

Learn from Defects Tool CAUTI



Name:	Date:		
MRN:	DOB:		
Team Members:	M	F	Other
Admission Date:	Discharge Date:		

THIS PORTION TO BE FILLED OUT BY IPCS

What happened in the days leading up to the CAUTI?

Significant co-morbidities:

Location and date of CAUTI:

ICU:	Non-ICU:	Date:
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Date of catheter insertion:

Where was the catheter inserted?:

OR	ED	ICU:	Non-ICU:
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Culture appropriate?	Yes	No
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UA with reflux for culture?	Yes	No
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THIS PORTION TO BE FILLED OUT BY NURSING

Why did it happen? (what factors contributed) - summarize what happened to cause the defect from below:

1. Did the patient meet clinical indications for insertion?	Yes	No
If Yes, list indication: _____		
2. Was there an unplanned catheter removal?	Yes	No
3. Was the catheter seal intact/not broken?	Yes	No
If no, why was the seal broken? _____		

Why did it happen? (what factors contributed) - summarize what happened to cause the defect from below (continued):

4. Daily medical necessity documented? (if yes, then check all that apply below):	Yes	No
Critically ill (did pt. require hourly urine output)		
Comfort care		
Urological / perineal procedure		
Stage 3 or greater pressure ulcer in perineal area with urinary or fecal incontinence		
Immobility (such as spinal cord/ pelvic/ sacral trauma)		
Neurogenic bladder		
5. Daily Foley care/ peri care performed?	Yes	No
6. Was a culture ordered?	Yes	No
If a culture was ordered, why was it ordered?		
PAN culture	Date:	Time:
Pt. febrile		
Urinary Symptoms		
Urine clarity/ odor		
Other: _____		
7. Fecal incontinence?	Yes	No
8. High volume with bladder scanning (greater 300ml)	Yes	No
9. Catheter flushed?	Yes	No
10. Patient on antibiotics prior to urine culture?	Yes	No
11. Other:		

What happened to cause the defect?

Duration of catheter # days: (Time of insert to discontinue)	Time from catheter insertion until urine culture obtained:	Is the patient being treated for any other infections?

What prevented it from being worse?

1. If patient is still on unit and can be seen:

Bag below the bladder?	Yes	No
No loops (straight)?	Yes	No
Bag not on floor?	Yes	No
Unbroken seal?	Yes	No
Catheter secured?	Yes	No

Did we try an alternative to indwelling urinary device?	Yes	No
Was nurse driven catheter removal protocol used?	Yes	No

What can we do to reduce the risk of it happening with a different person?

Action Plan	Responsible Person	Targeted Date	Evaluation Plan - How will we know risk is reduced?

With whom shall we share our learning? (Communication plan)

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Who	When	How	Follow-up

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