



DEDER GENERAL HOSPITAL

Standard Operating Procedure (SOP) for Prevention of Catheter-Associated Urinary Tract Infections (CAUTIs)

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Prepared By: Ibrahim Tahir (BSc)-IPC focal Person

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Deder, Oromia

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1. Purpose

To prevent the occurrence of catheter-associated urinary tract infections (CAUTIs) in patients requiring urinary catheterization through evidence-based practices.

2. Scope

This SOP applies to all healthcare providers involved in the insertion, maintenance, and removal of urinary catheters in healthcare settings.

3. Responsibilities

- **Nurses:** Insert and maintain catheters aseptically, monitor for signs of infection, document care.
- **Physicians:** Evaluate and justify the need for catheterization.
- **Infection Control Team:** Monitor CAUTI rates, provide training and audits.
- **All Clinical Staff:** Follow this SOP and report any deviations or complications.

4. Definitions

- **CAUTI:** A urinary tract infection in a patient with an indwelling urinary catheter for >2 calendar days.
- **Indwelling Catheter:** A catheter left in place to drain urine continuously.

5. Indications for Catheter Use

Only insert a urinary catheter when medically necessary:

- Acute urinary retention or obstruction
- Accurate measurement of urinary output in critically ill patients
- Perioperative use in selected surgeries
- To assist in healing of open sacral/perineal wounds in incontinent patients
- Prolonged immobilization (e.g., unstable spine)
- End-of-life care

Avoid use for: Convenience or incontinence without a medical indication

6. Procedure

6.1 Insertion

- Perform hand hygiene before and after the procedure
- Use sterile equipment and maintain an aseptic technique
- Use sterile gloves, drape, and lubricant

- Clean urethral area with antiseptic (e.g., chlorhexidine or povidone-iodine)
- Secure catheter properly

6.2 Maintenance

- Ensure tubing is not kinked; keep collection bag below bladder level
- Do not disconnect catheter unnecessarily
- Empty bag regularly using a clean technique
- Perform daily meatal hygiene with soap and water
- Hand hygiene before and after handling catheter

6.3 Monitoring

- Document insertion date/time
- Daily assess for catheter necessity
- Monitor for signs of infection
- Record urinary output as needed

6.4 Removal

- Remove when no longer needed
- Document and inform patient

7. Education and Training

All staff must receive training on catheter insertion, maintenance, and removal. Regular refresher sessions and audits will be conducted.

8. Surveillance

Monitor CAUTI incidence monthly. Review cases and report trends to the infection control committee.

9. References

1. CDC CAUTI Guidelines
2. WHO IPC Guidelines
3. SHEA/IDSA Practice Recommendations

10. Appendices

- Appendix A: CAUTI Checklist
- Appendix B: Daily Assessment Tool for Catheter Necessity
- Appendix C: Competency Assessment Form