

# 5 Indwelling Urinary Catheters - What, When, How and Who?

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What do we do?  
When do we do?  
How do we do?  
Who does?



## Introduction & objectives

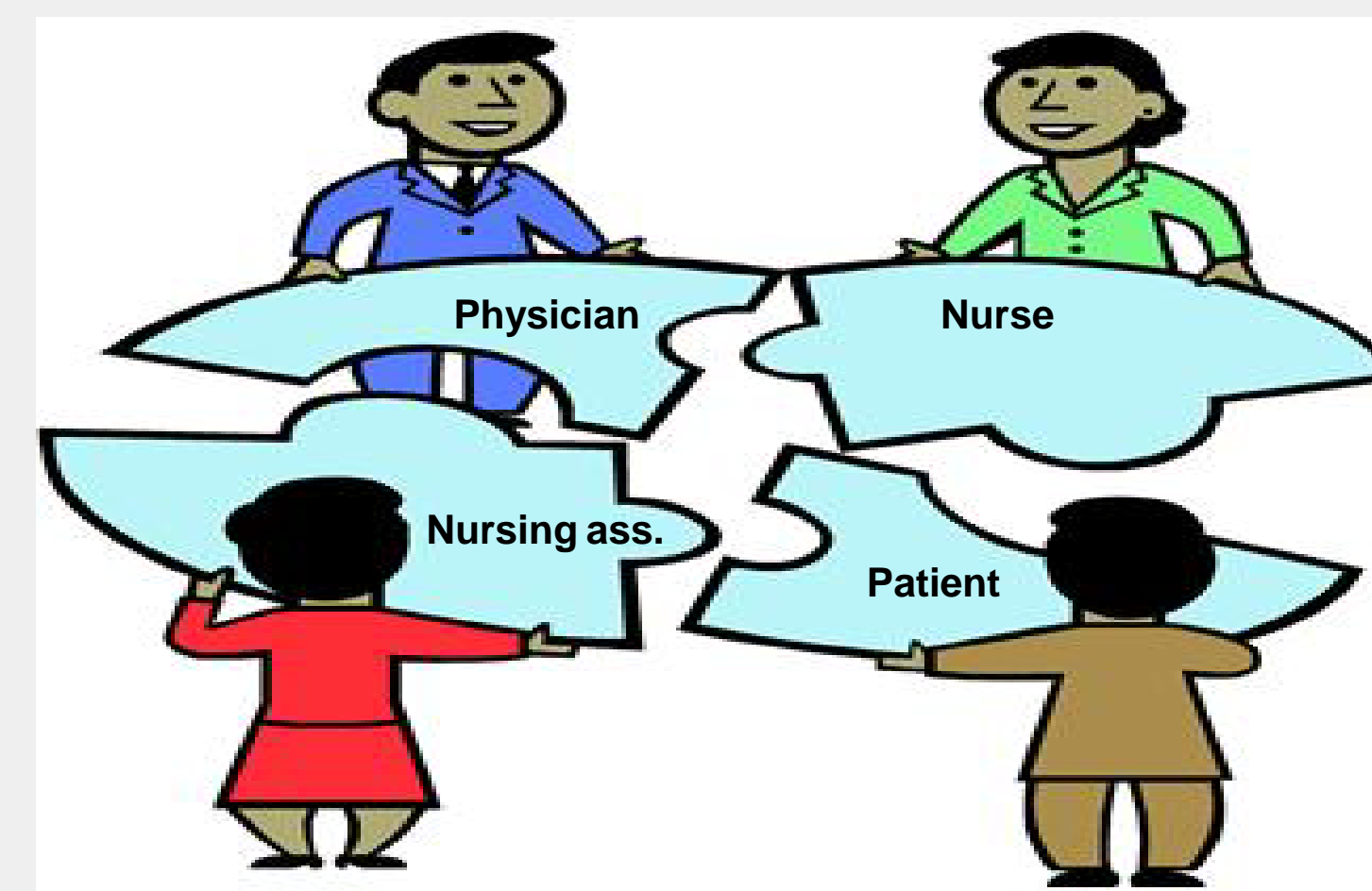
How urinary catheters are used is a key question related to reduction of healthcare associated urinary tract infection. Indwelling catheter is known as the most common reason to this infection, one consequence is increasing resistance to antibiotics.

Karolinska University Hospital buys more than 27 000 urinary catheters for indwelling use a year fragmented on many units.

