	The Johns Hopkins Hospital	<i>Policy Number</i>	IFC029
	INTERDISCIPLINARY CLINICAL PRACTICE MANUAL	<i>Effective Date</i>	10/31/04
	<i>Subject</i>	<i>Page</i>	1 of 3
	URINARY CATHETERS	<i>Supersedes</i>	5/31/04

KEY WORDS: urine, urinary catheters

POLICY

The urinary tract is the most common site of nosocomial infection, accounting for approximately 40% of nosocomial infections in most hospitals. The recommendations included in this policy will assist in the prevention and control of nosocomial urinary tract infections.

I. RESPONSIBILITIES

- | | |
|-------------------------------------|--|
| JHH/JHU Employee | ▪ Must follow the policy. |
| Supervisor/Department Management | ▪ Ensure employee compliance with this policy. |
| Department of Hospital Epidemiology | ▪ Must submit policies to Hospital Epidemiology and Infection Control Committee for review and approval. |

II PROCEDURES

A. Personnel

Only healthcare workers who are competent in the correct technique of aseptic insertion and maintenance of urinary catheters should handle catheters.

B. Catheter Use

Only insert urinary catheters when medically necessary. Urinary catheters should be removed as soon as possible.

C. Hand Hygiene


Wear gloves and practice hand hygiene when manipulating the catheter site or apparatus.

D. Catheter Insertion


1. Insert catheters using aseptic technique and sterile equipment.
2. Use gloves, drape, sponges, an appropriate antiseptic solution for periurethral cleaning, and a single-use packet of lubricant jelly for insertion.
3. Use as small a catheter consistent with good drainage, to minimize urethral trauma.
4. After insertion, secure indwelling catheters properly to prevent movement and urethral traction.

E. Closed Sterile Drainage

1. Use a sterile, closed continuous drainage system.
2. Do not disconnect the catheter from the drainage tube unless irrigation is necessary for diagnostic or therapeutic reasons or the catheter cannot be irrigated through the sampling port (see *Irrigation* below).
3. If the system becomes overtly contaminated (via disconnection, leakage, or other mechanism), replace the catheter, tubing, and collection bag.

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	INTERDISCIPLINARY CLINICAL PRACTICE MANUAL	<i>Effective Date</i>	10/31/04
	<i>Subject</i>	<i>Page</i>	2 of 3
	URINARY CATHETERS	<i>Supersedes</i>	5/31/04

4. If the catheter, tubing, or collection bag is disconnected or leakage occurs but are not overtly contaminated, reconnect the collection bag and tubing after wiping the ends with an alcohol pleglet. Use aseptic technique to disinfect the end of the catheter, which connects to the new tubing.
- F. Irrigation
1. Avoid irrigating the catheter unless necessary for diagnostic or therapeutic reasons. If frequent irrigation is required and replacement is not contraindicated, the catheter should be replaced.
 2. When indicated, closed, continuous irrigation with a 3-way indwelling catheter may be used to prevent obstruction (e.g., with bleeding after prostate or bladder surgery). Continuous irrigation of the bladder with antimicrobials is not useful and is not recommended as a routine infection prevention measure.
 3. To relieve an obstructed catheter, the sampling port may be used. Disinfect the port with an alcohol swab, and then using a large-volume sterile syringe and sterile irrigant enter the sampling port. Discard any remaining solution and the syringe. Use aseptic technique to perform irrigation.
 4. Only disconnect the catheter and drainage tube if the sampling port cannot be used.
- G. Specimen Collection
1. To examine small volumes of fresh urine, clean and disinfect the sampling port, and aspirate urine with a sterile needle and syringe.
 2. To obtain larger volumes of urine used for special non-microbiologic analysis, remove urine from the drainage bag using aseptic technique.
- H. Urinary Flow
1. Do not obstruct urine flow except to temporarily clamp the catheter for specimen collection or other medical purposes.
 2. Measures for maintaining free urine flow:
 - a. Do not allow the catheter and collection tube to kink.
 - b. Empty the collection bag regularly using a separate collection container (a graduate or urinal that is labeled with the patient's name). Do not allow the drainage spigot and non-sterile collection container to come into contact.
 - c. Do not irrigate poorly functioning or obstructed catheters; rather, they should be replaced.
 - d. Always keep collection bags below the level of the bladder.
- I. Meatal Care
- Catheter care includes gently cleaning the perineal area with soap and water, or other appropriate bathing system during the patient's daily bath. Remove any gross debris from the catheter. Do not manipulate the catheter more than is absolutely necessary. Vigorous routine catheter care may predispose the patient to nosocomial infection.
- J. Catheter Change Interval
- Change indwelling catheters when medically indicated rather than at arbitrarily fixed interval.
- K. When possible, patients infected or colonized with multiple antibiotic-resistant bacteria should not occupy beds adjacent to catheterized patients who do not have the same organism. This separation may reduce risks of cross infection.

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	INTERDISCIPLINARY CLINICAL PRACTICE MANUAL	<i>Effective Date</i>	10/31/04
	<i>Subject</i>	<i>Page</i>	3 of 3
	URINARY CATHETERS	<i>Supersedes</i>	5/31/04

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Wong, E. (with Hooton, T. and Working Group). (n.d.). *Guideline for prevention of catheter-associated urinary tract infections*. Retrieved from <http://www.cdc.gov/ncidod/hip/guide/uritract.htm>.

SPONSOR

- Medical Care Evaluation Committee

DEVELOPER

- Hospital Epidemiology and Infection Control Committee

COMMUNICATION & EDUCATION

This policy will be communicated to the appropriate JHH personnel via the following channels:

1. Medical Staff and Nursing publications.
2. Departmental management will be responsible for training new employees to the policy.
3. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site <http://www.insidehopkinsmedicine.org/icpm>. Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.
4. Placement of policy online at www.hopkins-HEIC.org.

REVIEW CYCLE	• Three (3) years	MEDICAL BOARD	Approval Date: 9/28/04 Effective Date: 10/31/04
VICE PRESIDENT FOR MEDICAL AFFAIRS			
<hr/> Date:			