

To stop CAUTI don't catheterise

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

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

Use an aseptic non-touch technique.

Use the smallest size catheter possible.

Label bag with the date inserted.

Document insertion and rationale.

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Catheter maintenance

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.

1. Maintain a closed sterile drainage system.
2. Keep the catheter secure.
3. Keep the bag below the bladder and off the floor.
4. Maintain uninterrupted flow.
5. Empty bag regularly.