Ensure that there is a regular review of the need for the indwelling urinary catheter; remove if possible

What is recommendation based on

This recommendation is based on consensus of evidence that the longer an indwelling urinary catheter is in place, the greater the risk of complications including infection.4,5;15,16 There is also evidence to show indwelling urinary catheters can be placed inappropriately.4 A recent study has shown that healthcare workers have poor knowledge about the presence of an indwelling urinary catheter in their patients. This study also highlighted the importance of documentation and communication regarding duration of indwelling urinary catheter usage.17 Another recent publication showed significant rates of inappropriate use of indwelling urinary catheters i.e. consistent with clinical indications with 31.4% indwelling urinary catheter days deemed inappropriate and 5.6% patients having indwelling urinary catheters in place despite having no clinical indications.18 The most effective way of reducing the potential for CAUTI is to remove the indwelling urinary catheter as soon as they are no longer clinically indicated.6 Ongoing review of the continuing clinical indications for their need is therefore crucial for patient safety and to enable the key intervention of removal of the indwelling urinary catheter if possible. There is a considerable body of evidence and consensus on this within current guidance.4,5,14 Nurse centred tools can be used to remind clinical staff and aid decision making on when indwelling urinary catheters should be removed.10,12,13,19,20

The NICE guidelines which are aimed at primary care and community settings also include a recommendation that the ‘the patient’s clinical need for catheterisation should be reviewed regularly and the urinary catheter removed as soon as possible’.21 The use of alternatives to
ongoing indwelling catheterisation should be considered at review including the use of external catheters for male patients and intermittent catheterisation if appropriate.\textsuperscript{4,21}

There is therefore a clear consensus of evidence that this is a key recommendation to reduce the incidence of CAUTI. The recommendation given results from all evidence considerations and after applying the framework described in Appendix 2.

References:

(2) Urinary catheterisation and catheter care - best practice statement. NHS Quality Improvement Scotland 2004 [cited 11 A.D. Nov 4];Available from: URL: 


**Recommendation for review**  
Ensure that there is a regular review of the need for the indwelling urinary catheter; remove if possible

<table>
<thead>
<tr>
<th>Grade of recommendation (based on review of evidence)</th>
<th>Category 1B</th>
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| Health impact contribution (based on Healthcare Quality Strategy for NHSScotland) | Safe: This recommendation encourages timely removal of indwelling urinary catheters reducing the risk of associated infection complications  
Effective: This recommendation reduces the risk of complications from this invasive device resulting in releasing time for other care and a reduction in NHS costs  
Efficient: This recommendation will result in positively managing avoidable NHS costs from any potential complications resulting from catheter use  
Equitable: This recommendation promotes a standard of care for all patients, that may result in a reduction in avoidable personal and NHS costs, which is beneficial for all  
Timely: This recommendation, daily checking, fits with other aspects of care required on a daily basis, contributing to streamlining of care  
Person Centred: This is a person centred action to reduce harm which could be caused by the invasive device; in every patient with a urinary catheter, and provides the opportunity to undertake simple safe checks and care on each patient, with a view to encouraging their inclusion in the decision and subsequent actions required to ensure continence and return to ‘normal’ |

<table>
<thead>
<tr>
<th>Expert opinion/consultation and practical considerations</th>
<th>Measurement and feedback (Y/N/?</th>
<th>Feasibility and sustainability (Y/N/?</th>
<th>Applicability and reach (Y/N/?</th>
<th>Training and informing (Y/N/?</th>
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<tbody>
<tr>
<td>Potential for measurement through e.g. observation</td>
<td>Easily implemented within current culture and will improve the quality of care now</td>
<td>Potential for consistent delivery</td>
<td>Easily implemented based on reliably available resources/products/prompts</td>
<td>Stealth integration into natural workflow/logical clarity of concept (also see Cause &amp; Effect Chart)</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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</table>

| Is this a key recommendation? | Yes |

UCm community settings: Recommendation 1  
April 2012