



## **AST Recommended Standards of Practice for Urinary Catheterization**

### **Introduction**

The following Recommended Standards of Practice were researched and authored by the AST Education and Professional Standards Committee and have been approved by the AST Board of Directors. They are effective April 13, 2008.

AST developed the Recommended Standards of Practice to support health care facilities in the reinforcement of best practices related to performing urinary catheterization in the perioperative setting. The purpose of the recommended standards is to provide an outline that health care workers (HCWs) in the perioperative setting can use to develop and implement policies and procedures for urinary catheterization. The Recommended Standards is presented with the understanding that it is the responsibility of the health care facility to develop, approve, and establish policies and procedures for performing urinary catheterization according to established health care facility protocols.

### **Rationale**

The following are Recommended Standards of Practice related to properly performing urinary catheterization in the perioperative setting. The urinary tract is one of the most common sites for nosocomial infections, in particular for women; approximately 11 million women annually report having had a urinary tract infection (UTI),<sup>5</sup> and research indicates that one out of five women at some point in their lives will acquire a UTI.<sup>7</sup> The majority of the infections are linked to urinary catheterization.<sup>8</sup> Studies indicate that women undergoing total vaginal hysterectomy, who were catheterized, including short-term catheterization, experienced longer hospital stays, which add to cost and morbidity.<sup>4</sup> The risk factors associated with acquiring a UTI include method of catheterization, length of time the patient is catheterized, and the patient's susceptibility to infections. Patient factors for acquiring UTIs include age, existing disease conditions and how advanced is the disease, and physical condition of the patient, such as obesity or malnutrition.

Several pathogens have been identified as the cause of UTIs, but the infections that are of particular epidemiological significance are those caused by microbes acquired from an exogenous source, including *Serratia marcescens* and *Pseudomonas cepacia*.<sup>6</sup> Therefore, to decrease the patient risk of a patient acquiring a UTI, and for the maintenance of metabolic homeostasis, the principles of aseptic technique, including emphasis on hand washing must be strictly followed when handling and inserting a urinary catheter. All members of the surgical team should be involved in the process of developing and implementing health care facility policies and procedures for urinary catheterization.

### **Standard of Practice I**

**Only HCWs, who have been properly trained in aseptic technique and urinary catheterization, should handle and insert, and maintain and remove urinary catheters.**

1. O.R. personnel should know precise anatomy to prevent catheter insertion error and patient injury.
2. O.R. personnel should understand and practice the correct aseptic technique for catheter insertion and care, including emphasis on hand washing.<sup>1,8</sup>
3. O.R. personnel should understand and practice the correct aseptic technique for obtaining a urine sample/specimen.
4. O.R. personnel should complete periodic in-service training to review the correct techniques and potential complications of urinary catheterization.
5. O.R. personnel should complete in-service training, when catheter supplies and/or manufacturer of the urinary catheter are changed.

## **Standard of Practice II**

**Only HCWs, who have been properly trained in the use of accessory catheter devices, should handle and insert, and maintain and remove urinary catheters.**

1. Accessory devices, such as stylet, guide wire, or filiforms can cause patient injury.<sup>1</sup> O.R. personnel should understand and practice the correct techniques for using these catheter devices.
2. O.R. personnel should complete periodic in-service training and be evaluated in the use of these devices to confirm competency.

### **Competency Statements**

<b>Competency Statements</b>	<b>Measurable Criteria</b>
1. Certified Surgical Technologists (CSTs) and Certified First Assistants (CFAs) are highly knowledgeable of the genitourinary	1. Educational standards as established by the <i>Core Curriculum for Surgical Assisting</i> and the <i>Core Curriculum for Surgical</i>

<p>anatomy.</p> <p>2. The CST and CFA have the knowledge and proper skills to implement the principles of aseptic technique.</p> <p>3. The CST and CFA are knowledgeable of the risks and infection-control concerns associated with urinary catheterization in the perioperative environment.</p> <p>4. CSTs and CFAs are qualified to perform urinary catheterization to include use of the accessories and collection of a urine specimen in the perioperative environment.</p>	<p><i>Technology.</i><sup>2,3</sup></p> <p>2. The subject of urinary catheterization and infection control practices is included in the didactic studies as a surgical technology and surgical assistant student.</p> <p>3. Students demonstrate knowledge of urinary catheterization in the lab/mock O.R. setting.</p> <p>4. Health care facilities whose protocols and policies allow, students demonstrate knowledge of urinary catheterization during clinical rotation.</p> <p>5. As practitioners, and health care facilities whose protocols and policies allow, CSTs and CFAs perform urinary catheterization in the perioperative setting following the principles of aseptic technique including hand washing skills.</p> <p>7. CSTs and CFAs complete continuing education to remain current in their knowledge and skills for urinary catheterization including annual review of the policies of the health care facility.</p>
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**References**

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