



IPC Bulletin for GP Practice Staff Issue No. 58 - February 2025



Produced by an NHS Community Infection Prevention and Control Team based in North Yorkshire for distribution to subscribers.

Understanding the risks of urinary catheters

Catheter associated facts and risks:

- A urinary catheter will become colonised by bacteria (asymptomatic bacteriuria) within 48 hours
- For every day that a urinary catheter remains in situ, the risk of a catheter associated urinary tract infection (CAUTI) increases by approximately 5%
- Urinary tract infections account for around 1 in 5 of all healthcare associated infection (HCAI), with almost 50% associated with urinary catheters

For some patients, having either a short-term or long-term urinary catheter is essential. However, all catheters pose a continual and increasing risk of urine infection which can lead to life threatening complications, such as bacteraemia. Every patient should have a plan in place to review the need for their catheter.

Catheter passport

- A patient held booklet containing information relating to their urinary catheter to improve the continuity of patient care and provide advice.
- It should include whether a 'trial without catheter' (TWOC) has been attempted or where/when one is planned, if appropriate.

Catheter Passport A guide to looking after a urinary catheter (for some one and the didner workers) 4th Edition

Recommendations

- The need for a catheter should be assessed regularly against the HOUDINI indictors.
- The last date the catheter was reviewed should be clearly documented.
- Do not dipstick urine from catheterised patients as dipsticks are unreliable in diagnosing CAUTI.
- Catheterised patients with asymptomatic bacteriuria do not require antibiotics.
- If a CAUTI is suspected, obtain a urine sample from the catheter port using an aseptic technique.
- Encourage patients to keep hydrated.

HOUDINI indicators—a guide for reviewing if a urinary catheter is necessary.

- H Haematuria
- Obstruction
- U Urological/major/prolonged surgery
- D Decubitus ulcer (open sacral or perineal sores in an incontinent person)
- I- Input/output monitoring (critical)
- N Not for resuscitation and end of life
- I Immobility due to physical restraints

A selection of resources for staff on urinary catheter care can be downloaded for free:

www.infectionpreventioncontrol.co.uk/resources/?filter_keyword=&filter_audience%5B%5D=gp-practices&filter_topic%5B%5D=utis_

What's new—click on the links below:

- IPC training event for General Practice: 9th June 2025
- SICPs Assurance: Annual IPC Audit Tool for General Practice
- Stop the spread of infection for General Practice Poster
- National Standards of Health Cleanliness 2021 Frequency of Cleaning Audits for General Practice: Quick reference guide

Visit our website to find lots of IPC resources, many of which are free to download.

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