



Prevention of CAUTI

Healthcare Workers

What is an Indwelling Urinary Catheter?

A catheter that is inserted into the bladder through the urethra, is remain in situ, and is attached to a closed collection system; also called a Foley catheter

What is a Catheter-Associated Urinary Tract Infection (CAUTI)?

A UTI where an indwelling urinary catheter was in situ for more than 2 days in an inpatient unit on the period of a given date of occurrence, with day of device assignment being Day 1, AND an indwelling urinary catheter was in place on the date of event or the day before.

If an indwelling urinary catheter was in situ for more than 2 days in an inpatient unit and then removed, the date of event for the UTI must be the day of device discontinuation or the next day for the UTI to be catheter-associated.

What are the Sources of CAUTI?

Endogenous:

Meatal, rectal, or vaginal colonization.

Exogenous:

From contaminated hands of healthcare personnel during catheter insertion or manipulation of the collecting system.

What are the Risk Factor of CAUTI?

- **1. Catheter-Related Factors**
 - Insertion technique.

- > Catheter care.
- > Duration of catheterization.



2. Patient-Related Factors

Compromised Immune System

Diabetes Mellitus

Renal Dysfunction

Fecal Incontinence

Female gender

Elderly age

What are the Signs and Symptoms of CAUTI?

Fever		Suprapubic tenderness		Costovertebral angle pain or tenderness	
Urinary urgency		Urinary frequency		Vomiting	
Dysuria		Hypothermia		Apnea	
	Bradycardia		Leth	argy	

How is a CAUTI diagnosed?

- Urinalysis will give information about your urinary tract and overall health.
- Urine culture may show the type of germ causing the infection.
- Blood tests will show infection and kidney function blood test.

Can a CAUTI be prevented?

1.Urinary catheter insertion bundle:

- Perform Hand Hygiene, immediately before and after procedure.
- Maintain aseptic technique (Clean urethral meatus with sterile or antiseptic solution (e.g. povidone iodine, saline).

- Use pre-prepared sterile sets if available.
- Use smallest suitable catheters size.
- Secure catheter to patient leg in a manner that it will not be inadvertently dislodged or pulled.
- Physicians shall consider the alternative approaches before insertion of catheter by using external catheters for male and female or using in and out catheterization

2. Urinary catheter maintenance bundle

- The need of the catheter discussed with medical team.
- 2. Catheter connected to urine drainage bag with unobstructed flow at all time.
- 3. Patient is aware of CAUTI prevention.
- 4. Meatus/urethral hygiene performed daily.

- 5. Urine bag emptied regularly into separate clean container.
- 6. Hand hygiene performed before and after manipulation of catheter.
- Collection bag kept below level of bladder at all times.
- 8. Collection bag is not on the floor at any time.
- 9. Catheter secured by appropriate plaster.
- 10.Prevent disconnection of the catheter and drainage tube.
- 11. Use silicone Foleys catheter for long term patients
- 12.Collect fresh urine (when required) by:

- a) Aspirating urine from the sampling port with a sterile needle and syringe after cleansing the port with alcohol swab.
- b) Obtain larger volumes of urine for special analysis aseptically from the drainage collecting system.

13. Replace patients Foleys catheter inserted from outside KFMC if clinically indicated.

14. Change catheter in the event of breakage or leakage.

15. Avoid allowing the drainage spigot to touch the collecting container.

What will happen if CAUTI is not treated?

CAUTI may be noted to problems as prostatitis, epididymitis, and orchitis in males and cystitis, pyelonephritis, gram-negative bacteremia, endocarditis, vertebral osteomyelitis, septic arthritis, endophthalmitis and meningitis in patients.

Problems related with CAUTI can be a reason to worry to the patient, extended length of hospital stay may get more cost and mortality rate. It has been projected that each year, more than 13,000 deaths are related with UTI's. (CDC Guideline).

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