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

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Indwelling Catheter Insertion and Maintenance
Indwelling Catheter Insertion

• Ensure only properly trained personnel insert or care for catheters
• Use hand hygiene before and after insertion or manipulation of catheter
• Use aseptic technique and sterile gloves
• Properly secure catheter to prevent urethral traction or catheter pull-out
Indwelling Catheter Insertion cont’d

• Use smallest bore catheter to assure good drainage and to minimize catheter caused urethral trauma

• Provide routine education/competencies for staff to become and stay competent with aseptic insertion technique

• Have written procedures available to help guide staff through the process

• Perform scheduled nursing staff audit and feedback
Indwelling Catheter Maintenance

• Assess daily for:
  o Continued need if short term stay/rehab
  o Patency
  o Proper catheter anchoring
  o Meatal drainage and excoriation
  o Signs and symptoms of CAUTI
  o Pressure injury
Indwelling Catheter Maintenance cont’d

• Keep the drainage tube and bag below the bladder and off the floor
• Ensure urine flow is not obstructed
• Maintain clean technique when emptying drainage bag using dedicated container for each resident when discarding urine
• Collection bags should be emptied at least once a shift, when resident leaves the unit, and as needed
Indwelling Catheter Maintenance cont’d

- Change catheters and bags based on clinical indications such as infections or obstructions, when closed system is compromised, or based on manufacturer’s recommendation
- Take care to keep the outlet valve from getting contaminated
- Avoid:
  - Routine irrigation with antibiotics or antiseptics
  - Antimicrobial or antibiotic impregnated catheters

5. HIPAC Guideline for Prevention of Catheter associated UTI Infections 2009
8. Incontinence in Long Term Care; 2012 Clinical Practice Guidelines; AMDA
Indwelling Catheter Maintenance cont’d

- Perform perineal hygiene using soap and water during daily bathing
- Use Standard Precautions performing proper hand hygiene before and after catheter manipulation
- Ensure clear policies and procedures for management of drainage bags, including leg bags
Leg Bag Use

• The closed system should not be broken
• Have facility leg bag use policies which include infection risk assessment
• Share decision making with resident and/or resident representative
• There is no compelling evidence to recommend discontinuing the use of leg bags

9. AHRQ Safety Program for Long-Term Care: HAIs/CAUTI; FAQ about the use and care for leg bags in the LTC setting
Leg Bag Use cont’d

• Aseptically maintain the leg bag
• Follow the manufacturer instructions for storing and cleaning reusable leg bags
• Discard single use bags after use
• Incorporate leg bag use into care plan
• Empty bag more frequently due to smaller bag capacity

9. AHRQ Safety Program for Long-Term Care: HAIs/CAUTI; FAQ about the use and care for leg bags in the LTC setting
Leg Bag Use cont’d

• Look at the big picture related to the resident’s quality of life

• Resident advantages:
  o Increase ease of ambulation
  o Dignity when going out of facility
  o Decrease fall risk if resident is ambulatory

9. AHRQ Safety Program for Long-Term Care: HAI/CAUTI; FAQ about the use and care for leg bags in the LTC setting
Urine Specimen Collection for Culture

• Resident with indwelling catheter for \( \leq 14 \) days
  
  o Obtain specimen by sampling through the catheter using sterile technique
    ▪ Do not collect urine from the bag
  
  o If port not present you may puncture the catheter tubing with a needle and syringe using sterile technique
    ▪ Do not collect urine from the bag

• Resident with indwelling catheter for \( > 14 \) days
  
  o Change catheter prior to collection (sterile technique) and collect as described above
    ▪ Do not collect urine from the bag
Other Potential CAUTI Prevention Issues

• Role of suprapubic catheter in reducing UTI is unclear

• Use of anti-infective catheters has insufficient data for a recommendation

• Cranberry tablets, methenamine salts, acetic acid bladder instillations have situational use

• Prophylactic systemic antibiotics should not be used

• Catheter irrigation or bladder instillation with antimicrobials should not be used or have limited use

• Antimicrobials in drainage bags should not be used

11. Hooten, et al