

Comments, Suggested Revisions, and Proposed Actions
Guideline for Prevention of Catheter-associated Urinary Tract Infections 2008

Note: The page numbers refer to the .pdf version of the guideline that appeared on the HICPAC website.

Location in Document	Comment or Suggestion	Commenter (number)	Proposed Action or Discussion
General Impressions			
	APIC acknowledges the tremendous effort that HICPAC has put forth on the refinement of the guideline process.	APIC	
	APIC commends HICPAC for including numerous “no recommendations/unresolved issue” items in the document. It is important to note when products and interventions are not proven to be effective, and having this included in the CAUTI Guidelines will help clinicians identify and implement those interventions which are evidence-based and critically evaluate those that require further research.	APIC	
	We applaud the CDC and its Healthcare Infection Control Practices Advisory Committee for developing a thorough, evidence-based set of guidelines on a critical issue. The recommendations for implementation, performance measurement, metrics, and surveillance are particularly useful.	American Urological Association (AUA)	
	The AUA has been participating with the IDSA in developing International Clinical Practice Guidelines for the Diagnosis, Prevention, and Treatment of Catheter-associated Urinary Tract Infection in Adults. The IDSA guidelines are still in draft, but we note that there are differences between the IDSA draft and CDC draft. It would be optimal for the two sets of guidelines to speak with one voice to minimize confusion among clinicians and patients [specific comments addressed below].	AUA	
	The guideline is thorough and methodologically sound. We appreciate the great detail provided on the methodology surrounding the development of key questions, and the systematic search and review of evidence for both study quality and results. The use of the GRADE system and the assessment of individual study quality are strengths of this guideline, and the included evidence tables and associated information are both thorough and necessary. The modifications made to the GRADE system (to produce the HICPAC categorization scheme) are similar to the approach used in other guidelines.	Healthcare System	
	Document too long	IP (3)	Main document (66 pages) separated from Appendices.
	Questions regarding the evidence review process and categorization scheme	Healthcare system, Consultant, Industry	Please refer to updated Modified GRADE Categorization Scheme (Table 1) and Methods revisions. HICPAC: Vote
	Can recommendations be stratified for specific subpopulations (i.e., short-term vs. long-term vs. peri-operative)?	Consultant	Where data permitted, interventions were stratified by short vs. long-term catheterization (Evidence Table 2A, different approaches to catheterization and Table 2C, antibiotic prophylaxis and urinary antiseptics). In Evidence Table IB, risk factors for

			CAUTI are evaluated by patient population (constrained by available literature to the following groups: spinal cord injury/neurogenic bladder patients, ICU patients, patients undergoing TURP, nursing home residents, hospitalized patients undergoing various surgical procedures, general medical patients, and home care patients).
	Provide definitions of different types of catheterization	NP	Information added to Executive Summary and Background.
	Questions regarding authorship, disclosures, and review of guideline drafts	Consultant	Please refer to revisions in Methods section and Disclosures.
	Comments regarding application of new definition standards to previously conducted studies.	Industry, Consultant	Even with the old definitions, NHSN made a distinction between ASB and SUTI as two separate entities, and previous studies using CDC/NHSN definitions could have looked at SUTI specifically. Surveillance definitions are not necessarily interchangeable with clinical definitions.
Acknowledgement P.4	Questions regarding outside reviewers	Consultant IP	Please refer to revised Acknowledgements. Outside experts include a urologist, and AUA provided comments on the draft.
Executive Summary P.8	Copy edits	AHRQ Senior Medical Advisor	Changes made on p.8
Summary of Recommendations	Questions regarding references for specific recommendations	Consultant	See Evidence Summaries and Evidence/Grade Tables linked to evidence-based recommendations by key question.
Summary of Recommendations P.9, I.A.	Reconsider categorization of Recommendation 1.A.	Healthcare system, APIC	Category amended per grading scheme HICPAC: vote
Summary of Recommendations P.9-10	Reconsider categorization of Recommendations 1.A.1, 1.A.2.	Consultant	Unchanged according to grading scheme. Wording of 1.A.1 revised.
Summary of Recommendations P.10	Reconsider wording of 1.A.2 for consistency with draft IDSA recommendation	AUA	Wording of 1.A.2. modified HICPAC: vote
Summary of Recommendations P.10, I.A.4.	Add clarification to appropriate indications for continued postoperative catheter use.	APIC, IP	Please refer to revisions in Table 2 and Recommendations for Further Research. HICPAC: vote
Table 2 P.11	Consider adding guidance regarding appropriate use in the obstetrical patient.	Healthcare System, APIC	Please refer to revisions in Table 2. Obstetrical patient population not

