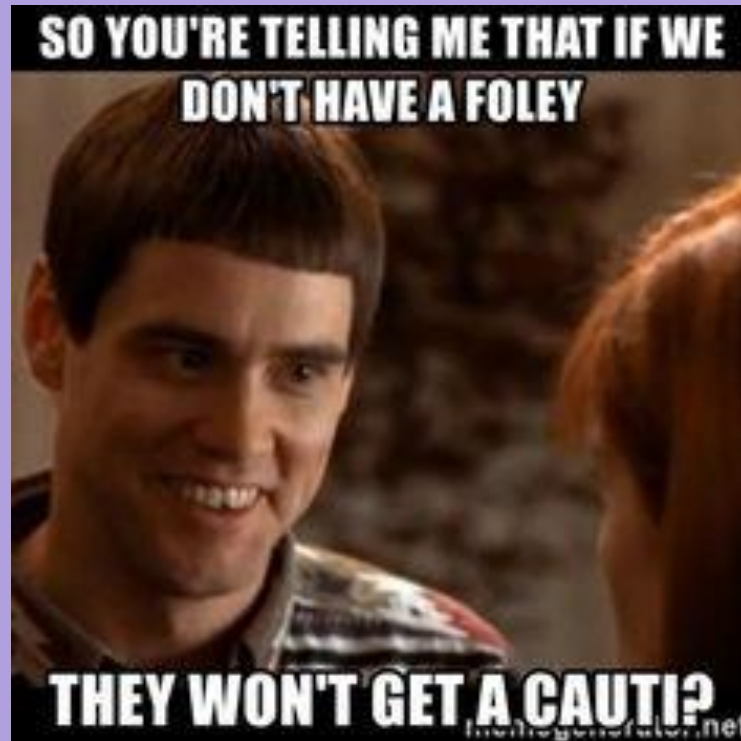


Catch My Flow: What You Need to Know About CAUTIs

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Goals for Today's Session

- Recognize the five nursing-driven national quality indicators (NDNQIs) for improved patient outcomes
- Explain the indications for indwelling catheter placement
- Discuss alternatives for indwelling catheter, including the Prima Fit External Catheter
- Explain three ways to minimize CAUTIs in a patient who has an indication for an indwelling catheter

What are the Five Nursing Driven National
Quality Indicators?

Turn to your neighbor and list!

The Five Nursing Driven National Quality Indicators

1. Catheter Associated Urinary Tract Infections (CAUTIs)
2. Central Line Associated Bloodstream Infections (CLABSIs)
3. Venous Thromboembolism (VTE)
4. Pressure Sores
5. Falls

Key Facts About CAUTIs



*Use the cards and keep scratching until you see **the star!***

Question 1

What is the overall incidence of catheter associated UTIs among patients with an indwelling urinary catheter?

- A. 5% -10%
- B. 15% - 25%
- C. 35% - 40 %
- D. 45% - 55%

Question 2

What pathogen is the most common cause of a catheter associated UTI?

- A. E. coli
- B. Klebsiella
- C. Pseudomonas
- D. Enterococcus

Question 3

Which of the following is an indication for an **indwelling** urinary catheter?

- A. Accurate intake/output in a patient receiving IV diuresis
- B. Urinary incontinence in a patient with incontinence associated dermatitis.
- C. Management of hematuria associated with clots.
- D. Management of a bed-bound patient with dementia.

Question 4

In a patient with an indwelling catheter, what is one way to minimize risk of CAUTI?

- A. Giving prophylactic antibiotics.
- B. Removing and reinserting a new Foley every 3 days.
- C. Using the largest diameter catheter size.
- D. Never elevating the tube or drainage bag above the insertion site.

Now let's consider this new admission to GMS.....

A 81 year old female is brought to the ER by her family for fever and confusion. She is being admitted to GMS-C for workup of possible infection and altered mental status. A Foley Catheter was placed in the ER for "incontinence" of both urine and stool.

- 1. Is urinary incontinence an indication for a Foley?**
- 2. What are the guideline indications for a Foley Catheter?**

Not So Fun Facts about CAUTIs

- **Unwarranted** urinary catheters are placed in 21-50% of hospitalized patients.
- Incidence of catheter associated UTIs is 15-25%.
- Risk of catheter associated UTI increases 3-10% each day the catheter is in place.
- Most common cause of CAUTI is E. coli, followed by Enterococcus, Pseudomonas, and Klebsiella.
- CAUTIs are the most frequent healthcare-acquired infection.

Indications for Indwelling Urinary Catheter

Urinary retention with or without bladder outlet obstruction.

Hourly urine output in critically ill patients.

During surgery to prevent bladder overdistention.

During and following specific surgeries on surrounding structures (genitourinary, gynecologic, or colorectal surgery).

Management of hematuria associated with clots.

Management of immobilized patients (stroke or pelvic fracture).

Management of patients with neurogenic bladder.

Intravesical pharmacologic therapy.

Improved patient comfort for end of life care.

Management of open wounds located in the sacral or perineal regions in patients who are incontinent.

Your new admission arrives on 14C.

By this time, lab work and imaging show that she has a pneumonia and she has been started on appropriate treatment.

What do you do with the Foley Catheter?

The Nursing-Driven Foley Catheter Protocol

The Foley Catheter is removed. Although she is improving, the patient continues to be intermittently confused and is still incontinent of urine and stool.

What are alternatives to an indwelling Foley Catheter?

Design Competition:
New and Improved Women's Urinary Catheter

All ideas are good ideas!

An Alternative to the Foley Catheter! The Prima-Fit Catheter



What is the Prima Fit?

- **An external urine management system for females**
- **Alternative to incontinence pads**
- **Decreases use of internal catheters, therefore decreases risk of CAUTIs**
- **Decreases incontinence associated dermatitis (IAD)**



<https://sageproducts.com/videos/primafit/training/>

While taking care of your patient, you then learn that the patient's 81 year-old husband is admitted to the GMS-D team. He came in with acute urinary retention and bilateral hydronephrosis on imaging. A Foley is placed and > 1L of urine is removed.

Urology is consulted and strongly recommends 5 days of indwelling Foley catheter for bladder decompression prior to a void trial.

How can we reduce the risk of CAUTI in this patient who meets criteria for an indwelling catheter?

Minimizing the risk of CAUTIs

- Using the smallest possible diameter size catheter for the patient (14Fr or 16Fr).
- Utilize the nursing driven catheter protocol
- Daily assessment of need for Foley Catheter during rounds.
- Never elevate the tube or drainage bag above the insertion site.
- There is no role of prophylactic antibiotics for CAUTI prevention.

Let's Review the Multiple Choice Questions!

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Working together, CAUTIs Should Be Never!

See Your Take Away
Handout for High Yield
Teaching Points!



References

- Fekete, Thomas. Catheter-associated urinary tract infection in adults. 2019, June. Up To Date. Retrieved from: <https://www.uptodate.com/contents/catheter-associated-urinary-tract-infection-in-adults>.
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