

Elderly women at higher risk for unnecessary urinary catheterization, study reports

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Elderly women are at high risk for inappropriate urinary catheter utilization in emergency departments, according to a new study in the November issue of the *American Journal of Infection Control*, the official publication of the Association for Professionals in Infection Control and Epidemiology (APIC).

The study was conducted at St John Hospital and Medical Center, a 769-bed tertiary care teaching hospital in Detroit, Mich. The authors examined 532 instances in which urinary catheters were placed in emergency room patients over a 12-week study period. After reviewing whether the catheter's placement conformed to established guidelines, the authors determined that half of the female patients 80 years or older who were subjected to urinary tract catheterization did not meet institutional guidelines. Women were 1.9 times more likely than men, and the very elderly (greater than 80 years) were 2.9 times more likely than those 50 years and younger, to have a urinary catheter inappropriately placed.

"We found that it was twice as likely for women to have a non-indicated UC [urinary catheter] placement compared to men," the authors conclude. "Our results confirm what has been reported in previous studies, and underscore the significant risk of the very elderly (80 years or older) for inappropriate UC utilization."

The study's findings point to an area of concern among healthcare professionals tackling preventable hospital infections. Urinary tract

catheterization is a major risk factor for developing [urinary tract infections](#). The researchers note that at present, urinary tract infections account for more than one-third of all hospital-acquired infections. If urinary catheters are inappropriately placed at high rate in very [elderly women](#), this vulnerable group of patients is at increased risk for developing an infection, according to the investigators.

"The inappropriate UC [urinary catheter] utilization has been a ubiquitous problem in the hospital setting," say the study's authors. "This translates to additional preventable or avoidable urinary tract infections and other complications related to UCs."

The federal government's Centers for Medicare & Medicaid Services considers catheter-associated urinary tract infections to be reasonably preventable through application of evidence-based best practices and as such no longer reimburses for these hospital-acquired infections. The authors noted that the majority of U.S. hospitals do not have formal systems to monitor urinary catheter utilization.

"Because more than half of hospital admissions come through the ED [emergency department], it is important that the ED be seen as the focus for efforts to reduce unnecessary UC utilization," say the authors.

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