

Avoiding indwelling catheters - Quick Reference Guide

Device-Related Infection Prevention Practice (DRIPP)



Urinary tract infections account for around 1 in 5 of all Healthcare-acquired infection (HCAI), with almost 50% associated with urinary catheters.¹ For every day that a urinary catheter remains in-situ, the risk of a catheter-associated urinary tract infection (CAUTI) increases by approximately 5%.¹ Catheterisation should only be undertaken after considering alternative methods of management and the person's clinical need for catheterisation should be reviewed regularly.²

Assessment

- Assess whether a urinary catheter is clinically indicated; avoid unnecessary placement.^{1,3}
- Use of a bladder ultrasound scanner to measure urine volume in the bladder is a non-invasive alternative to catheterisation.¹
- Continence assessment should be carried, as per local policy.^{4,5}
- The underlying causes of acute urinary retention should be reviewed and addressed.



Prevention and Treatment options

- Maintain bladder and bowel health, avoid irritant fluids such as caffeine and manage constipation.
- Regular toileting helps promote continence and prevent skin damage.
- Encourage pelvic floor exercises and a good fluid intake.



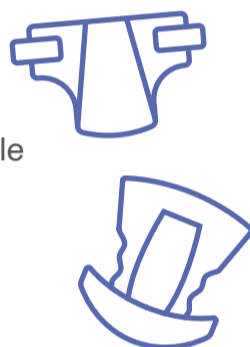
Intermittent catheterisation

- An effective first line management choice for urinary retention.^{2,8}
- Should be chosen over an indwelling catheter when clinically indicated.²
- Allows for more independence and feel less restricted.



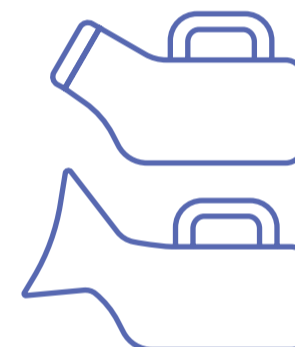
Containment Products

- Absorbent pads should not be used as a substitute to regular toileting.
- Close fitted containment pads are available in various shapes and sizes dependent upon the volume and frequency of leaks and the size of the individual.⁵
- Washable containment products may be used in community settings.



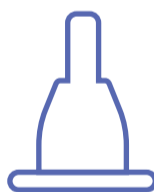
Urinals

- Useful option when a toilet cannot be accessed easily.
- Urinals are available in different shapes for men and women. Some female urinals contain an outlet point for connection to a drainage bag.
- Non-return valves can prevent spillage from male urinals.



Male Urinary Sheaths

- The sheath is placed over the penis like a condom and connected to a drainage bag.⁶
- Available in different sizes.



Female External Urinary Device

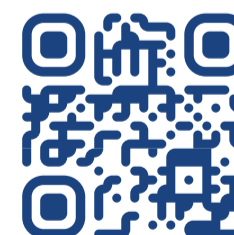
- An alternative to urinary catheterisation in patients seated or in bed.⁷
- Placed in between the labia and held in place with the patient's anatomy.
- It is attached to continuous low-level suction which wicks the urine away into a canister.



Further guidance: Further guidance can be sought from the local continence service or from the online Continence Product Advisor, this provides non-commercial, evidence-based guidance.⁹

References

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4. Burkhard et al. (2020) *EAU Guidelines on Urinary Incontinence in Adults*
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6. NHS Western Isles (2020) *Using Urinary Sheaths* <https://www.wihb.scot.nhs.uk/wp-content/uploads/2020/03/Using-Urinary-Sheaths-Helpful-Tips-Information-about-using-urinary-sheaths-for-male-patients.pdf>
7. Beeson et al. (2023) Effectiveness of an External Urinary Device for Female Anatomy and Trends in Catheter-Associated Urinary Tract Infections. *Journal of Wound Ostomy Continence Nursing*. 01;50(2):137-141.
8. McDermott, Cooper (2020) Teaching self-catheterisation in an emergency department. *Nursing Times* [online]; 116: 6, 32-35.
9. Continence Product Advisor <https://www.continenceproductadvisor.org>



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