

---

## Nursing

### Nine Things Nurses and Patients Should Question

by

Canadian Nurses Association

Last updated: October 2019



**1 Don't insert an indwelling urinary catheter or leave it in place without daily assessment.**

The use of indwelling urinary catheters among hospital patients is common. Yet it can also lead to preventable harms such as urinary tract infection, sepsis and delirium. Guidelines support routine assessment of appropriate urinary catheter indications—including acute urinary obstruction, critical illness and end-of-life care—and minimizing their duration of use. Strategies consistent with CAUTI (catheter-associated urinary tract infection) guidelines regarding inappropriate urinary catheter use have been shown to reduce health care-associated infections.

**2 Don't advise routine self-monitoring of blood glucose between appointments for clients with type 2 diabetes who are not taking insulin or other medications that could increase risk for hypoglycemia.**

Many studies show that, once target control is achieved, routine self-monitoring of blood glucose (SMBG) does little to control blood sugar for most adults with type 2 diabetes who don't use insulin or other medications that could increase risk for hypoglycemia. It should be noted that SMBG may be indicated during acute illness, medication change or pregnancy; when a history or risk of hypoglycemia exists (e.g., if using a sulfonylurea), and when individuals need monitoring to maintain targets — considerations that should be part of assessment and client education.

**3 Don't add extra layers of bedding (sheets, pads) beneath patients on therapeutic surfaces.**

Additional layers of bedding can limit the pressure-dispersing capacities of therapeutic surfaces (such as therapeutic mattresses or cushions). As a result, extra sheets and pads can contribute to skin breakdown and impede the healing of existing pressure wounds.

**4 Don't use oxygen therapy to treat non-hypoxic dyspnea.**

Oxygen is frequently used to relieve shortness of breath. However, supplemental oxygen does not benefit patients who are short of breath but not hypoxic. Supplemental flow of air is as effective as oxygen for non-hypoxic dyspnea.

**5 Don't routinely use incontinence containment products (including briefs or pads) for older adults.**

Adult incontinence containment products are frequently used for continent patients (especially women) with low mobility. Yet the literature associates their use with multiple adverse outcomes including diminished self-esteem and perceived quality of life, and higher incidence rates of dermatitis, pressure wounds and urinary tract infections. Among older adults, nurses should conduct a thorough assessment to determine the risk of such outcomes before initiating or continuing the use of incontinence containment products. The development of a continence care plan should be a shared decision-making process that includes the known wishes of clients regarding care needs and the perspectives of carers and the health care team.

**6 Don't recommend tube feeding for clients with advanced dementia without ensuring a shared decision-making process that includes the known wishes of clients regarding future care needs and the perspectives of carers and the health care team.**

Tube feeding for older adults with advanced dementia offers no benefit over careful feeding assistance related to the outcomes of aspiration pneumonia and the extension of life. While food is the preferred form of obtaining nutrition, oral supplements may be beneficial if this intervention meets the person's known goals of care. Tube feeding may contribute to client discomfort and result in agitation, the use of physical and/or chemical restraint and worsening pressure wounds.

**7 Don't recommend antipsychotic medicines as the first choice to treat symptoms of dementia.**

People with dementia frequently exhibit responsive behaviors, which are often misinterpreted as aggression, resistance to care and challenging or disruptive behaviours. In such instances antipsychotic medicines are regularly prescribed. The benefit of these drugs is limited, however, and they can also cause serious harm including premature death. Their use should be limited to cases where non-pharmacologic measures have failed and where patients pose an imminent threat to themselves or others. Identifying and addressing the causes of behaviour change can render drug treatment unnecessary. If a nurse caring for a patient feels that medication is not the appropriate intervention, the nurse has a responsibility to discuss these concerns with the prescriber.

**8 Don't recommend antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.**

Signs and symptoms suggestive of urinary tract infection (UTI) are increased frequency, urgency, pain or burning on urination, supra-pubic pain, flank pain and fever. Dark, cloudy and/or foul-smelling urine may not be suggestive of UTI but rather of inadequate fluid intake. Cohort studies have found no adverse outcomes associated with asymptomatic bacteriuria for older adults. Not only does antimicrobial treatment for such bacteriuria in older adults show no benefits, it increases adverse antimicrobial effects. Consensus criteria have been developed for the specific clinical symptoms that (when associated with bacteriuria) define UTI. Exceptions to these criteria include recommended screening for and treatment of asymptomatic bacteriuria before urologic procedures where mucosal bleeding is anticipated. If a nurse caring for a patient feels that medication is not the appropriate intervention, the nurse has a responsibility to discuss these concerns with the prescribers.

