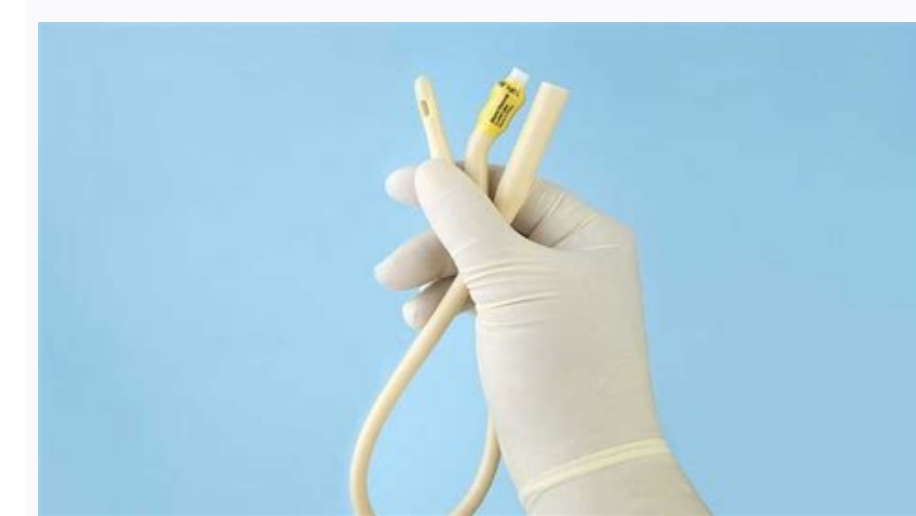
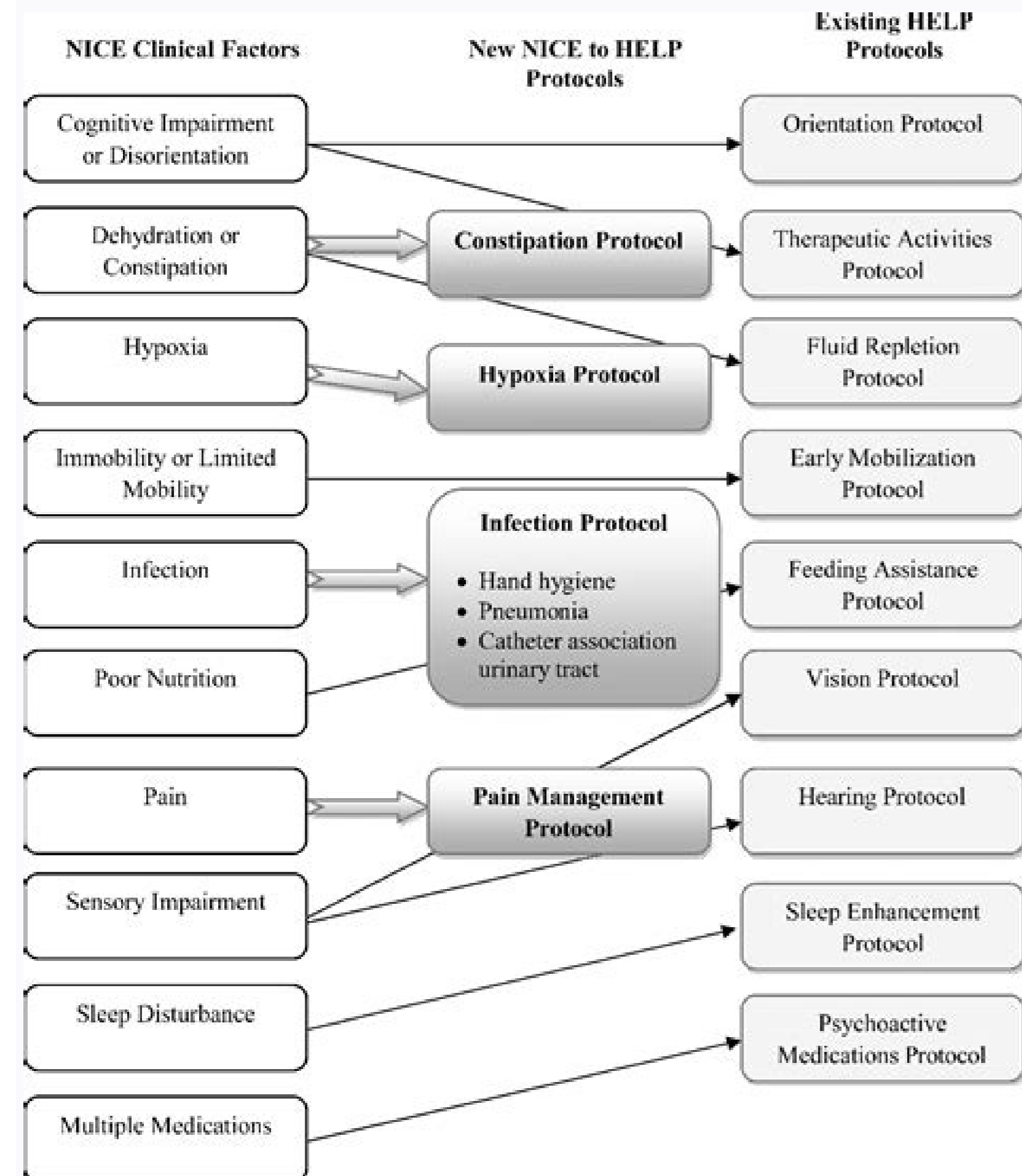


