

Catheter associated UTI (caUTI) is the most common complication for patients using ISC; nonetheless it can be over-diagnosed and over-treated.

Cloudy or offensive urine alone **does not** merit treatment or investigation for UTI.

**Do not** use urinalysis (dipstick testing) to diagnose UTI in patients carrying out ISC as symptomatic UTI cannot be differentiated from asymptomatic bacteriuria on the basis of dipstick urinalysis.

Fever without any localising signs is a common occurrence in catheterised patients and UTI accounts for about a third of these episodes. In catheterised patients who present with fever look for associated localising or systemic features including flank pain, and exclude other potential sources of infection.

Other symptoms suggestive of UTI associated with ISC include suprapubic pain and tenderness.

#### If symptoms suggestive of UTI are present

- Obtain MSSU/CSU for culture and sensitivity
- Consider an increase in frequency of ISC
- Commence antibiotic treatment in line with formulary for catheterised UTI (7 days)
  - Co-trimoxazole 960mg bd (1<sup>st</sup> line)
  - Co-amoxiclav 625mg tds (2<sup>nd</sup> line)
  - Adjust according to sensitivities

#### If urinary symptoms are not suggestive of UTI

- Consider general assessment and advice from GP / nurse (see **key points** below)
- Advise patient to contact urology specialist nurse team (01382 660111 ext 35138)
- Consider formal referral to urology nurse team

#### KEY POINTS In **all** cases of suspected UTI **or** urinary symptoms with no UTI

- Ensure good technique: insert catheter fully into bladder and slowly remove to allow drainage of any residual urine. If this is difficult for the patient discuss with the urology nurse team (01382 660111 ext 35138)
- Avoid residuals of > 500ml (usually maximum 4 hourly intervals between catheterisation)
- Educate patient on hand hygiene
- Encourage oral intake of fluids to maintain output of >1200ml daily
- Assess bowel function to manage and prevent constipation
- Consider if ISC remains the best option for the patient?

Antibiotic prophylaxis does not significantly decrease symptomatic infections and increases the risk of antimicrobial resistance. It is therefore **not recommended** to reduce the frequency of UTI in patients carrying out ISC.

Similarly there is no evidence to support the use of cranberry products or methenamine to reduce catheter associated urinary tract infections.

[Diagnosis, Prevention and Treatment of Catheter-Associated Urinary Tract Infection in Adults: 2009 International Clinical Practice Guidelines from the Infections Diseases of America.](#)

[Scottish Intercollegiate Guidelines Network 160](#)