**9 Don't routinely recommend antidepressants as a first-line treatment for mild depressive symptoms in adults.**

Antidepressant response rates are higher for moderate or severe adult depression. For mild depressive symptoms a complete assessment, ongoing support and monitoring, psychosocial interventions and lifestyle modifications should be the first lines of treatment. This approach can avoid the side-effects of medication and establish etiological factors important to future assessment and management. Antidepressants are appropriate in cases of persistent mild depression where a past history of more severe depression exists or where other interventions have failed. If a nurse caring for a patient feels that medication is not the appropriate intervention, the nurse has a responsibility to discuss these concerns with the prescriber.

## How the list was created

The Canadian Nurses Association (CNA) established its Choosing Wisely Canada nursing list by convening a 12-member nursing working group (NWG) of diverse nurse experts from across Canada representing a broad range of geographical regions, practice settings and experience. The NWG began considering its potential list by reviewing existing recommendations, including items from Choosing Wisely Canada's specialty societies and the American Academy of Nursing (AAN) Choosing Wisely® list, which had already undergone rigorous evidence reviews. In addition, members brought forward recommendations on new evidence-based items. The NWG appraised 195 items for relevance to nursing using a structured process developed for this work. Each of these (171 Choosing Wisely Canada physician-related items, 15 AAN Choosing Wisely items and nine independently submitted items) was appraised by two independent reviewers. Using a modified Delphi process for the next two rounds of revision, the group then refined and adapted 36 items until reaching consensus on a final nine-item list. A literature review was conducted to confirm the evidence for these items, and supporting nursing research was added where appropriate. Subsequently, the final list underwent extensive consultation, in which further input was obtained from nursing experts in patient safety, various members of the Canadian Network of Nursing Specialties, CNA, its jurisdictional members and patient advocates. In November 2016, the Choosing Wisely Canada nursing list was presented to CNA's board of directors, who gave it their full endorsement and support.