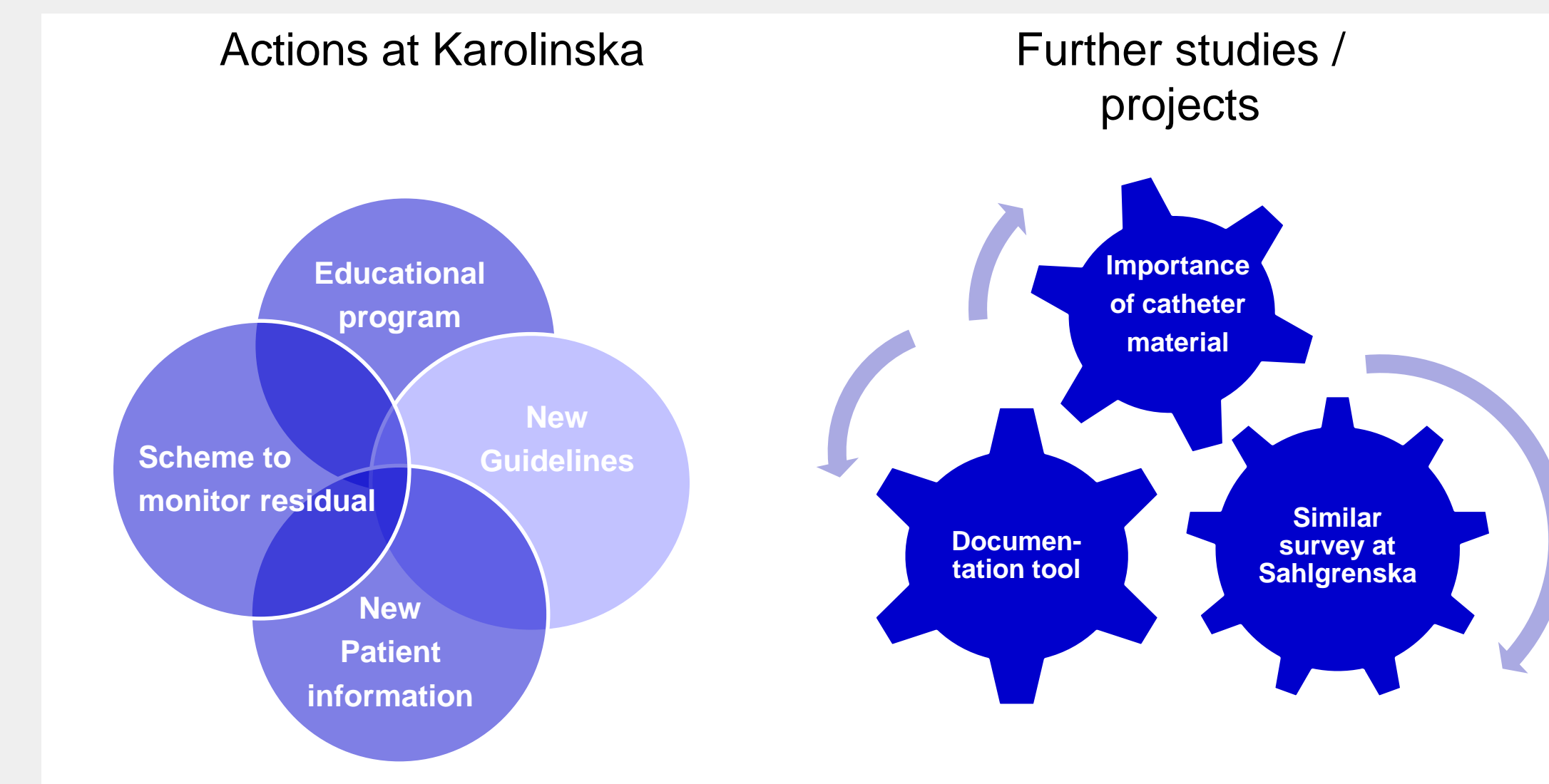
In order to get a basis for guidelines we made a survey to explore routines and state of the knowledge of treatment with indwelling urinary catheter. We also wanted a basis for further analytic studies.

## Results

A majority (86%) considered physicians or local guidelines *responsible for initiating indwelling urinary catheter*. Asked about *who inserts the catheter* 58% of the physicians thought it to be nurses while 80% of nursing assistants answered their own category. *Catheter material* used was unknown for 84% of physicians, 64% of nurses and 35% of nursing assistants. Nurses, midwives and nursing assistants agreed on choice of size while 55% of physicians didn't know. Concerning *documentation* of catheter treatment 62% in total considered nurses to be responsible, 26% of the physicians didn't know. Some (15%) did not know who was *responsible for termination of treatment* or on what criteria.

