

References

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Foley Catheter Holders in Practice

Strategies for Reducing the Risk of UTI



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Catheters and UTI

Indwelling urethral (Foley) catheter use is associated with urethral trauma, bladder spasm and urinary tract infection. Managing patients who require catheterization poses multiple medical and nursing care problems, including the prevention of complications that can increase patient morbidity and mortality.

While hospitals and medical centers are increasingly adopting protocols that seek to reduce catheter use, they remain an important and frequently used treatment option, particularly in acute care settings and nursing homes. Data show that approximately 25% of patients cared for in acute care hospitals will have an indwelling catheter during some portion of their hospital stay,¹ and 7% of nursing home residents are managed by long-term indwelling catheterization.²

Minimizing the Risk

A secure holding device such as **Dale Hold-n-Place™ Foley Catheter Holders** can help minimize the potential for infection, bladder spasm and trauma caused by meatal irritation. Properly used, these holders provide secure fixation for an indwelling catheter, reducing damage to sensitive tissue.

“As long as a catheter is in place, there is a risk of UTI,” says Barbara DeBaun, RN, MSN, CIC, improvement advisor for the Bay Area Patient Safety Collaborative. *“Devices that secure the catheter in place should be considered to minimize movement of the catheter, reduce irritation and the risk of infection.”*

With new Centers for Medicare and Medicaid Services guidelines that eliminate reimbursement for hospital-acquired urinary tract infections, hospitals and medical centers are paying closer attention than ever before to strategies for minimizing the risk of UTI—including the consistent use of Foley catheter holders.

“Infection control professionals have been attuned to the risk of catheter-associated UTI for years,” DeBaun says. *“But the new CMS guidelines are now getting the attention of the people who pay the bills.”*

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Choosing the Right Holder

Once a decision is made to use a Foley catheter holder, there are a number of factors to consider when determining what type of holder is most suitable. These factors include long- or short-term catheterization, traction needs, vascular conditions, and bariatric status.

“In general, I prefer a leg band for long-term or ambulatory patients,” says Mikel Gray, RN, PhD, professor and nurse practitioner in the Department of Urology and School of Nursing, University of Virginia. *“But I would not use a leg band in patients with severe lower extremity vascular disease or obesity.”*

An adhesive holder may be more convenient for short-term patients, Gray says. In addition, he notes that a leg band may be inappropriate if it interferes with a surgical dressing, belly bag or other medical device. In those cases, an adhesive holder applied to the abdomen may serve the patient’s need. However, adhesive may be contraindicated with a pressure ulcer or other skin condition.

Finally, if traction is needed, a leg band may be the best option.

“It really is a question of what is most pragmatic for any given patient,” Gray says. *“There are many issues that come into play.”*

Either choice, he notes, will have the same patient benefit. *“A catheter holder can provide safety and comfort while avoiding urethral erosion,”* he says.