What the experts say
Meatal cleansing for the foley catheterized patient

Standards for proper meatal cleansing are not well-defined, which can lead to process variation. In addition to being inconsistent, traditional incontinence cleanup methods increase the risk of cross contamination from basins – a proven CAUTI risk factor – and waterborne hospital-acquired infections.

Recommendations & guidelines

Joint Commission National Patient Safety Goals 2018¹

• The Joint Commission’s National Patient Safety Goal NPSG.07.01.01 requires HCWs to comply with either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) hand hygiene guidelines.

Healthcare Infection Control Practices Advisory Committee (HICPAC) 2009²

• “Perform hand hygiene immediately before and after insertion or any manipulation of the catheter device or site.”
• “Do not clean the periurethral area with antiseptics to prevent CAUTI while the catheter is in place. Routine hygiene (e.g., cleansing of the meatal surface during daily bathing) is appropriate.”

Association for Professionals in Infection Control and Epidemiology (APIC) Implementation Guide 2014³

• “Provide routine hygiene for meatal care.”

Society for Healthcare Epidemiology of America (SHEA) 2014⁴

• “Employ routine hygiene; cleaning the meatal area with antiseptic solutions is unnecessary.”

Agency for Healthcare Research and Quality (AHRQ) 2015⁵

• The CDC recommends routine perineal hygiene using soap and water during daily bathing.

Wound Ostomy and Continence Nurses Society (WOCN)⁶

• “Routine perineal care is recommended.”

American Nurses Association (ANA) 2014⁷

• “Perform perineal hygiene at a minimum, daily per facility protocol/procedure and PRN.”

References: