

Adult Urinary Catheter Exchange Protocol	
Document Reference #:	3839
Version #:	3
Originally Issued:	Not Set
Last Revision:	08/10/2022
Last Review:	06/28/2022
Next Review:	06/28/2023
Approved:	06/28/2022

Background

Of the over 1.7 million hospital-acquired infections in US hospitals annually, 40% are urinary tract infections. 80% of hospital-acquired urinary tract infections are attributed to indwelling urethral catheters. According to the Society for Healthcare Epidemiology of America and the Infectious Disease Society of America (SHEA/IDSA) compendium October 2008: “The duration of catheterization is the most important risk factor for development of infection.”

Definitions

CAUTI - Catheter-associated urinary tract infection

Culture & Sensitivity (C&S) - laboratory test used to identify the presence and type of bacteria in a urine specimen

Procedures

❖ **Applies to Adult Patients Only & All OB Patients**

1. Assess the need for indwelling urinary catheter continuation.
2. If continued use is **NOT** for an appropriate indication as per policy or cannot be supported by documentation, remove the catheter and maintain urinary elimination as per policy.
3. If the continued use of the catheter is for an appropriate indication or supported by physician documentation as medically necessary, the catheter should be replaced as long as there are no contraindications using the hospital approved product while maintaining aseptic technique. Contraindications include but are not limited to recent Urologic/ Renal Transplant Surgery,

Printed copies are for reference only. Please refer to the electronic copy for the latest version

intestinal diversion or bowel interposition in the urinary tract and those with indwelling ureteral stents

4.
 - a. The catheter should be exchanged within 24 hours of the patient's arrival to our facility.
 - b. Remove the existing catheter and insert a new catheter using a closed drainage system whenever possible utilizing aseptic technique and sterile catheter kit; then implement the bundle maintenance requirements in an effort to prevent catheter associated urinary tract infection (CAUTI). Two person insertion recommended for placement of urinary catheters to maintain positioning and aseptic insertion.

5. When a patient has a catheter that has been in place longer than 2 calendar days and a CAUTI is suspected:

- a. Only patient with indwelling catheters with symptoms suggestive of UTI/ Pyelonephritis (such as fever, flank pain, dysuria, hematuria,...) should be screened with a urinalysis
- b. Send UA (clean port with CHG/alcohol prep pad before and after specimen collection)
Wait for UA results. If the UA has >10 WBC or is positive for nitrates, exchange the foley and send urine culture off newly placed foley catheter

NOTE: All indwelling catheters will be inserted by properly trained personnel. CAUTI Prevention bundle elements are to be maintained at all times.

References

IDSA (2020) Infectious Disease Society of America. <https://www.idsociety.org/>

SHEA (2020). The Society for Healthcare Epidemiology of America. <https://www.shea-online.org/index.php/practice-resources>

Related Protocols

[Catheter Associated Urinary Tract Infection \(CAUTI\) Prevention Policy](#)

[Adult Indwelling Urinary Catheter Removal Protocol & Bladder Management Guidelines](#)