## Sources

- 1** Association for Professionals in Infection Control and Epidemiology. [APIC implementation guide: guide to preventing catheter-associated urinary tract infections](#) [Internet]. 2014 Apr [cited 2016 Oct 14].  
Choosing Wisely Canada. [Canadian Society of Hospital Medicine: Five things physicians and patients should question](#) [Internet]. 2017 Jun [cited 2016 Oct 21].  
Colli J, et al. National trends in hospitalization from indwelling urinary catheter complications, 2001-2010. *Int Urol Nephrol*. 2014 Feb;46(2):303-8. [PMID: 23934618](#).  
Jain P, et al. Overuse of the indwelling urinary tract catheter in hospitalized medical patients. *Arch Intern Med*. 1995 Jul 10;155(13):1425-9. [PMID: 7794092](#).  
Krein SL, et al. Barriers to reducing urinary catheter use: a qualitative assessment of a statewide initiative. *JAMA Intern Med*. 2013 May 27;173(10):881-6. [PMID: 23529627](#).  
Landrigan CP, et al. Temporal trends in rates of patient harm resulting from medical care. *N Engl J Med*. 2010 Nov 25;363(22):2124-34. [PMID: 21105794](#).  
Lo E, et al. Strategies to prevent catheter-associated urinary tract infections in acute care hospitals: 2014 update. *Infect Control Hosp Epidemiol*. 2014 Sep;35 Suppl 2:S32-47. [PMID: 25376068](#).  
Miller BL, et al. A multimodal intervention to reduce urinary catheter use and associated infection at a Veterans Affairs Medical Center. *Infect Control Hosp Epidemiol*. 2013 Jun;34(6):631-3. [PMID: 23651896](#).  
National Institute for Health and Care Excellence. [Delirium: prevention, diagnosis and management](#). [Internet]. 2019 Mar [cited 2019 Aug 26].  
Ramanathan R, et al. Urinary tract infections in surgical patients. *Surg Clin North Am*. 2014 Dec;94(6):1351-68. [PMID: 25440128](#).
- 2** Cameron C, et al. Cost-effectiveness of self-monitoring of blood glucose in patients with type 2 diabetes mellitus managed without insulin. *CMAJ*. 2010 Jan 12;182(1):28-34. [PMID: 20026626](#).  
Canadian Agency for Drugs and Technologies in Health. [Optimal therapy recommendations for the prescribing and use of blood glucose test strips](#). *CADTH Technol Overv*. 2010;1(2):e0109. [PMID: 22977401](#).  
Canadian Diabetes Association. [Self-monitoring of blood glucose \(SMBG\) recommendation tool for healthcare providers](#) [Internet]. 2013 [cited 2016 Oct 21]. 2018 [cited 2019 Aug 26].  
Choosing Wisely Canada. [Canadian Society for Endocrinology and Metabolism: Five things physicians and patients should question](#) [Internet]. 2017 Jun [cited 2017 Feb 2].  
Choosing Wisely Canada. [College of Family Physicians of Canada: Eleven things physicians and patients should question](#) [Internet]. 2019 Jul [cited 2016 Oct 21].  
Gomes T, et al. Blood glucose test strips: options to reduce usage. *CMAJ*. 2010 Jan 12;182(1):35-8. [PMID: 20026624](#).  
Mandala et al. [Self-monitoring of blood glucose in patients with type 2 diabetes mellitus who are not using insulin](#). *Cochrane Database of Systematic Reviews* 2012, Issue 1. [cited 2019 Aug 26].  
O'Kane MJ, et al. Efficacy of self monitoring of blood glucose in patients with newly diagnosed type 2 diabetes (ESMON study): randomised controlled trial. *BMJ*. 2008 May 24;336(7654):1174-7. [PMID: 18420662](#).
- 3** Institute for Healthcare Improvement. [How-to guide: prevent pressure ulcers](#). Cambridge, MA: IHI; 2011.  
Keast DH, et al. Best practice recommendations for the prevention and treatment of pressure ulcers: update 2006. *Adv Skin Wound Care*. 2007 Aug;20(18):447-60. [PMID: 17762312](#).  
Norton et al. [Chapter 3: Best Practice Recommendation for the Prevention and management of pressure injuries](#). 2018 Jan 24 [cited 27 Aug 2019].  
Registered Nurses' Association of Ontario. [Assessment and management of pressure injuries for the interprofessional team](#). 3rd ed. [Internet]. 2016 [cited 2016 Oct 18].  
Williamson R, et al. The effect of multiple layers of linens on surface interface pressure: results of a laboratory study. *Ostomy Wound Manage*. 2013 Jun;59(6):38-48. [PMID: 23749661](#).
- 4** Abernethy AP, et al. Effect of palliative oxygen versus (room) air in relieving breathlessness in patients with refractory dyspnea: a double-blind, randomized controlled trial. *Lancet*. 2010 Sep 4;376(9743):784-793. [PMID: 20816546](#).  
Booth S, et al. Does oxygen help dyspnea in patients with cancer? *Am J Respir Crit Care Med*. 1996 May;153(5):1515-8. [PMID: 8630595](#).  
Bruera E, et al. A randomized controlled trial of supplemental oxygen versus air in cancer patients with dyspnea. *Palliat Med*. 2003 Dec;17(8):659-63. [PMID: 14694916](#).  
Choosing Wisely Canada. [Canadian Society of Palliative Care Physicians: Five things physicians and patients should question](#) [Internet]. 2017 Jun [cited 2016 Oct 21].  
Marciniuk DD, et al. Managing dyspnea in patients with advanced chronic obstructive pulmonary disease: A Canadian Thoracic Society clinical practice guideline. *Can Respir J*. 2011 Mar-Apr;18(2):69-78. [PMID: 21499589](#).  
Ontario Health Technology Assessment Service COPD Collaborative. [Chronic obstructive pulmonary disease \(COPD\) evidentiary framework](#) [Internet]. 2012 Mar 1 [cited 2016 Oct 18].  
Philip J, et al. A randomized, double-blind, crossover trial of the effect of oxygen on dyspnea in patients with advanced cancer. *J Pain Symptom Manage*. 2006 Dec;32(6):541-50. [PMID: 17157756](#).  
Uronis HE, et al. Oxygen for relief of dyspnoea in mildly- or non-hypoxaemic patients with cancer: a systematic review and meta-analysis. *Br J Cancer*. 2008 Jan 29;98(2):294-9. [PMID: 18182991](#).