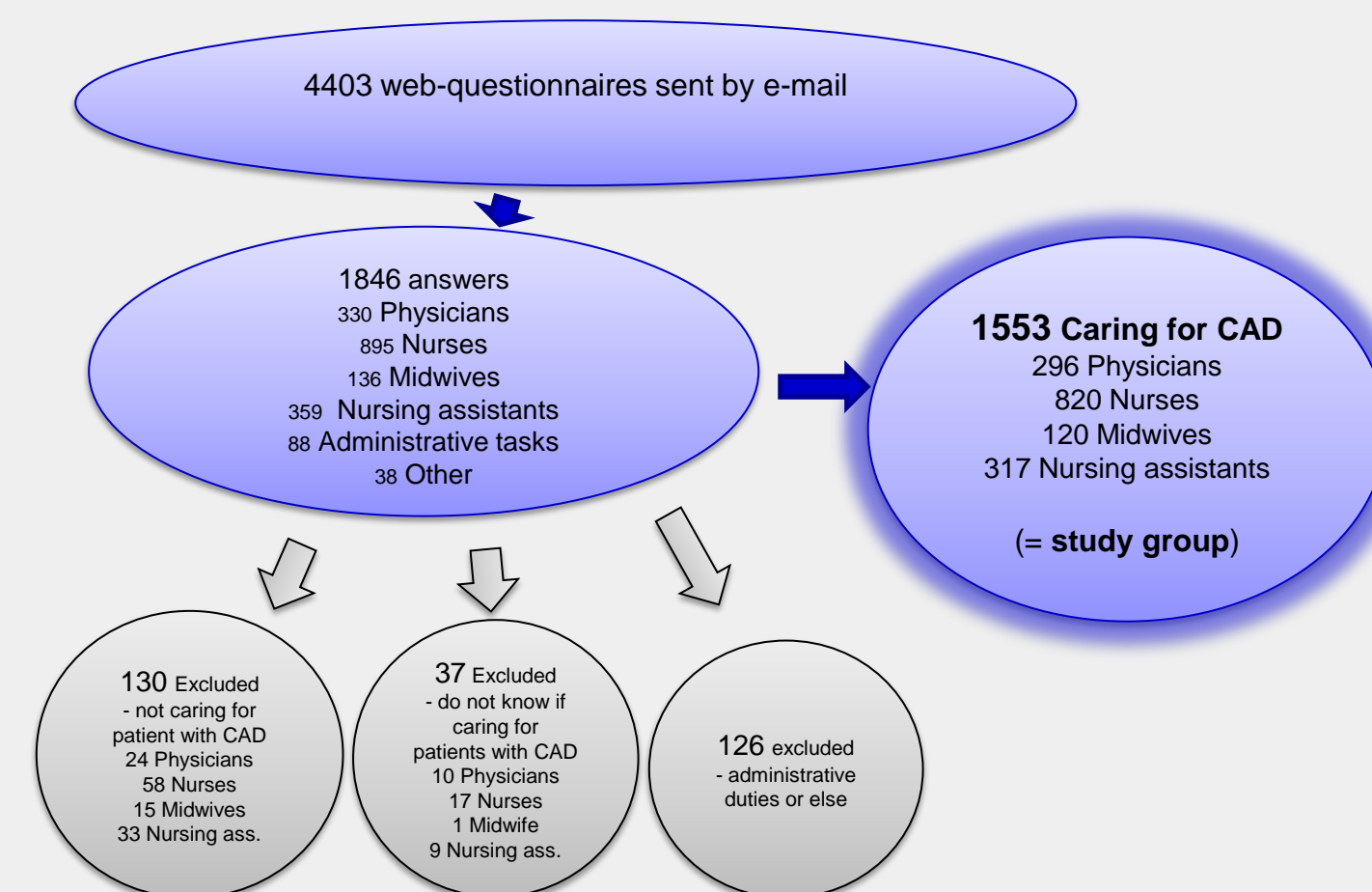


Indwelling urinary catheter, a jigsaw puzzle to put together



## Material & methods

A web-questionnaire was constructed, tested, and sent to health care personal of all categories at Karolinska University Hospital. Questions concerned indications, handling routines, documentation and follow-up. Answers were anonymous, three reminders were sent.



## Conclusions

In the study we notice an unclear division of responsibilities. Documentation is hard to overlook, the patients way through different units and diverse record systems are factors involved. We also see various handling routines and knowledge of materials.

There is a need for further studies on factors influencing catheter associated urinary tract infections such as routines and materials. That requires a system where indwelling urinary catheters can be traced through the treatment time, seen and followed by all categories of health care professionals involved.

