

## Evidence-Based Best Practice: Indwelling Bladder Catheters

- Insert bladder catheters only when medically appropriate. Medically appropriate indications for catheter use include:
  - Acute urinary retention or bladder outlet obstruction
  - Acute medical problem requiring accurate measurements of urinary output
  - Timed urine collection as part of a diagnostic study
  - Assist in healing of open sacral or perineal wounds in incontinent patients
  - Improve comfort at end of life, with a palliative plan of care
- Reconsider the risks and benefits of continuing the long-term use of an indwelling bladder catheter and remove it as soon as possible.
- Use proper hand hygiene and standard precautions when handling the catheter system to prevent transmission of pathogens.
- Properly secure the catheter after insertion to prevent movement and urethral traction.
- Changing the catheter or drainage bag at routine, fixed intervals is not recommended. Catheters and drainage bags should be changed based on clinical indications such as infection, obstruction or when the closed system is compromised.
- Catheters that are so encrusted that urinary outflow is blocked should be changed immediately.
- Disconnection of the catheter and drainage bag is the leading cause of bacterial contamination. Connecting the catheter to an aseptic, closed system (catheter, bag and tubing form a continuous unit) and maintaining the closed system assists in reducing infection.
- Use catheter sizes of 14FR or 16 FR, as larger diameter catheters have higher UTI rates, greater leakage, and are more likely to obstruct normal urethral secretions.
- Use a small balloon size (10 cc); larger balloons (30 cc) will increase the volume of urine that pools below the level of the catheter lumen, increasing the risk of infection.
- Recurrent symptomatic UTI in a catheterized individual should lead the nurse to ensure that perineal hygiene is performed consistently to remove fecal soiling in accordance with accepted practices and catheter care.
- Maintain a uniform and adequate daily fluid intake (30 ml/kg body weight/day) to continuously flush the system can decrease catheter blockage and subsequent infection.

*Subject matter expertise provided by: The Centers for Disease Control and Prevention: Guideline for Prevention of Catheter-associated Urinary Tract Infections 2009*



Quality Monitoring Program

<http://www.dads.state.tx.us/providers/qmp/evidence-based-best-practices/nursing-facilities/bladder-catheters.html>