Urinary catheter care nice guidelines

2



HOW I BEAT URINARY TRACT INFECTION
Fast
 (Without Antibiotics!)

STRENGTHEssence.com

Catheter nice guidelines. Catheter care nice guidelines.

1.1.1 Be aware that a catheter-associated urinary tract infection (UTI) is a symptomatic infection of the bladder or kidneys in a person with a urinary catheter the longer a catheter is in place, the more likely bacteria will be found in the urine; after 1 month nearly all people have bacteriuria antibiotic treatment is not routinely needed for asymptomatic bacteriuria in people with a catheter[1]. 1.1.2 Give advice about managing symptoms with self-care (see the recommendations on self-care) to all people with catheter-associated UTI. 1.1.3 Consider removing or, if this cannot be done, changing the catheter as soon as possible in people with a catheter-associated UTI if it has been in place for more than 7 days. Do not allow catheter removal or change to delay antibiotic treatment. 1.1.4 Obtain a urine sample before antibiotics are taken. Take the sample from the catheter, via a sampling port if provided, and use an aseptic technique (in line with the NICE guideline on healthcare-associated infections). If the catheter has been changed, obtain the sample from the new catheter. If the catheter has been removed, obtain a midstream specimen of urine. 1.1.5 Send the urine sample for culture and susceptibility testing, noting a suspected catheter-associated infection and any antibiotic prescribed. 1.1.6 Offer an antibiotic (see the recommendations on choice of antibiotic) to people with catheter-associated UTI. Take account of: the severity of symptoms the risk of developing complications, which is higher in people with known or suspected structural or functional abnormality of the genitourinary tract, or immunosuppression previous urine culture and susceptibility results previous antibiotic use, which may have led to resistant bacteria. 1.1.7 When urine culture and susceptibility results are available: review the choice of antibiotic and change the antibiotic according to susceptibility results if the bacteria are resistant, using narrow-spectrum antibiotics wherever possible. 1.1.9 Reassess people with catheter-associated UTI if symptoms worsen at any time, or do not start to improve within 48 hours of taking the antibiotic, taking account of: other possible diagnoses any symptoms or signs suggesting a more serious illness or condition, such as sepsis previous antibiotic use, which may have led to resistant bacteria. 1.1.10 Refer people with catheter-associated UTI to hospital if they have any symptoms or signs suggesting a more serious illness or condition (for example, sepsis). 1.1.11 Consider referring or seeking specialist advice for people with catheter-associated UTI if they: are significantly dehydrated or unable to take oral fluids and medicines or are pregnant or have a higher risk of developing complications (for example, people with known or suspected structural or functional abnormality of the genitourinary tract, or underlying disease [such as diabetes or immunosuppression]) or have recurrent catheter-associated UTIs or have bacteria that are resistant to oral antibiotics. See the evidence and committee discussion on antibiotics for managing catheter-associated UTI. Catheterisation should be used only after considering alternative methods of management. The person's clinical need for catheterisation should be reviewed regularly and the urinary catheter removed as soon as possible. The need for catheterisation, as well as details about insertion, changes and care should be documented. Healthcare workers must decontaminate their hands and wear a new pair of clean, non-sterile gloves before manipulating a person's catheter, and must decontaminate their hands after removing gloves. The meatus should be cleaned before the catheter is inserted, in accordance with local guidelines or policy (for example, with sterile normal saline). An appropriate lubricant from a single-use container should be used during catheter insertion to minimise urethral trauma and infection. Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve. Healthcare workers should ensure that the connection between the catheter and the urinary drainage system is not broken, except for good clinical reasons (for example, changing the bag in line with the manufacturer's recommendations). Urinary drainage bags should be positioned below the level of the bladder, and should not be in contact with the floor. The urinary drainage bag should be emptied frequently enough to maintain urine flow and prevent reflux, and should be changed when clinically indicated. A separate and clean container should be used for each person. Contact between the urinary drainage tap and container should be avoided. Urine samples must be obtained from a sampling port using an aseptic technique. The meatus should be washed daily with soap and water as part of routine daily personal hygiene. 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