- 5 Agnew R, et al. Promoting urinary continence with older people: a selective literature review. *Int J Older People Nurs.* 2009 Mar;4(1):58-62. [PMID: 20925803](#).  
Cave CE. Evidence-based continence care: an integrative review. *Rehabil Nurs.* 2016 Aug 11. [PMID: 27510945](#).  
Coffey A, et al. Incontinence: assessment, diagnosis, and management in two rehabilitation units for older people. *Worldviews Evid Based Nurs.* 2007 Dec;4(4):179-86. [PMID: 18076461](#).  
National Institute for Health and Care Excellence. [Urinary incontinence and pelvic organ prolapse in women: Management](#) [Internet]. 2019 Apr [cited 29 Aug 2019].  
Netsch D. Continence Care Literature Review 2012. *J Wound Ostomy Continence Nurs.* 2013 Nov-Dec;40(Suppl.): S21-9.  
Zisberg, A. Incontinence brief use in acute hospitalized patients with no prior incontinence. *J Wound Ostomy Continence Nurs.* 2011 Sep-Oct;38(5):559-64. [PMID: 21873910](#).  
Zisberg A, et al. In-hospital use of continence aids and new-onset urinary incontinence in adults aged 70 and older. *J Am Geriatr Soc.* 2011 Jun;59(6):1099-104. [PMID: 21649620](#).
- 6 Allen VJ, et al. Use of nutritional complete supplements in older adults with dementia: systematic review and meta-analysis of clinical outcomes. *Clin Nutr.* 2013 Dec;32(6):950-7. [PMID: 23591150](#).  
American Geriatrics Society Ethics Committee and Clinical Practice and Models of Care Committee. American Geriatrics Society feeding tubes in advanced dementia position statement. *J Am Geriatr Soc.* 2014 Aug;62(8):1590-3. [PMID: 25039796](#).  
Choosing Wisely Canada. [Canadian Geriatrics Society: Five things physicians and patients should question](#) [Internet]. 2017 Jun [cited 2016 Oct 21].  
Finucane TE, et al. Tube feeding in patients with advanced dementia: a review of the evidence. *JAMA.* 1999 Oct 13;282(14):1365-70. [PMID: 10527184](#).  
Gabriel SE, et al. Getting the methods right: the foundation of patient-centered outcomes research. *N Engl J Med.* 2012 Aug 30;367(9):787-90. [PMID: 22830434](#).  
Hanson LC. Tube feeding versus assisted oral feeding for persons with dementia: using evidence to support decision-making. *Ann Longterm Care.* 2013 Jan;21(1):36-39.  
Hanson LC, et al. Improving decision-making for feeding options in advanced dementia: a randomized, controlled trial. *J Am Geriatr Soc.* 2011 Nov;59(11):2009-16. [PMID: 22091750](#).  
Palecek EJ, et al. Comfort feeding only: a proposal to bring clarity to decision-making regarding difficulty with eating for persons with advanced dementia. *J Am Geriatr Soc.* 2010 Mar;58(3):580-4. [PMID: 20398123](#).  
Teno JM, et al. Decision-making and outcomes of feeding tube insertion: a five-state study. *J Am Geriatr Soc.* 2011 May;59(5):881-6. [PMID: 21539524](#).
- 7 Alberta Health Services. [Appropriate use of antipsychotics \(AUA\) toolkit](#) [Internet]. 2013 [cited 2016 Oct 19].  
Brodady H, et al. Meta-analysis of nonpharmacological interventions for neuropsychiatric symptoms of dementia. *Am J Psychiatry.* 2012 Sep;169(9):946-53. [PMID: 22952073](#).  
Choosing Wisely Canada. [Canadian Geriatrics Society: Five things physicians and patients should question](#) [Internet]. 2017 Jun [cited 2016 Oct 21].  
Gill SS, et al. Antipsychotic drug use and mortality in older adults with dementia. *Ann Intern Med.* 2007 Jun 5;146(11):775-86. [PMID: 17548409](#).  
Gill SS, et al. Atypical antipsychotic drugs and risk of ischaemic stroke: population based retrospective cohort study. *BMJ.* 2005 Feb 26;330(7489):445. [PMID: 15668211](#).  
Joller P, et al. Approach to inappropriate sexual behaviour in people with dementia. *Can Fam Physician.* 2013 Mar;59(3):255-60. [PMID: 23486794](#).  
Lee PE, et al. Atypical antipsychotic drugs in the treatment of behavioural and psychological symptoms of dementia: systematic review. *BMJ.* 2004 Jul 10;329(7457):75. [PMID: 15194601](#).  
Registered Nurses' Association of Ontario. [Delirium, dementia, and depression in older adults: assessment and care](#) [Internet]. 2016 Jul [cited 2016 Oct 19].  
