APPENDIX 14

iPS Infection Prevention Society

NHS Improvement
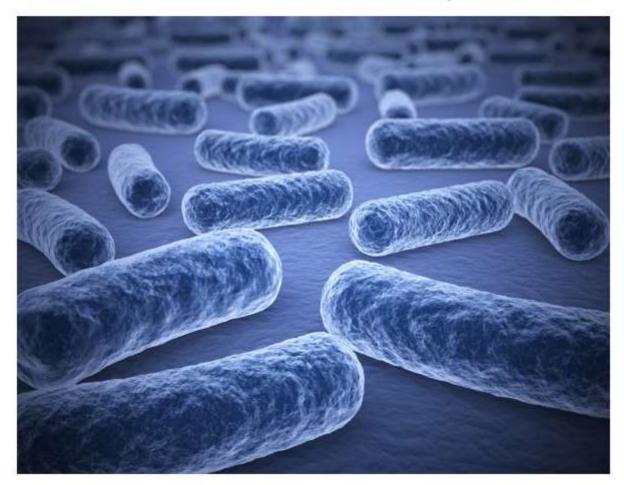

High Impact Interventions
Care processes to prevent infection

4th edition of Saving Lives: High Impact Interventions

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NHS
Worcestershire
Acute Hospitals
NHS Trust

NHS
Improvement
IPS Infection Prevention Society

High Impact Interventions to prevent catheter associated urinary tract infection

Aim

To reduce the incidence and consequences of urinary tract infection associated with both short and long term urethral catheters.

Why use the high impact intervention?

Catheter associated urinary tract infections comprise a large proportion of healthcare associated infections and occur whether a person has either a short term catheter or long term catheter. There is a strong association between duration of urinary catheterisation and risk of infection and these are becoming more serious with the continued development of a wide range of multi-resistant bacteria which can cause catheter associated urinary tract infections and associated life threatening complications (RCN 2012). Risks are greatly reduced complying with all parts of the process for safe catheterisation, maintenance, and removal as soon as no longer needed. This is important in both terms of promoting comfort, safety and infection prevention control measures. (NICE guidelines 2014).

Elements of the care process

There are two sets of actions outlined below as good practice.
a. Insertion phase
b. Routine maintenance and assessment for continuing indication phase

Insertion phase
1. Assessment for catheter indication Assessment of the need of the catheter is to be documented ensuring a clear clinical indication which includes exploring alternative options [1-3].
2. Aseptic procedure Catheterisation should follow an aseptic procedure including hand hygiene and is documented [1-3].
3. Urethral meatus The meatus should be cleaned with normal saline prior to insertion. Use a lubricant gel from a sterile single use sachet/syringe to minimise urethral trauma [1-3].
4. Catheter insertion documentation Document as a minimum the following: • date of insertion, • indication for catheterisation • catheter size • type of catheter and planned date for removal [1-3]

Routine maintenance and assessment for continuing indication phase
1. Hand hygiene Hands are decontaminated immediately before and after each episode of patient contact using the correct hand hygiene technique [1-3].
2. Personal protective equipment Wear personal protective equipment only when indicated and in accordance with local policy [1-3].
3. Assessment Daily assessment of the need of the short term urinary catheter needs to be clearly documented. Long term catheters should be reviewed regularly, at least every catheter change and documented [1-3].
4. Catheter hygiene Routine daily personal hygiene is required for meatal cleaning [1-3].
5. Routine maintenance • Do not break the connection between the catheter and the urinary drainage system unless clinically indicated. Use a separate clean/disposable container when emptying the drainage bag. • Document on the drainage bag when last changed and should be changed in line with the manufacturer's recommendation. The urinary catheter tubing and leg bag should be fixed to the patient's leg using a leg strap [1-3].
6. Patient information Ensure patients and carers are given information regarding the reason for the catheter and the plan for review and removal e.g. indwelling urinary catheter passport [1-3].

References

1. EPIC 3 Loveday H,P.,Pratt R.J., Wilson J.A., et al EPIC 3 National Evidence Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals. Available at
https://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf

2. Nice guideline 2014 available at
https://www.nice.org.uk/guidance/qs61/chapter/quality-statement-4-urinary-catheters

3. Royal College of Nursing 2012 Catheter care – RCN guidance for Nurses.