

Catheter-Associated UTI

General points

- **Asymptomatic bacteriuria** or catheter colonisation is common in those with indwelling catheters and is by itself not an indication for antimicrobial therapy.
- Do not carry out routine urine culture in catheterised patients with no clinical features of infection.
- Pyuria is a common finding in catheterized patients with bacteriuria, whether they are symptomatic (i.e. have UTI) or not. Do not use pyuria as sole indicator for catheter-associated UTI.
- Do not use the presence of malodorous or cloudy urine alone to diagnose catheter-associated UTI.
- Take a urine culture prior to initiating antimicrobial therapy in patients where the catheter has been recently removed and infection is clinically suspected.

Antibiotics (Empiric therapy)

If clinical features of systemic infection or pyelonephritis: see [Acute Complicated UTI including pyelonephritis](#) section.

Remove indwelling catheter if possible.

If long term catheterization is required, replace urinary catheter at the start of antimicrobial treatment to prevent early relapse of infection.