UTI Toolkit – Module 2
How to Prevent
Catheter-Associated
Urinary Tract Infection
(CAUTI)
UTI Toolkit – Module 2

Narration by:
Linda McKinley, RN, BSN, MPH, CIC, FAPIC
Research Health Scientist
Wm. S. Middleton Memorial VA Hospital

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Appropriate Indications for Indwelling Catheter Use
Summary of CAUTI Guidelines

• Insert catheters for appropriate indications
• Leave catheters in place only as long as needed
• Ensure that properly trained personnel insert and maintain catheters
• Insert catheters using aseptic technique and sterile equipment
Summary of CAUTI Guidelines cont’d

• Maintain a closed system
• Maintain unobstructed urine flow
• Practice hand hygiene and standard precautions
• Do not screen for asymptomatic bacteriuria*
• Do not test urine in absence of localizing urinary signs/symptoms or warning signs*

* 3. “When To Test – Nursing Tool”
Prevent CAUTI

- Prevent Placement
- Proper Care
- Prevent Replacement
- Prompt Removal
Evaluating Indications

• Assure appropriate indication for insertion
• Routine assessment of indication for continued use
• Continence history – prior incontinence management
• Create a plan for a voiding trial if there are no contraindications
• Consider urology referral for bladder management strategies
Appropriate Indications

• Acute urinary retention
• Bladder outlet obstruction
• “The need for accurate measurements of urinary output with critically ill residents”
Appropriate Indications

- Assist healing of sacral or perineal wounds in residents with incontinence
- Unstageable pressure injuries or similar severe wounds that cannot be kept dry despite wound and other urinary management strategies

Appropriate Indications

- Prolonged immobilization (i.e. multiple traumatic injuries such as femur fracture or pelvic fracture, potentially unstable thoracic or lumbar spine)
- Palliative care when catheterization facilitates meeting the resident and resident representative goals for end of life comfort
Inappropriate Indwelling Catheter Use

- Convenience
- Family request (unless part of the comfort care plan for end of life)
- Resident refusal to get up and use the toilet
- Absent, incomplete or confusing physician order for placement

6. Expert opinion of members of the WI Healthcare–Associated Infections in LTC Coalition UTI Sub-committee
Inappropriate Indwelling Catheter Use

• As a substitute for nursing care of the resident with incontinence
• As a means of obtaining urine for culture or other diagnostic tests when the patient can voluntarily void
• For prolonged postoperative duration without appropriate indications (e.g., structural repair of urethra or contiguous structures, prolonged effect of epidural anesthesia, etc.)
Consider Resident Choice

• Assess resident and resident representative baseline understanding of catheter use
• Educate resident and resident representative on risks/benefits of and alternatives to indwelling catheter use
• As a team, plan for alternatives for catheter use if indications are not present

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Alternatives to Indwelling Catheter Use
Alternatives

- Urinal/bedpan/bedside commode
- Incontinence garments
- External catheters
- Post void monitoring (ultra sound bladder scanning)
- Prompted voiding
- Pain management
- Pharmacist medication review
Alternatives cont’d

• Intermittent catheterization
  o Preferable to indwelling urethral catheters or suprapubic catheters in residents with bladder emptying dysfunction, neurogenic bladder and spinal cord injury residents
  o Perform intermittent catheterization at regular intervals to prevent distension
  o Follow procedures for storing/drying catheters used for intermittent catheterization
Alternatives cont’d

• Suprapubic catheters
  o Advantages include: less risk of fecal contaminants, less risk of urethral trauma, less risk of epididymitis, prostatitis, and meatal erosion, more comfortable

  o Caveats include: surgical insertion morbidity, less experience in long term care environment, peri-catheter urine leak and skin erosion