To stop CAUTI don’t catheterise

Haematuria – clots and heavy
Obstruction – mechanical urology
Urology/gynaecology/perianal surgery/prolonged surgery
Decubitus ulcer – to assist the healing of a perianal/sacral wound
Input output monitoring
Nursing at the end of life
Immobilisation due to unstable fracture/neurological deficit

If there’s no indication, make that catheter disappear...

Catheter maintenance
• Maintain a closed sterile drainage system.
• Keep the catheter secure.
• Keep the bag below the bladder and off the floor.
• Maintain uninterrupted flow.
• Empty bag regularly.

Catheter top tips
• Remove post operatively within 24 hours.
• Assess the need for the catheter daily if an inpatient (at planned intervals for others) and document.
• Advise/provide peri-urethral care with soap and water, 3 times a day and after each bowel movement.
• Use an aseptic non-touch technique.
• Use the smallest size catheter possible.
• Document insertion and rationale.
• Label bag with the date inserted.

Aim for light coloured wee