

# VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE

## Urinary Catheter Use in Surgical Patients

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

### 1. Purpose

- a. To reduce Catheter Associated Urinary Tract Infections (CAUTI) in patients undergoing operative procedures at Ventura County Medical Center and Santa Paula Hospital

### 2. CAUTI

- a. Most common hospital acquired infection
- b. Risk of CAUTI increases by 3-7% for each additional day that urinary catheter is in place
- c. 66% of surgical patients with urinary catheters undergo surgeries that take less than 3 hours and only 22% of these patients have the urinary catheter discontinued at the end of the case<sup>1</sup>

### 3. Proven Prevention Strategies

- a. Avoid unnecessary catheter placement
- b. Use proven procedures for catheter insertion and maintenance including hand hygiene, insertion by trained staff only and insertion using aseptic technique
- c. Remove catheters as soon as possible: meta-analysis showed 53% reduction when reminders or scripted stop orders implemented<sup>2</sup>

### 4. Perioperative indications for urinary catheter use<sup>1</sup>

- a. Surgeries of the GU tract or contiguous structures
- b. Anticipated duration of surgery greater than 3 hours
- c. Anticipated to receive large volume of fluids or diuretics during surgery
- d. Need for intraoperative monitoring of urinary output

**IN SURGICAL CASES WITH ANTICIPATED DURATION LESS THAN 3 HOURS THAT DO NOT MEET ABOVE CRITERIA, A URINARY CATHETER SHOULD NOT BE PLACED PRIOR TO THE SURGICAL PROCEDURE**

### 5. Operating room procedure when urinary catheter is placed

- a. An order is required for urinary catheter placement
- b. A statement clarifying the need for urinary catheter will be initiated by anesthesia during the preoperative time out.
- c. The urinary catheter order is to be given by the attending surgeon and documented in Cerner by either the attending surgeon or circulating nurse prior to the start of the case
- d. At close of case, the circulating nurse will ask the attending surgeon if the urinary catheter can be removed.
- e. If the surgeon determines that the urinary catheter can be removed, an order to discontinue catheter will be documented in Cerner and the catheter will be removed in the operating room

### References

1. Yang, et al. Hospital Peer Review. 2015 Sept;40(9)91-2.
2. Meddings J et al BMJ Qual Safe 2014; 23: 277+