



# UTI Toolkit – Module 2

## How to Prevent Catheter-Associated Urinary Tract Infection (CAUTI)



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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



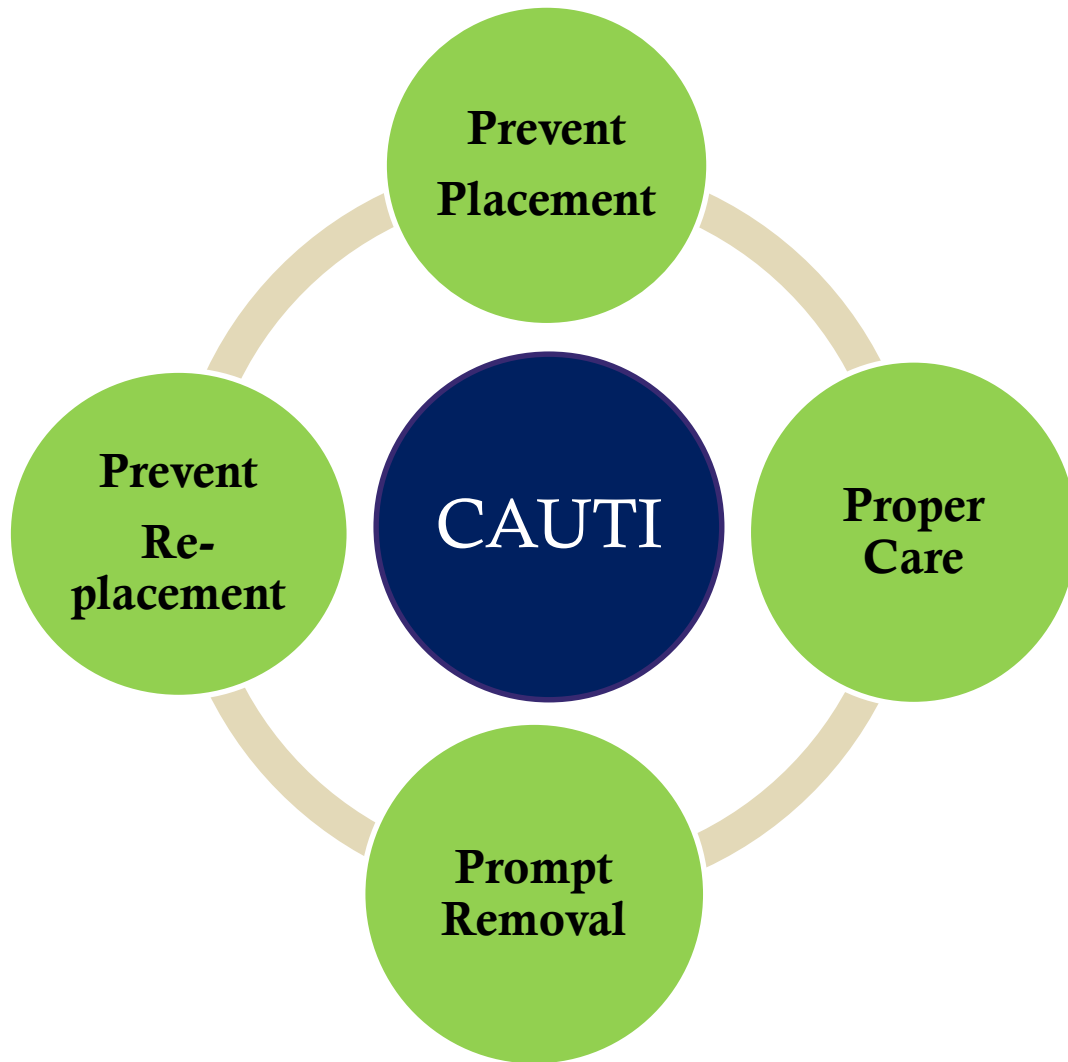
# Summary of CAUTI Guidelines cont'd

- 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





# 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



# 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



# 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
  - Preferable to indwelling urethral catheters or suprapubic catheters in residents with bladder emptying dysfunction, neurogenic bladder and spinal cord injury residents
  - Perform intermittent catheterization at regular intervals to prevent distension
  - Follow procedures for storing/drying catheters used for intermittent catheterization





# Alternatives cont'd

- Suprapubic catheters
  - Advantages include: less risk of fecal contaminants, less risk of urethral trauma, less risk of epididymitis, prostatitis, and meatal erosion, more comfortable
  - Caveats include: surgical insertion morbidity, less experience in long term care environment, peri-catheter urine leak and skin erosion