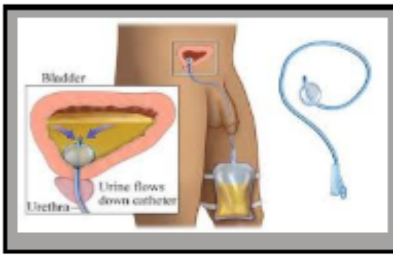
Urinary Catheter Care

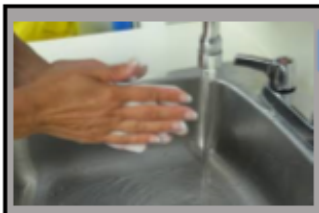


Introduction:

CDC estimates that **15-25% of hospitalized patients** have an indwelling urinary catheter inserted at sometime during their hospitalization. Inappropriate or unnecessary use of an indwelling urinary catheter can result in **catheter associated urinary infection (CAUTI)**. CAUTI is the **most common** type of health care related infection in **adult patients** estimating as many as **70%** can be preventable.

Indication:

perioperative use for **surgical procedures** (urologic surgeries), **Intraoperative urine output monitoring, prolonged immobilization, hourly urine output measurement** in critically ill patients, **acute urinary retention/urinary obstruction, assistance in healing** of open pressure injuries/ skin grafts **with urinary incontinence, improved comfot during end of life care**.



Prevent Infection by:

Performing **hand hygiene** before/after catheter manipulation, Maintaining a **sterile, continuous close drainage system**, Unobstructed urine flow, **Regular emptying** of collection bag, **replacing** the catheter & drainage system **by sterile technique** and **discontinue** the catheter when it is not clinically indicated.

Precaution:

Unless obstruction is anticipated, **continuous irrigation is suggested to prevent obstruction**. Use **leg bag** if possible to **allow greater mobility** of patient. **Encourage unrestricted fluid** (if indicated) intake (at least **30 ml/kg/day to flush urinary system and reduce sediment formation.** Use **smallest bore catheter** possible to **minimize bladder neck and urethral trauma**.

Tips:

Use **washcloth with soap and water** or **plain disposable wipe** to clean the periurethral area. For meatal care wipe away from urinary meatus to prevent infection. For uncircumcised males: **gently retract the foreskin** in cleaning the area then **return** the foreskin to its normal position. Always **inspect** the area for **signs of inflammation and infection**. Apply **securement device**. **Empty** drainage bag regularly **1/2 to 2/3 full** to prevent undue traction of the urethra from the weight of urine in bag.

Leg bag:

Usually **worn during the day**, replaced at night with standard drainage bag. Instruct patient to **frequently empty** bag once its **half full** or **every 3-6 hours**. **Clean** the **tip with alcohol pad** wiping **away from the opening** avoiding contamination of the tube. Drainage bag should be placed to the **calf or thigh**. Emphasize that patient **must leave slack in the catheter** to minimize pressure on the bladder, urethra and related structures. Excessive pressure/tension can lead to tissue breakdown. **Wash leg bag with soap and water** or **bacteriostatic solution**.

Source: https://procedures.lww.com/lnp/view.do?pld=3907892&hits=indwelling,urinary,catheter,care,carefully,foley,management,catheters&a=false&ad=false

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