings)

When inserting a Urinary Catheter

Ensure that:

- alternatives to indwelling urethral catheterisation have been considered
- hand hygiene is performed immediately before donning sterile gloves prior to insertion of the indwelling urinary catheter (WHO Moment 2)
- aseptic technique is used for insertion of indwelling urinary catheters
- the indwelling urinary catheter selected has the smallest gauge and once inserted, the balloon is filled to the recommend level i.e. 10ml (unless clinically indicated)
- the urethral meatus is cleaned with sterile saline prior to indwelling urinary catheter insertion
- single use sterile lubricant is used prior to insertion
- aseptic technique is applied/maintained when connecting indwelling urinary catheter to sterile closed drainage system

When maintaining a Urinary Catheter

Ensure that:

- there is a daily review of the need for the indwelling urinary catheter; remove if possible
- the connection between the indwelling urinary catheter and the drainage system is not broken except to meet clinical requirements (for example changing the bag in line with manufacturers' recommendations)
- daily meatal hygiene is performed (ensure patients are aware of their contribution in preventing urinary tract infections)
- the drainage bag is emptied when clinically indicated using a clean, disposable container for each patient
- hand hygiene is performed immediately prior to access or manipulation of the indwelling urinary catheter (WHO Moment 2)
- the drainage bag is situated below the bladder level and the tap is not in contact with any surface, e.g. floor

Practice points

Documenting date and time of catheter insertion is an important step to achieve timely line removal.

The use of personal protective equipment (PPE) including gloves is important in all procedures where blood and body fluid risk exists.

The featured recommendation on hand hygiene does not detract from other times when hand hygiene is recommended and will be monitored against (namely the 5 Moments for Hand Hygiene).

The featured recommendations do not aim to cover emergency situations, which require clinical judgement for patient care actions.

For further information on the background to these recommendations and the literature reviews that informed these please visit <http://www.hps.scot.nhs.uk> as well as referring to your local teams and policies.

Also see NHS Education for Scotland <http://www.nes.scot.nhs.uk> and Healthcare Improvement Scotland <http://www.healthcareimprovementscotland.org/home.aspx> for additional information on education and patient safety improvement. Also refer to the Standard Infection Control Precautions Section of the National Infection Prevention and Control Manual <http://www.hps.scot.nhs.uk/haic/ic/nationalinfectionpreventionandcontrolmanual.aspx>.