Catheter-Associated Urinary Tract Infection (CAUTI) Prevention Strategies

Component of SAFE HAI 2.0 Roadmap

CORE Prevention Strategies = Strategies that should always be in place.

ENHANCED Prevention Strategies = Strategies to be considered in addition to core strategies when:

a) There is evidence that the core strategies are being implemented and adhered to consistently.

b) There is evidence that CAUTI rates are not decreasing.

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Patient education			
1a) The patient has been educated about their urinary catheter, such as symptoms of a urinary tract infection, catheter care, and what the patient can do to help prevent an infection.	☐	☐	
1b) If the patient is to be discharged with an indwelling catheter in place, the patient has been educated on how to care for the catheter and symptoms of infection, using teach back method to ensure patient's understanding.	☐	☐	
Indications			
2a) The facility has a process in place to consider the use of alternatives to urinary catheter placement, including: • Use of condom catheters • Straight catheterization	☐	☐	
2b) The facility uses a portable ultrasound device to assess the patient's urine volume to reduce unnecessary catheter insertions prior to making a decision regarding catheter placement.	☐	☐	
The facility's indwelling catheter placement practices include the following indications for appropriate placement:			
3a) Management of acute urinary retention and urinary obstruction (consider use of bladder scanner to assess urinary retention).	☐	☐	
3b) Strict urine output monitoring in critically ill patients (consider alternatives other than indwelling catheters to measure urine output).	☐	☐	
3c) Perioperative use for selected surgical procedures such as: • GU surgery or other surgery on contiguous structures • of the GU tract • Anticipated prolonged duration of surgery (catheters • inserted for this reason should be removed in PACU) • Patients anticipated to receive large-volume infusions • or diuretics during surgery • Need for intraoperative monitoring of urinary output	☐	☐	
3d) Patients requiring prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such a pelvic fractures).	☐	☐	
3e) Incontinent patient requiring assistance in healing of open sacral or perineal wounds.	☐	☐	
3f) Improving comfort of care at end of life.	☐	☐	
The facility sets clear expectations that indwelling catheter placement is not appropriate for the following reasons:			
3g) Incontinence	☐	☐	
3h) Specimen collection	☐	☐	
3i) Diagnostic test when patient able to void	☐	☐	

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Insertion			
The facility's indwelling core prevention strategies for catheter insertion practices include the following:			
4a) Using as small of a catheter as possible to minimize bladder neck and urethral trauma.	☐	☐	
4b) Practicing hand hygiene immediately before insertion.	☐	☐	
4c) Practicing aseptic technique and use sterile equipment for insertion.	☐	☐	
4d) Securing indwelling catheters to prevent movement and urethral traction.	☐	☐	
4e) Have all elements needed for the procedure in one kit.	☐	☐	
4f) Consider adopting 2-person catheter insertions.	☐	☐	
The facilities indwelling enhanced insertion practices for catheter insertion practices include the following:			
4g) If the CAUTI rate is not decreasing after implementing a comprehensive strategy to reduce rates of CAUTI, a process is in place to evaluate and implement antimicrobial/antiseptic- impregnated catheters as appropriate.	☐	☐	
Maintenance			
The facility's catheter maintenance practices include the following:			
5a) Daily review of catheter necessity.	☐	☐	
5b) Practicing hand hygiene immediately before and after any manipulation of the catheter site or apparatus.	☐	☐	
5c) Maintaining a sterile continuously closed drainage system.	☐	☐	
5d) Maintaining unobstructed urine flow keeping the catheter and tubing free of kinking.	☐	☐	
5e) Keeping the collecting bag below the level of the bladder at all times.	☐	☐	
5f) Emptying the collecting bag regularly using a clean, collecting container for each patient; avoid splashing, and preventing contact of the drainage spigot with the non-sterile collecting container.	☐	☐	
5g) Securing indwelling catheters to prevent movement and urethral traction.	☐	☐	
5h) Disconnecting the catheter from the drainage tube only if the catheter must be irrigated.	☐	☐	
5i) Using aseptic technique if the collecting system needs replacement.	☐	☐	
5j) Obtaining a urine sample: • Through the sampling port with a sterile syringe using disinfectant to clean the port prior to obtaining the sample. • For larger samples using aseptic technique to remove sample from drainage bag.	☐	☐	
5k) Cleaning the meatal area using routine hygiene procedures.	☐	☐	
5l) Evaluate current policies and processes and for obtaining urine cultures.	☐	☐	
5m) Avoid the practices of : • screening culture on admission • standing orders for urine cultures • UA/UC for patients without clinical symptoms of UTI • pan culturing • reflex orders for urine cultures based on urinalysis results of asymptomatic patients • screening of catheterized patients without UTI symptoms and treatment of asymptomatic bacteriuria	☐	☐	
5n) Conduct periodic audits on urine culturing practice patterns	☐	☐	
Removal			
The facility has a process in place for:			
6a) Daily review of catheter necessity.	☐	☐	
6b) Practicing hand hygiene immediately prior to the removal of the catheter.	☐	☐	
6c) Evaluating the need for reinsertion post catheter removal e.g., bladder scanner to assess urinary retention.	☐	☐	

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Documentation			
The facility's required medical record documentation includes: 7a) Alternatives attempted. 7b) Indications for catheter insertion. 7c) Date and time of insertion/removal. 7d) Daily review of continued need for catheter use. 7e) Ongoing catheter maintenance. 7f) Names of all health care personnel (HCP) and prescribers providing catheter care.	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	
Staff education			
8a) The facility has education in place for all HCP and prescribers allowed to insert/remove urinary catheters which includes: • Appropriate adherence to aseptic technique for • insertion • Appropriate use of catheters • Identification and removal of catheters that are no longer needed • Adherence to hand hygiene • Proper maintenance of catheters • Appropriate urine culture practices	☐	☐	
8b) Catheter insertion/removal education is conducted as part of the orientation process.	☐	☐	
8c) Ongoing competency assessment for catheter insertion/removal is conducted at least annually.	☐	☐	

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