

Because the necessity of an indwelling urinary catheter may change while a patient is in the hospital, it is imperative to continually assess its appropriateness. Daily assessment of catheter necessity is perhaps the single most important method of decreasing catheter use and subsequent infection.

1. Remind/educate your staff

- Urinary catheters are often placed unnecessarily, remain in place without physician awareness, and are not removed promptly when no longer needed.
- Prolonged catheterization is the strongest risk factor for catheter-associated urinary tract infection (CAUTI).
- Promptly removing unnecessary catheters is an important step in reducing a patient's risk of CAUTI.

2. Indwelling urinary catheters should be addressed daily

- If nurses are concerned that they will have to spend more time cleaning up patients if the indwelling urinary catheter is removed, try:
 - Timed voiding or hourly intentional rounding
 - Exploring incontinence products, urinals, condom catheters, and intermittent straight catheters
- If there is a general feeling of being overworked ("just trying to get through my shift"), try:
 - "Catheter patrol"- One or two daytime charge nurses who monitor which patients have indwelling urinary catheters, assist with toileting, and assess the indications for urinary catheters. If the indwelling urinary catheter is no longer clinically indicated, the "catheter patrol" can talk with the bedside nurse or ask the physician directly to discontinue.
 - Daily assessment tool- Tailored to the care setting, bedside nurses (or the "catheter patrol") can assess the indications for the continued use of indwelling urinary catheters and if no longer clinically indicated, nurses can discuss its removal with the physician. Click [here](#) for an example.
- If there is no mechanism to trigger prompt removal, consider
 - Stop orders that prompt catheter removal by default after a certain time period or a set of clinical conditions has occurred (such as 24 or 48 hours post-operative) unless the catheter remains clinically appropriate.

Or

- A nurse-initiated removal protocol—whereby a nurse can initiate the removal of the indwelling urinary catheter by contacting the physician if after assessment an indication for continued use has not been identified.

3. For more information

- For the current appropriateness guidelines, [click here](#).
- For more information and examples of nurse driven protocols to evaluate and discontinue unnecessary urinary catheters, [click here](#) and [here](#).

- For more information on daily evaluation of urinary catheter appropriateness, visit [Resources](#), then click on **Implementation > Tracking Performance**.

4. Further reading suggestions

- Elpern EH, Killeen K, Ketchem A, Wiley A, Patel G, Lateef O. [Reducing use of indwelling urinary catheters and associated urinary tract infections](#). *Am J Crit Care*. 2009;18(6):535-41; quiz 42.
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- Fakh MG, Dueweke C, Meisner S, et al. [Effect of nurse-led multidisciplinary rounds on reducing unnecessary use of urinary catheterization in hospitalized patients](#). *Infect Control Hosp Epidemiol*. 2008;29:815–9.
- Fuchs MA, Sexton DJ, Thornlow DK, Champagne MT. [Evaluation of an evidence-based, nurse-driven checklist to prevent hospital-acquired catheter-associated urinary tract infections in intensive care units](#). *J Nurs Care Qual*. 2011;26(2):101-9.
- Gokula RR, Hickner JA, Smith MA. [Inappropriate use of urinary catheters in elderly patients at a midwestern community teaching hospital](#). *Am J Infect Control*. 2004;32:196-9.
- Meddings J, Rogers MA, Krein SL, Fakh MG, Olmsted RN, Saint S. [Reducing unnecessary urinary catheter use and other strategies to prevent catheter-associated urinary tract infection: an integrative review](#). *BMJ Qual Saf*. 2014;23(4):277-89.
- Meddings J, Rogers MA, Macy M, Saint S. [Systematic review and meta-analysis: reminder systems to reduce catheter-associated urinary tract infections and urinary catheter use in hospitalized patients](#). *Clin Infect Dis*. 2010;51:550-60.
- Miller BL, Krein SL, Fowler KE, et al. [A multimodal intervention to reduce urinary catheter use and associated infection at a Veterans Affairs Medical Center](#). *Infect Control Hosp Epidemiol*. 2013;34(6), 631–633.
- Saint S, Wiese J, Amory JK, et al. [Are physicians aware of which of their patients have indwelling urinary catheters?](#) *Am J Med*. 2000;109:476-80.