TRIP Sheet: Foley Catheter Care

Translating Research Into Practice

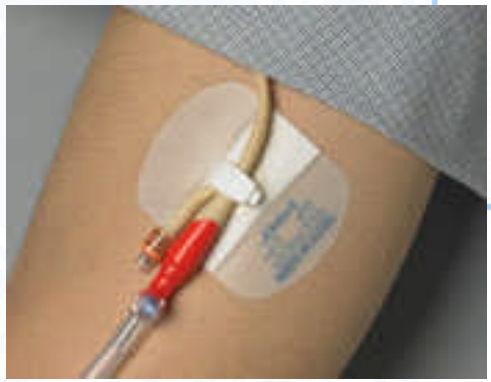
UCH CA-UTI Team

What does the evidence say?

•Catheter movement is a risk factor for irritation and infection.

•Urine backflow from the bag to the bladder is a major source of infection.

•A full drainage bag increases the risk of infection by placing traction on the catheter.



Change in practice?

•Once the foley catheter is in place, secure it to the patient's thigh with the Stat lock.

•The foley catheter drainage bag **must** be kept below the level of the bladder **at all times**.

•The foley bag should be emptied every 8 hours, when the bag is 2/3 full, or prior to any transfer.

Selected References:

Lo et al. (2008). Strategies to prevent catheter-associated urinary tract infections in acute care hospitals. *Infection Control and Hospital Epidemiology, 29*(S1), S41-S50.

Gould et al. (2009). Guidelines for prevention of catheter associated urinary tract infections. Centers for Disease Control.

TRIP Sheet: UTI
Translating Research Into Practice
UCH CA-UTI Team

What does the evidence say?

•Do not routinely use silver-coated catheters or antibacterial coated catheters.

•Early catheter removal is the best way to prevent infection.

•Cleaning the meatal area with antiseptic is unnecessary.

•Aseptic/Sterile insertion helps prevent UTI.

•Catheter irrigation does not prevent UTI.

Change in practice?

•Question the need for the catheter.

•Daily (and after any BM) meatal care with foam body cleanser or ready cleanse wipes.

•Maintain unobstructed flow of urine to bag.

•Maintain a closed drainage bag/catheter system.

Selected References:
Lo et al. (2008). Strategies to prevent catheter-associated urinary tract infections in acute care hospitals. *Infection Control and Hospital Epidemiology, 29*(S1), S41-S50.
Gould et al. (2009). Guidelines for prevention of catheter associated urinary tract infections. Centers for Disease Control.

TRIP Sheet: Bladder Scanning
Translating Research Into Practice
UCH CA-UTI Team

What does the evidence say?
•Urinary retention should be managed with bladder scanner and intermittent catheterization.

Change in Practice?
•If the patient does not void within 4-6 hours of the removal of a foley catheter, a bladder scan ultrasound should be obtained.

•If the bladder volume is < 500mL, encourage the patient to void but do not re-catheterize.

•If the volume is ≥ 500mL, straight cath for residual urine volume, **do not** place an indwelling foley catheter.

•Continue to assess the patient every two hours until the patient is able to void on their own.

Selected References:
Lo et al. (2008). Strategies to prevent catheter-associated urinary tract infections in acute care hospitals. *Infection Control and Hospital Epidemiology, 29*(S1), S41-S50.
Gould et al. (2009). Guidelines for prevention of catheter associated urinary tract infections. Centers for Disease Control.

TRIP Sheet: Foley Catheter Removal

Translating Research Into Practice

UCH CA-UTI Team

What does the evidence say?

•If the foley catheter has been in place for at least 2 days start providing daily reminders for the physician to evaluate continued need for the foley.

•Indications for foley use past the 2 day cutoff:

- Unresolved urinary retention
- Urinary tract obstruction
- Critically ill patients
- Renal insufficiency
- Comfort care for the terminally ill
- To **promote healing** on an area of skin breakdown
- For the management of neurogenic bladder

Change in practice?

•The patient and family members should be also be reminded of the benefits of removing the catheter.

- •Use patient education flier

•Order a bedside commode for patients who have difficulty ambulating to the bathroom.

Selected References:

Lo et al. (2008). Strategies to prevent catheter-associated urinary tract infections in acute care hospitals. *Infection Control and Hospital Epidemiology, 29*(S1), S41-S50.

Gould et al. (2009). Guidelines for prevention of catheter associated urinary tract infections. Centers for Disease Control.