Rochon PA, et al. Antipsychotic therapy and short-term serious events in older adults with dementia. *Arch Intern Med.* 2008 May 26;168(10):1090-6. [PMID: 18504337](#).  
Schneider LS, et al. Efficacy and adverse effects of atypical antipsychotics for dementia: meta-analysis of randomized, placebo-controlled trials. *Am J Geriatr Psychiatry.* 2006 Mar;14(3):191-210. [PMID: 16505124](#).  
Seitz DP, et al. Efficacy and feasibility of nonpharmacological interventions for neuropsychiatric symptoms of dementia in long term care: a systematic review. *J Am Med Dir Assoc.* 2012 Jul;13(6):503-6.e2. [PMID: 22342481](#).
- 8 Abrutyn E, et al. Does asymptomatic bacteriuria predict mortality and does antimicrobial treatment reduce mortality in elderly ambulatory women? *Ann Intern Med.* 1994 May 15;120(10):827-33. [PMID: 7818631](#).  
Blondel-Hill et al. [AMMI Canada position statement on asymptomatic bacteriuria](#). 2018 Mar 12 [cited 2019 Aug 27].  
Centers for Disease Control and Prevention. [National Healthcare Safety Network \(NHSN\) Patient Safety Component Manual: Chapter 17: CDC/NHSN surveillance definitions for specific types of infections](#) [Internet]. 2019 Jan [cited 2019 Aug 27].  
Choosing Wisely Canada. [Canadian Geriatrics Society: Five things physicians and patients should question](#) [Internet]. 2017 Jun [cited 2016 Oct 21].  
Juthani-Mehta M. Asymptomatic bacteriuria and urinary tract infection in older adults. *Clin Geriatr Med.* 2007 Aug;23(3):585-94. [PMID: 17631235](#).  
Mum's Health. [Anti-infective guidelines for community-acquired infections](#). 13th ed. [Internet]. 2013 [cited 2016 Oct 18].  
Nicolle LE, et al. [Infectious Diseases Society of America guidelines on Asymptomatic Bacteriuria](#). *Clin Infect Dis.* 2019 Mar 21; 68(10): e83-e110.  
Rowe TA, et al. Diagnosis and management of urinary tract infection in older adults. *Infect Dis Clin North Am.* 2014 Mar;28(1):75-89. [PMID: 24484576](#).  
Toward Optimized Practice (TOP) Working Group for Urinary Tract Infections in Long Term Care Facilities. [Diagnosis and management of urinary tract infections in long term care facilities](#) [Internet]. 2015 Jan [cited 2016 Nov 25].
- 9 Barbui C, et al. Efficacy of antidepressants and benzodiazepines in minor depression: systematic review and meta-analysis. *Br J Psychiatry.* 2011 Jan;198(1):11-6. [PMID: 21200071](#).  
Choosing Wisely Canada. [Canadian Academy of Child and Adolescent Psychiatry, Canadian Academy of Geriatric Psychiatry, Canadian Psychiatric Association: Thirteen things physicians and patients should question](#) [Internet]. 2017 Jun [cited 2016 Oct 21].  
Cuijpers P, et al. Are psychosocial and pharmacologic interventions equally effective in the treatment of adult depressive disorders? A meta-analysis of comparative studies. *J Clin Psychiatry.* 2008 Nov;69(11):1675-85. [PMID: 18945396](#).  
Esposito E, et al. Frequency and adequacy of depression treatment in a Canadian population sample. *Can J Psychiatry.* 2007 Dec;52(12):780-9. [PMID: 18186178](#).  
Fournier JC, et al. Antidepressant drug effects and depression severity: a patient-level meta-analysis. *JAMA.* 2010 Jan 6;303(1):47-53. [PMID: 20051569](#).  
Kirsch I, et al. Initial severity and antidepressant benefits: a meta-analysis of data submitted to the Food and Drug Administration. *PLoS Med.* 2008 Feb;5(2):e45. [PMID: 18303940](#).  
National Collaborating Centre for Mental Health. [Depression: the NICE guideline on the treatment and management of depression in adults](#). Updated ed.

---

### **About the Canadian Nurses Association**

CNA represents registered nurses from ten provincial and territorial nursing associations and colleges, independent registered nurse members from Ontario and Quebec and retired registered nurses from across the country. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.



---

### **About Choosing Wisely Canada**

Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

🌐 [ChoosingWiselyCanada.org](http://ChoosingWiselyCanada.org) | ✉ [info@ChoosingWiselyCanada.org](mailto:info@ChoosingWiselyCanada.org) | 🐦 [@ChooseWiselyCA](https://twitter.com/ChooseWiselyCA) | 📘 [/ChoosingWiselyCanada](https://www.facebook.com/ChoosingWiselyCanada)