



UTI Toolkit – Module 2

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



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Narration by:

Linda McKinley, RN, BSN, MPH, CIC, FAPIC

Research Health Scientist

Wm. S. Middleton Memorial VA Hospital



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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:
 - Continued need if short term stay/rehab
 - Patency
 - Proper catheter anchoring
 - Meatal drainage and excoriation
 - Signs and symptoms of CAUTI
 - 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



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



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



Leg Bag Use cont'd

- Look at the big picture related to the resident's quality of life
- Resident advantages:
 - Increase ease of ambulation
 - Dignity when going out of facility
 - Decrease fall risk if resident is ambulatory



Urine Specimen Collection for Culture

- Resident with indwelling catheter for ≤ 14 days
 - Obtain specimen by sampling through the catheter using sterile technique
 - Do not collect urine from the bag
 - 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
 - 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