USE OF A CATHETER (F315)
STANDARD OF PRACTICE RESOURCE

State of Wisconsin
Department of Health Services

Division of Quality Assurance

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INTRODUCTION

The following information reviews the federal regulation, intent, interpretive guidelines, and standard of practice for the use of indwelling catheters in nursing homes. There are resources to help staff determine whether there is a valid medical justification for the use of a catheter and how to determine that the continued use of a catheter is no longer clinically warranted. Recommendations to prevent catheter-associated urinary tract infections (CAUTI) are provided from the Centers for Disease Control (CDC), Association for Professionals in Infection Control (APIC) and the Healthcare-Associated Infection (HAI) Guideline.

I. FEDERAL REGULATION F315

§483.25(d) Urinary Incontinence

Based on the resident's comprehensive assessment, the facility must ensure that:

- **§483.25(d)(1)** A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and

- **§483.25(d)(2)** A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

II. INTENT F315 42 CFR 483.25(d)(1) AND (2) URINARY INCONTINENCE AND CATHETERS

The intent of this requirement is to ensure that:

- Each resident who is incontinent of urine is identified, assessed and provided appropriate treatment and services to achieve or maintain as much normal urinary function as possible;
- An indwelling catheter is not used unless there is valid medical justification;
- An indwelling catheter for which continuing use is not medically justified is discontinued as soon as clinically warranted;
- Services are provided to restore or improve normal bladder function to the extent possible, after the removal of the catheter; and
- A resident, with or without a catheter, receives the appropriate care and services to prevent infections to the extent possible.

III. INTERPRETIVE GUIDELINES FOR F315

Resources (excerpted from the federal Interpretive Guidelines, F315)

It is important for the facility to have in place systems/procedures to assure:

- assessments are timely and appropriate;
- interventions are defined, implemented, monitored, **and revised as appropriate in accordance with current standards of practice**; and
- changes in condition are recognized, evaluated, reported to the practitioner, and addressed.

The medical director and the quality assessment and assurance committee may help the facility evaluate existing strategies for identifying and managing incontinence, catheter use, and UTIs, and ensure that facility policies and procedures are consistent with current standards of practice.

Research into appropriate practices to prevent, manage, and treat urinary incontinence, urinary catheterization, and UTI continues to evolve. Many recognized clinical resources on the prevention and management of urinary incontinence, infection, and urinary catheterization exist. Some of these resources include:

- The American Medical Directors Association (AMDA) at: **www.amda.com** (Clinical Practice Guidelines: Clinical Practice Guidelines, 1996)
- Wisconsin Quality Improvement Organization at: **www.metastar.com/web/**

  (MedQIC, the Medicare Quality Improvement Community (MedQIC) website, is no longer available. To keep updated about the QIO Program and what QIOs are doing in Wisconsin, please visit the website listed above.)

- The CMS Sharing Innovations in Quality website at: **www.cms.hhs.gov/medicaid/survey-cert/siqhome.asp**
- Association for Professionals in Infection Control and Epidemiology (APIC) at: **www.apic.org**
- Centers for Disease Control at: **www.cdc.gov**
- The Annals of Long Term Care publications at: **www.mmhc.com**
- Foundation of the American Urological Association at: **www.urologyhealth.org/about/**
  (The website for the American Foundation for Urologic Disease is no longer available.)
- The American Geriatrics Society at: **www.americangeriatrics.org**

(Emphasis added.)

One of the resources listed at F315 is the Centers for Disease Control. While the 2009 CDC Guideline for the Prevention of Catheter-Associated UTI is recognized as a leading authority and the current standard of practice for the use of catheters, facilities may use another recognized standard as long as it is up-to-date and reflects current practice.

When a facility does not have a standard of practice, surveyors are directed to use the most commonly recognized standard to determine compliance. In cases involving catheter use surveyors will use the CDC Guideline. Also see DQA memo 04-022 sent to nursing homes regarding updating nurse practice guidelines and standards of practice at: **www.dhs.wisconsin.gov/rl_dsl/Publications/pdfmemos/04-022.pdf**

IV. 2009 CDC GUIDELINE FOR THE PREVENTION OF CATHETER – ASSOCIATED UTI

The 2009 CDC Guideline for the Prevention of Catheter-Associated Urinary Tract Infections (CA-UTI) can be located at: **www.cdc.gov/hicpac/cauti/001_cauti.html** The CDC Guidelines state:

II. Summary of Recommendations

Appropriate Urinary Catheter Use

- *Insert catheters only for appropriate indications (See Table 2 below for guidance.) and leave in place only as long as needed.*
- *Minimize urinary catheter use and duration of use in all patients, particularly those at higher risk for CA-UTI or mortality from catheterization such as women, the elderly, and patients with impaired immunity.*
- *Avoid use of urinary catheters in patients and nursing home residents for management of incontinence.*

TABLE 2

A. Examples of Appropriate Indications for Indwelling Urethral Catheter Use

- Patient has acute urinary retention or bladder outlet obstruction.
- Need for accurate measurements of urinary output in critically ill patients
- Perioperative use for selected surgical procedures:
  - Patients undergoing urologic surgery or other surgery on contiguous structures of the genitourinary tract
  - Anticipated prolonged duration of surgery (Catheters inserted for this reason should be removed in the post-anesthesia care unit.)
  - Patients anticipated to receive large-volume infusions or diuretics during surgery
  - Need for intraoperative monitoring of urinary output
- To assist in healing of open sacral or perineal wounds in incontinent patients
- Patient requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)
- To improve comfort for end of life care if needed

B. Examples of Inappropriate Uses of Indwelling Catheters

- As substitute for nursing care of the patient or resident with incontinence
- As means of obtaining urine for culture or other diagnostic tests when the patient can voluntarily void
- For prolonged postoperative duration without appropriate indications (e.g., structural repair of urethra or contiguous structures, prolonged effect of epidural anaesthesia, etc.)

Note: These indications are based primarily on expert consensus.

ADDITIONAL RESOURCES

- **Association for Professionals in Infection Control (APIC)**

The APIC Guide to the Elimination of Catheter-Associated Urinary Tract Infection (CA-UTI) states the following:

Studies have shown a direct correlation between catheter use greater than six days and CAUTI occurrence. In the same study, it was also reported that bacteriuria (bacteria in the urine) is nearly universal by day 30 of catheterization.

- **Healthcare-Associated Infection (HAI) Guideline**

  The Healthcare-Associated Infection (HAI) Guideline is endorsed by APIC, American Hospital Association, IDSA (Infectious Disease Society of America), Joint Commission and SHEA (The Society for Healthcare Epidemiology of America). Within the HAI Guideline are recommendations for Prevention of Catheter-Associated Urinary Tract Infection that include but are not limited to:

  - Insert urinary catheters only when necessary for patient care and **leave them in place only as long as indications persist**
  - Implement an organization-wide program to identify and remove catheters that are no longer necessary, using one or more methods documented to be effective.
  - Approaches that should ***NOT*** be considered a routine part of CA-UTI prevention:
    - Do ***NOT*** screen for asymptomatic bacteriuria in catheterized patients.
    - **Do *NOT* treat asymptomatic bacteriuria** in catheterized patients except before invasive urologic procedures.
    - ***AVOID*** catheter irrigation.
    - **Do *NOT* use systemic antimicrobials as prophylaxis.**
    - Do ***NOT*** change catheters routinely.

    (Emphasis added.)

  A copy of the Healthcare-Associated Infections Prevention Pocket card from GuidelineCentral.com can be accessed at: **http://guidelinecentral.com/**

- **For questions or comments regarding the information in this publication, contact:**

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