INTRODUCTION

INDWELLING CATHETER (IDC): MANAGEMENT

Keywords: Urinary tract infection, drainage system, catheter associated infection, bladder, antibiotics, management of an IDC, IDC, indwelling catheter problems

AIMS

• To prevent urinary tract infection (accounts for 40% of nosocomial infections).1
• To maintain a closed sterile drainage system.

KEY POINTS

1. Nurses / midwives shall follow universal precautions for all catheter care.
2. Maintaining a sterile, continuously closed urinary drainage system is central to the prevention of catheter associated infection.2 Nurses / midwives shall ensure that the connection between the catheter and the urinary drainage system is not broken except for good clinical reasons.2,3
3. Catheters shall be secured to avoid trauma.2
4. Urinary drainage bags shall be positioned below the level of the bladder.2
5. Drainage bags shall be supported in a way that prevents contact with the floor.2
6. Urine samples shall be obtained from a sampling port3 using an aseptic technique.2
7. Unnecessary emptying or changing of the urinary drainage bag, or taking a urine sample increases the risk of catheter related infection and shall be avoided.2 However, the drainage bag should not be more than ¾ full.2
8. The drainage bag shall be emptied frequently enough to maintain urine flow and prevent reflux, and shall be changed only when clinically indicated4 or as per the manufacturer’s instructions.2 See KEMH Clinical Guidelines, O&G: IDC- Emptying the Drainage Bag.
9. Educate the woman to clean the meatal area daily during routine daily showering2-4
10. Bladder instillations or washouts shall not be used to prevent catheter associated infections.2
11. Antibiotic prophylaxis when changing catheters shall only be used for patients with a history of catheter associated urinary tract infection following catheter change.
12. Assess and document the need for IDC daily and remove when not clinically indicated.2-4
REFERENCES / STANDARDS


National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
3- Preventing and Controlling Healthcare Associated Infections

Legislation – Nil

RESPONSIBILITY
Policy Sponsor Nursing & Midwifery Director OGCCU
Initial Endorsement April 2002
Last Reviewed June 2015
Last Amended
Review date June 2018

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