

## Urinary Catheter Change Frequency Infection Prevention and Control Communication Form

<p><b>1. Issue:</b> Routine changing of indwelling urinary catheters increases the incidence of urinary tract infections in patients/residents/clients therefore can become an Infection Prevention and Control issue.</p>
<p><b>2. Recommendations:</b></p> <ul style="list-style-type: none"> <li>2.1 Use urinary catheter only when necessary<sup>4,2</sup>.</li> <li>2.2 Reevaluate continued need for urinary catheter on a regular basis.</li> <li>2.3 Promptly remove urinary catheter when no longer clinically indicated.</li> <li>2.4 Follow evidence-informed practice<sup>4,1</sup>, which concludes indwelling urinary catheters should be changed only when medically indicated (e.g., infection, obstruction, or the closed system has been compromised).</li> </ul>
<p><b>3. Background:</b></p> <p><b>3.1 Discussion of Issue:</b></p> <p>There is inconsistency in the frequency of indwelling urinary catheter changes throughout the region. Manufacturers' recommendations are written to comply with licensing requirements of indwelling devices. Often, in order to avoid the requirement of an implantable device license, manufacturers recommend changing indwelling urinary catheters when clinically indicated and routinely every 30 days. This is in contradiction to evidence-informed practice and Infection Prevention and Control published literature, standards, and guidelines, which support changing urinary catheters based on clinical indications such as infection, obstruction, or when the closed system is compromised, not routinely, in order to reduce the incidence of urinary tract infections.</p> <p><b>3.2 Options &amp; Analysis reviewed prior to decision making:</b></p> <ul style="list-style-type: none"> <li>3.2.1 Follow evidence informed practice to change urinary catheters only when medically indicated <b>OR</b></li> <li>3.2.2 Follow manufacturers' recommendations to change urinary catheters when medically indicated and routinely every 30 days.</li> <li>3.2.3 Consider other long-term devices.</li> <li>3.2.4 Carefully evaluate need for urinary catheter.</li> </ul>
<p><b>4. References:</b></p> <ul style="list-style-type: none"> <li>4.1 Gould, C. V., MD, MSCR; Umscheid, C. A., MD, MSCE; Agarwal, R. K., MD, MPH; Kuntz, G, MSW, MSLIS; Pegues, D. A., MD and the Healthcare Infection Control Practices Advisory Committee (HICPAC) Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009. Reviewed 2015. Retrieved Dec 29, 2022: <a href="http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf">http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf</a></li> <li>4.2 Lo E, Nicolle L, Classen D, Arias KM, Podgorny K, Anderson DJ, Burstin H, Calfee DP, Coffin SE, Dubberke ER, Fraser V, Gerding DN, Griffin FA, Gross P, Kaye KS, Klompas M, Marschall J, Mermel LA, Pegues DA, Perl TM, Saint S, Salgado CD, Weinstein RA, Wise R, Yokoe DS. Strategies to prevent catheter-associated urinary tract infections in acute care hospitals: 2014 Update. Infect Control Hosp Epidemiol 2014 May Suppl Vol. 35, No S2. Retrieved Dec 29, 2022: <a href="#">Strategies to Prevent Catheter-Associated Urinary Tract Infections in Acute Care Hospitals</a></li> <li>4.3 McGoldrick, Mary, Frequency for Changing Long-Term Indwelling Urethral Catheters. Home Healthcare Now 2016 February Volume 34, no. 2 pp.105-106. Retrieved Dec. 29, 2022. <a href="https://www.nursingcenter.com/journalarticle?Article_ID=3304017#P37">https://www.nursingcenter.com/journalarticle?Article_ID=3304017#P37</a></li> </ul>

Communication Form Contact:

Chantelle Riddle-Yarycky, Infection Prevention and Control Specialist, WRHA IP&C Program