			directly addressed in this guideline. HICPAC: vote
Table 2 P.11	Additional changes/considerations for Table 2	IP, NP	Please refer to revisions in Table 2.
Summary of Recommendations P.11	Reconsider categorization of Recommendation 1.B.1	Consultant	Category amended per grading scheme with associated changes to Evidence Summary Q2A.1 and Grade Table 2A. HICPAC: vote
Summary of Recommendations P.11	Consider keeping the terminology consistent in this section (intermittent catheterization vs. clean intermittent catheterization).	Healthcare System, APIC	Substituted general term “intermittent catheterization” for “clean intermittent catheterization” when setting is not specified.
Summary of Recommendations P.11	Comments regarding clean vs. sterile requirements in acute and non-acute care settings	IP (2) NP AUA	Added wording to I.B.5 and I.B.6 to clarify clean vs. sterile recommendations. Sterile technique in the acute care setting is a category II (weak) recommendation HICPAC: vote
Summary of Recommendations P.11	Address education of patients with impaired mobility and function on intermittent catheterization	IP	We suggest that partner organizations address such strategies in more detail in implementation guides
Summary of Recommendations P.11	Address re-use of catheters for intermittent catheterization	Consultant	Please see recommendations for clean intermittent catheterization, which usually involves reuse of catheters. The optimal cleaning and storage methods for reusable catheters is an area recommended for further research.
Summary of Recommendations P.11	Reconsider recommendation on no need for catheter team for intermittent self-catheterization	NP	Given very low quality of evidence (see Q2D.6, p.44) and low relevance, recommendation was removed.
Summary of Recommendations P.11	Questions regarding ultrasound devices.	IP	Please see recommendations I.B.8 and I.B.8.a
Summary of Recommendations P.11	Question regarding suprapubic catheter use	NP	Please see recommendation I.B.10
Summary of Recommendations P.12, II.D	Suggestions regarding securement of urinary catheter	AHRQ Senior Medical Advisor	Securement technique not specified given lack of data and concerns regarding reflux of urine if secured to abdomen.
Summary of Recommendations P.12, II.E	Questions regarding catheter size	AUA, IP, NP	Updated language of II.E
Summary of Recommendations P.12, III.A	Reconsider categorization of recommendation regarding use of sterile closed drainage system.	Consultant, IP	Categorization unchanged per grading scheme.
Summary of	Suggestions for additions to III.B.2 and III.B.3 regarding maintaining	NP,	Wording added to III.B.2 and III.B.3.

Recommendations P.12-13	unobstructed urine flow	APIC, Healthcare System	
Summary of Recommendations P.13, III.C.	Recommend use of disposable gloves when manipulating catheter	NP	See recommendation III.C on use of Standard Precautions.
Summary of Recommendations P.13, III.E.	Questions regarding routine changes of catheters or drainage bags.	Healthcare System, APIC, AUA	Language of III.E amended. Category amended to II. HICPAC: vote
Summary of Recommendations P.13, III.F.	Questions regarding use of prophylactic antimicrobials in peri-operative patients	Consultant, AUA, APIC, Healthcare System	Heterogeneity within the peri-operative population (sex, type of surgery, antimicrobial, duration of catheterization, etc) did not permit a summary of evidence on the effect of antimicrobial prophylaxis in this population as a whole. Language of III.F amended HICPAC: vote
Summary of Recommendations P.13, III.G.	Questions regarding showering/bathing	NP, IP	Wording added to III.G
Summary of Recommendations P.14 and elsewhere	Reconsider “need not be” phrasing to convey a more directive recommendation	APIC, IP	Where applicable for Category II recommendations, language amended to “not suggested” or “is suggested.” HICPAC: vote
Summary of Recommendations P.14, III.M., III.M.1, III.N.	Reconsider wording/recommendations on impregnated catheters.	Consultant, Industry (2), IP (64), APIC	Please see revisions to recommendations III.M. and III.M.1 and recommendations for further research. HICPAC: vote
Implementation and Audit P.19	Comment about external reporting	AUA	Wording revised so as not to convey a recommendation.
Evidence Summary P.37	Comments regarding application of different criteria for assessing quality of evidence for silver-coated catheters.	Industry, Consultant	All evidence summaries were reviewed to ensure appropriate assessment of evidence quality depending on outcomes measured.
Appendices Evidence Table 2B P.130	Comments about specific references regarding silver-coated catheters in Grade Table 2B	Industry, Consultant	References #142 (silver-releasing device), #164 (fine silver powder and silver-plated connector with open drainage system), and #141 (letter to editor) removed from Grade Table 2B and Evidence summary Q2.B.1.a. However, these changes did not affect the overall evidence quality assessment.
Evidence Review P.37-38	Comments regarding classifications of antimicrobial/antiseptic catheters	Industry	Please see changes in Evidence Review Q2B, Evidence Table 2B, and

			Grade Table 2B
	Questions regarding latex vs. non-latex catheters and latex allergies	IP (2) NP	Please see recommendations for further research, p.19
Summary of Recommendations P.15	Comments regarding spatial separation of patients with catheters	APIC, Healthcare system, Industry, IP (2)	Category II recommendation III.W. removed and III.V. (No recommendation) left in. HICPAC: vote
P.16-17	Questions regarding metrics	Healthcare system	Please see amendments to wording
P.18	Questions regarding outcome measures	Beverly Gray	Surveillance for CAUTI is a category II recommendation. Outcome measures are provided as a guide.
Background P.23	Copy edits	AHRQ Senior Medical Advisor	Wording revised
Background	Comments on background	Consultant	Please see revisions.
Background	Comments about NHSN definitions	Consultant, IP (3)	Please refer to NHSN. NHSN definitions removed from Appendices since there have been additional changes since this draft. Reader is referred to new NHSN website.
Methods P. 26-31	Comments regarding methodology	Consultant	Please see additions in text
Methods P.28	Comments regarding grading of evidence	Consultant	Please see methods section. Although study type determines the initial grade, the grade is then modified according to 8 criteria.
P.30	Comments regarding Category 1 implications for policymakers	APIC	Language modified HICPAC: vote
Appendices P.17	Comment regarding reference #39 and concerns that papers are in highly specialized populations	Consultant	Data reviewed and determined to have been abstracted correctly in table 1.A.1. Evidence in the CAUTI literature is limited to these studies. Attempted to direct recommendations toward specific populations when possible.
References P.49	Comments regarding dates of references cited	Healthcare system	Please see methods section regarding inclusion/exclusion criteria for studies