

## 1-29-24 Weekly Clinical Update

Let's start with some good news for Kansas facilities...skilled, LTC, AL, Residential Healthcare, Home Plus: near the beginning of the pandemic, Kansas, at the urging of the Advocates, created a visitation assessment that was to be completed for each resident related to visitation preferences. That document had remained in effect as far as we knew. Upon request from KHCA staff, Lacey Hunter confirmed that those visitation preference assessments are no longer necessary.

The AHCA LTC National Infection Prevention Forum has recently had a lot of discussion related to UTIs associated with indwelling urinary catheters and CAUTI (Catheter-Associated Urinary Tract Infections). CDC provides guidance to facilities for appropriate use and care of indwelling catheters. Included are some CMS and CDC guidelines...please take note of the last bullet on the last page that is bolded and highlighted and visit with your Medical Director related to this recommendation.

But first, CMS provides regulatory guidance for use of indwelling urinary catheters. It would be good to remind everyone that deficiencies around the use of catheters often are cross-tagged between F690 and F880 Infection Prevention and Control. **"A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary..."**

The guidance goes on to describe what should be included in the Admission Assessment for continence status and includes:

"A resident should be assessed at admission regarding continence status and whenever there is a change in urinary tract function, such as if a resident is admitted who is continent of urine, and subsequently becomes incontinent. The identification of reversible and irreversible (e.g., bladder tumors, spinal cord disease) causes of incontinence, including the type of incontinence, provides direction for the development of appropriate interventions. It is important that staff, when completing the comprehensive assessment, consider the following:

- Prior history of bladder functioning, including status of continence, history of urinary incontinence, including onset, duration and characteristics, precipitants of urinary incontinence, associated symptoms (e.g., dysuria, polyuria, hesitancy) and previous treatment and/or management, including the response to the interventions and the occurrence of persistent or recurrent UTI;
  - Voiding patterns (such as frequency, volume, nighttime or daytime, quality of stream) and, for those already experiencing urinary incontinence, voiding patterns over several days;
  - Medication review, particularly those that might affect continence, such as medications with anticholinergic properties (may cause urinary retention and possible overflow incontinence), sedative/hypnotics (may cause sedation leading to functional incontinence), diuretics (may cause urgency, frequency, overflow incontinence), narcotics, alpha-adrenergic

agonists (may cause urinary retention in men) or antagonists (may cause stress incontinence in women) calcium channel blockers (may cause urinary retention);

- Patterns of fluid intake, such as amounts, time of day, alterations and potential complications, such as decreased or increased urine output;
- Use Pelvic and rectal examination to identify physical features that may directly affect urinary continence, such as prolapsed uterus or bladder, prostate enlargement, significant constipation or fecal impaction, use of a urinary catheter, atrophic vaginitis, distended bladder, or bladder spasms;
- Functional and cognitive capabilities that could enhance urinary continence and limitations that could adversely affect continence, such as impaired cognitive function or dementia, impaired immobility, decreased manual dexterity, the need for task segmentation, decreased upper and lower extremity muscle strength, decreased vision, pain with movement;
- Type and frequency of physical assistance necessary to assist the resident to access the toilet, commode, urinal, etc. and the types of prompting needed to encourage urination;
- Pertinent diagnoses such as congestive heart failure, stroke, diabetes mellitus, obesity, and neurological disorders (e.g., Multiple Sclerosis, Parkinson's Disease or tumors) that could affect the urinary tract or its function);
- Identification of and/or potential of developing complications such as skin irritation or breakdown;
- Tests or studies indicated to identify the type(s) of urinary incontinence (e.g., post-void residual(s) for residents who have, or are at risk of, urinary retention, results of any urine culture if the resident has clinically significant systemic or urinary symptoms), or evaluations assessing the resident's readiness for bladder rehabilitation programs; and
- Environmental factors and assistive devices that may restrict or facilitate a resident's ability to access the toilet (e.g., grab bars, raised or low toilet seats, inadequate lighting, distance to toilet or bedside commodes, and availability of urinals, use of bed rails or restraints, or fear of falling).

Additionally, the regulatory guidance addresses "appropriate indication for indwelling urethral catheter use includes:

- Resident has acute urinary retention or bladder outlet obstruction;
- Need for accurate measurements of urinary output;
- To assist in healing of open sacral or perineal wounds in incontinent residents;
- Resident requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures);and
- To improve comfort for end of life care, if needed.

Back to CDC recommendations...recommendations include:

- Insert catheters only for appropriate indications, and leave in place only as long as needed.

- Minimize urinary catheter use and duration of use in all patients, particularly those at higher risk for CAUTI or mortality from catheterization such as women, the elderly, and patients with impaired immunity.
- Avoid use of urinary catheters in patients and nursing home residents for management of incontinence.
- Further research is needed on periodic (e.g., nighttime) use of external catheters (e.g., condom catheters) in incontinent patients or residents and the use of catheters to prevent skin breakdown.

CDC makes the following Recommendations:

- Consider using external catheters as an alternative to indwelling urethral catheters in cooperative male patients without urinary retention or bladder outlet obstruction.
- Consider alternatives to chronic indwelling catheters, such as intermittent catheterization, in spinal cord injury patients.
- Intermittent catheterization is preferable to indwelling urethral or suprapubic catheters in patients with bladder emptying dysfunction.
- Further research is needed on the risks and benefits of suprapubic catheters as an alternative to indwelling urethral catheters in selected patients requiring short- or long-term catheterization, particularly with respect to complications related to catheter insertion or the catheter site.
- **Changing indwelling catheters or drainage bags at routine, fixed intervals is not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised.**