

BUNDLE BASICS

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Bundles are groupings of best practices that individually improve care, but when applied together, result in even greater improvement.

CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI) PREVENTION

Urinary tract infections (UTIs) are the most common type of healthcare-associated infection (HAI). HAI UTIs are caused by indwelling urinary catheters. CAUTI has been associated with increased morbidity, mortality, hospital cost, length of stay and unnecessary antimicrobial use.

CAUTI prevention strategies must focus on clear indications for the insertion of a urinary catheter and prompt removal when no longer necessary.

INDICATIONS FOR INDWELLING URINARY CATHETER (IUC)

- Patient has 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 strict/prolonged immobilization from trauma or surgery
- To improve comfort for end-of-life care

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 1250W/HQI/QIN-QIO-0372-12/09/22

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CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI) PREVENTION

CAUTI PREVENTION INTERVENTIONS

- Use aseptic insertion technique
- Only trained health care providers insert IUC
- Properly secure IUC to prevent irritation
- Maintain a sterile closed drainage system
- Maintain unobstructed urine flow
- Maintain drainage bag below level of bladder
- Perform perineal hygiene at a minimum, daily and PRN
- Use timely fecal containment device when appropriate for fecal incontinence
- Empty the drainage bag every 4-6 hours to avoid migration of bacteria up the lumen of the catheter and prevent tension on the catheter
- Assess daily for continued need; consider bladder training if removing longer indwelling catheter
- Do not change IUC or drainage bags at fixed intervals
- Document indication for IUC daily
- Use reminder systems to target IUC removal
- Use portable ultrasound bladder scans to detect residual urine amounts
- Consider alternatives to IUC such as external devices, intermittent catheterization, portable ultrasound bladder scans to detect residual urine amounts



GUIDELINE FOR PREVENTION OF
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