Catheter-Associated Urinary Tract Infection (CAUTI) (Annual)
Click on the link below that best describes what you do with catheters.

I insert urinary (Foley) catheters

I do not insert urinary (Foley) catheters
Catheter-Associated Urinary Tract Infection (CAUTI)

For the associate who inserts urinary catheters.
Objectives

- At the completion of this CBL, you will be able to:
  - Identify that CAUTI is a 2013 National Patient Safety Goal.
  - List two indications for the use of a Foley catheter.
  - Name two strategies to avoid a Foley catheter.
  - State two revisions in the Catheter policy/procedure that will affect your current practice for Foley Catheter insertions.
  - Instruct the patient/family using the FAQs about Catheter-Associated Urinary Tract Infection handout.
Patient Safety & Urinary Tract Infection (UTI) Prevention

• We all want to keep our patients safe from harm.
• Preventing hospital-acquired infections is one way to keep our patients safe.
• Lakeland will be implementing revisions to our current Foley Catheter policy/procedure, as well as minor changes in our current Foley Catheter kits to help prevent UTIs.
CAUTION
Catheter Associated Urinary Tract Infection

• One of the National Patient Safety Guidelines for 2013 states: “Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.” (This is in line with CDC and CMS guidelines.)

• In order to meet the guidelines, important revisions have been made to:
  – the Catheter: Insertion... Policy – general nursing L6000-323
  – changes in standard equipment (effective 11/24/2014)
  – education for staff regarding upcoming changes
Indication for the Use of Foley Catheters

• **Appropriate** indications for the use of a Foley Catheter:
  – Acute urinary retention or bladder outlet obstruction
  – Need for accurate measurements of urinary output in critically ill patients
  – Perioperative use for selected surgical procedures
  – To assist in healing of open sacral or perineal wounds in incontinent patients
  – Patient requires prolonged immobilization
  – To improve comfort for end of life care if needed.
Inappropriate use of a Foley Catheter

• **Inappropriate** uses of a Foley Catheter:
  – As a substitute for nursing care of the patient who is incontinent
  – 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.)
Policy and Procedure Revisions

• Daily Assessment
  – Every shift the nurse should ask if the Foley catheter is necessary.
    • Remove the catheter as soon as possible postoperatively, preferably within 24 hours.
  – Strategies to avoid Foley catheters:
    • Toilet scheduling
    • Bladder Scan to determine amount of urine in the bladder
    • Purposeful Rounding – making sure to help the patient if needed, to the restroom at regular intervals
    • Use a Quick in and out straight catheter if needed
    • Use of an external urinary catheter. Ex: ReliaFit™ External Male Catheter.
New Products

• To provide the best care for our patients, the following changes will be implemented:
  – Use of a Tamper resistant (Closed) drainage system (seal not broken between catheter & drainage tube):
    • There will be standard urinary catheter insertion kits used hospital-wide; SureStep™ with a 14F catheter.
    • Continue to stock traditions non-urometer Foley bags for situations ordered by physicians.
Insertion Revisions

• Peri-care (washing) must be completed prior to the use of the betadine swabs.

• **Do not** inflate balloon prior to insertion.
  – This creates ridges in the balloon material. Bacteria adheres to these ridges and increases the risk of infection.

• **NOTE:** to avoid an air lock (which will not allow the urine to freely flow into the bag) **pull the bag apart.**

• All indwelling catheters will be secured with an appropriate securement device.
  – The device will prevent movement and urethral trauma.
Positioning of Foley (Urinary) Catheter Tubing

• It is important to keep the drainage tubing straight and without loops that may inhibit urine flow.
  – Keeping the tubing free of kinks and dependent loops.
  • Place the tubing in a straight line, over the patient’s leg, and secured to the sheets with the green sheet clip.
  • Hang the bag near the foot of the bed, on the bed frame.
Foley (Urinary) Catheter Bag at the Proper Level

Keeping the Foley bag **below** the level of the hip/bladder at all times, but **not** touching the floor; including during transport to another dept.

- Hooks have been added to IV poles to hang the drainage bag on.
- Not doing so, may cause slow emptying of the bladder, patient discomfort, and may potentially contaminate the collection system.
Emptying the Foley (Urine) Catheter Collection Bag

Emptying the collection bag regularly and before ambulating or transporting the patient

- Use a separate collection container for each patient to prevent cross-contamination.
- Prevent contact of the drainage spigot with the non-sterile collecting container to reduce the risk of contamination.
- Document the amount drained from the collection bag on the patient’s Intake/Output form in the room.
Insertion Sticker

• Place a **PINK Foley insertion date sticker** on the Foley bag.
  – Place the **Pink sticker** in the upper left hand corner of the bag.
  – Foley kits will come with a **Pink sticker** and catheter holder.
Specimen Collection

• Proper specimen collection:
  – **NOTE**: Only use the *Foley Urine Collection Device*!
  – Clean the port on the Foley tube (near the top) with alcohol.
  – Connect the lure lock *Foley Urine Collection Device* on to the port.
  Order of draw:
    • FIRST - urine culture tube
    • Second - urinalysis tube.

