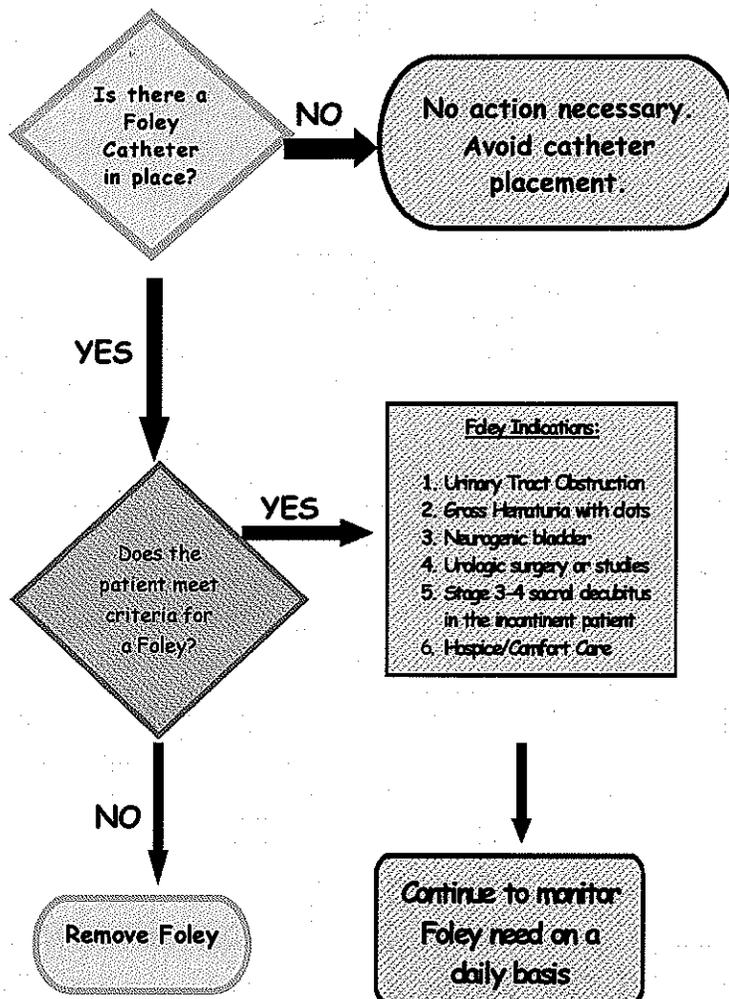


# Guidelines for Urinary Catheter Need



**Urinary Catheters:**

- 600,000 patients develop hospital acquired urinary tract infections (UTIs) every year.
- 80% of these infections are from a urinary catheter.
- About half of the patients with a urinary catheter do not have a valid indication for placement.
- Each day the urinary catheter remains in place the risk of urinary infection (CAUTI) increases 5% per day.



**Indications for Urinary Catheters:**

- Urinary Tract Obstruction: blood clots; enlarged prostate; urethral problems
- Neurogenic Bladder: retention of urine
- Urologic studies or surgery
- Stage III or IV sacral decubiti in the incontinent patient
- Hospice/Comfort/Palliative Care patient
- Output monitoring in the Intensive Care Units only

**Urinary Catheters are *not* Indicated for:**

- Incontinence
- Immobility
- Convenience
- Patient Requests
- Urine Specimen Collection
- Output monitoring in a non ICU setting

**Urinary Catheters**  
**Outcomes:**

- ✚ Infections ↑
- ✚ Patient Length of Stay ↑
- ✚ Cost ↑
- ✚ Patient Discomfort ↑
- ✚ Antibiotic Usage ↑



**Patient Management  
for Incontinence:**

- ✚ Turn patient every 2 hours to cleanse area and change linens
- ✚ Use quilted pad under patient
- ✚ Utilize skin barrier creams
- ✚ Start toilet training program: offer bedpan or commode with assist every 2 hours

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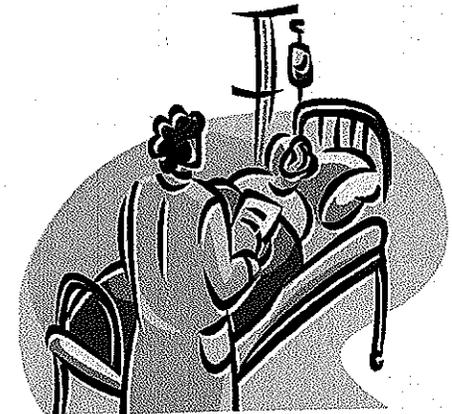
**Questions?**

**Call: 313-343-6881**



**ST. JOHN HOSPITAL  
& MEDICAL CENTER**

**Promptly  
Remove  
Foley  
Catheters**



**A Focus  
On  
Patient  
Safety**

**Infection Control  
Initiative**