Kessler
INSTITUTE FOR REHABILITATION
A Division of Select Medical

# Catheter Acquired Urinary Tract Infections (CAUTI)

## *Prevention and Reporting CDC Guidelines*

### Facts and Figures

**Costs associated with CAUTI approximately $6.65 billion dollars**

**Q. Is it preventable????**
**A. Absolutely**

**Q. How????**
**A. Follow the following simple steps**

### Objective:

- To establish standardized practices in the management of indwelling catheters for inpatients while maintaining an evidence based process that minimizes Catheter-Associated Urinary Tract Infections (CAUTI) in this patient population
- Minimize the risk of CAUTI by proper insertion and catheter management techniques

### Seven Criteria for Placing an Indwelling Catheter

1. Perioperative use for select surgical procedures
2. Urine output monitoring in critically ill patients
3. Acute urinary retention or obstruction*
4. Assistance in pressure ulcer healing*
5. Neurogenic Bladder*
6. To improve patient comfort during end-of-life care
7. Persons requiring prolonged immobilization

***(*Primary reasons for use at KIR)***

### Insertion

- Perform hand hygiene immediately before and after insertion
- Insert urinary catheters using aseptic technique and sterile equipment
- Use the smallest diameter catheter (For most patients a 16 French is appropriate)
- A generous amount of sterile lubricant should be used to minimize urethral trauma during catheter insertion
- Properly secure indwelling catheters after insertion to prevent movement and urethral traction

### Assessment and Maintenance of Indwelling Catheter

- If output drops below 300 cc in an 8 hour period, I & O will be monitored and the physician will be notified due to risk of dehydration or catheter blockage.
- The indwelling catheter system will be maintained as a closed, aseptic system. Daily irrigation of the catheter is not recommended.
- The catheter system should be changed only when it becomes obstructed and not on a routine basis.
- If visibly soiled, clean with soap and water
- Don't pull of the catheter and properly secure to leg- prevent injury and trauma
- Don't elevate the bag above the patient's bladder level- Prevent backflow of urine
- Empty leg bag prior to patient return to bed- do not put the patient in bed with full leg bag
- If patient will have a prolonged period in bed, empty leg bag hourly or consider conversion to overnight bag
- Notify RN if leakage noted

### Perineal Care

**Policy : PC 1040**

- Daily perineal hygiene will occur with emphasis on correct technique for meatal cleaning. Always cleanse women from front (meatal area) to back (anus) to avoid spreading bacteria from the rectum to the vagina and urethra.

### UA and C& S Collection

**Why timing matters?**

- Collect within 48 hours of admission to determine if patient came in with an infection.
- If collected >48 hours and infection present, it is considered "Kessler Acquired" and therefore reportable.

### Signs & Symptoms of UTI

- Fever > 100.4
- Urgency
- Suprapubic tenderness
- Frequency
- Back pain or tenderness
- Urine color cloudy and sediments present

**<u>When noting above, bring it to and RN /MD attention;</u>**
**<u>RN needs to record "Signs and Symptoms of a UTI" on the Daily Flow Sheet</u>**


**<u>Presented by: The Quality Council</u>**

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### Urine Collection Procedures- Midstream

- Wash hands;
- Apply protective gloves
- Provide genital hygiene
- Instruct the patient to commence voiding;
- During the middle of the void (as indicated by the patient) place the sterile specimen pot to collect the urine flow;
- Allow the patient to finish voiding;
- Wash hands and remove gloves
- Complete the documentation, label specimen cup with patient name, date and time of collection, deliver to the lab as per hospital policy/procedures.

### Urine Collection Procedures- Foley Catheter

- RN to collect by applying a new urine bag and collecting the specimen from a new sterile bag. Do Not Collect from an existing urine bag.
- Complete the documentation, label specimen cup with patient name, date and time of collection, deliver to the lab as per hospital policy/procedures.

### Urine Collection Procedures- Foley Catheter

- RN Indwelling catheter removal is recommended as soon as medically feasible. The Registered Nurse must speak with the physician directly if they observed a catheter in place for a patient who does not meet the seven criteria for catheterization

### Reference


- Centers for Disease Control and Prevention – Healthcare Infection Control Practices Advisory Committee
- Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009
- Available on the web at www.cdc.gov