  – **NOTE**:
    • **NEVER** use a syringe with a needle!
    • **Always** use the Foley Urine Collection Device! It is simpler and safer.
Adding the Foley LDA in ConnectCare

In Doc Flowsheet, under Intake/Output.

Enter appropriate data and click accept.
Removing the Foley LDA in ConnectCare

• To Remove the LDA Foley Catheter
  – Click on the LDA’s Properties row, blue hyperlink
  – If fields are not editable, click Edit.
  – Enter removal properties including date/time, and click Accept.
Patient Education

• Give the patient the education sheet entitled: FAQs about “Catheter-Associated urinary Tract Infection”.
  – Located with the patient education materials on your unit.

• Document this information in the Patient Education activity in the Patient Record.
CAUTI
Catheter Associated Urinary Tract Infection

- **Resources:**
  - Lakeland Catheter Insertion, Maintenance and Discontinuation of an Indwelling Urethral and/or Straight Catheter **Policy – L6000-323**
  - **National Patient Safety Goals website:** [http://www.jointcommission.org/assets/1/6/Pre_Pubs_NPSGs_CAUTI_HAP_20110509.pdf](http://www.jointcommission.org/assets/1/6/Pre_Pubs_NPSGs_CAUTI_HAP_20110509.pdf)
  - Pubs_NPSGs_CAUTI_HAP_20110509.pdf
Catheter-Associated Urinary Tract Infection (CAUTI)

Revisions for 2014

For the associate who does not insert urinary catheters
What will I learn?

• When you have completed this program, you will be able to:
  – Identify the key changes in the care of patients with a Foley (urinary) catheter that I may affect.
  – State the importance of patient safety and prevention of hospital-acquired infections.
Patient Safety & Urinary Tract Infection (UTI) Prevention

• We all want to keep our patients safe from harm.
• Preventing hospital-acquired infections is one way to keep our patients safe.
• Lakeland will be implementing revisions to our current Urinary Catheter policy/procedure, as well as minor changes in our current Urinary Catheter kits to help prevent UTIs.
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• In order to meet the guidelines, important revisions have been made to:
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Urometer Bag Air Lock & Securement of Foley

• **NOTE**: to avoid an air lock (which will not allow the urine to freely flow into the bag) *pull the bag apart*.

• All indwelling catheters will be secured with an appropriate securement device.
  – The device will prevent movement and urethral trauma.
Positioning of Foley (Urinary) Catheter Tubing

It is important to keep the drainage tubing straight and without loops that may inhibit urine flow:

• Place the tubing in a straight line, over the patient’s leg, and secured to the sheets with the green sheet clip.

• Hang the bag near the foot of the bed, on the bed frame. Make sure there are no dependent loops.
Urinary Catheter Bag at the proper level

Keep the Foley bag **below** the level of the hips at all times, but **not** touching the floor; including during transport to another dept.

- Hooks have been added to the IV poles to hang the drainage bag on.
- Not doing so, may cause slow emptying of the bladder, patient discomfort, and may potentially contaminate the collection system.
Emptying the Urinary Catheter Collection/Drainage Bag

Emptying the collection/drainage bag regularly and before ambulating or transporting the patient is an important practice to prevent infections!

- Use a separate collection container for each patient to prevent cross-contamination.
- Prevent contact of the drainage spigot with the non-sterile collecting container to reduce the risk of contamination.
- Document the amount drained from the collection bag on the patient’s Intake/Output form in the room.
Specimen Collection

• Proper specimen collection:
  – **NOTE:** Only use the *Urine Collection Device*!
  – Clean the port on the Foley tube (near the top) with alcohol.
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Order of draw:
  • FIRST - urine culture tube
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– **NOTE:**
  • **NEVER** use a syringe with a needle!
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Test Question Review

• Here are two other pieces of information that will help you with the test questions:
  – An example of an **appropriate** use of a catheter is a multi-trauma patient with an open book pelvic fracture, thoracic spin injury who is intubated.
  – A pink Urinary Catheter insertion sticker must be placed on all Foley bags.
Resources

Here are resources you may choose to review:

- Lakeland Catheter Insertion, Maintenance and Discontinuation of an Indwelling Urethral and/or Straight Catheter **Policy – L6000-323**


- National Patient Safety Goals website: http://www.jointcommission.org/assets/1/6/Pre_Pubs_NPSGs_CAUTI_HAP_20110509.pdf
Feel free to review the screens of this course until you are confident about your knowledge of the material presented.

If you are done viewing the eLearning you can take the exam. (Located on the left side of screen.)
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