

## CAUTI Prevention Bundle

- ▶ \*\*\*Insert urinary catheter ONLY if indicated and absolutely necessary. Monitor daily and remove ASAP
- ▶ Sterile insertion technique (Consider a kit)
  - Smallest, softest catheter that will do the job
- ▶ Ensure adequate hydration
- ▶ Hand hygiene (specifically before handling the catheter)
- ▶ Perineal care
  - BID with soap and water, PRN BM (Products)
- ▶ Keep bag below the level of bladder and avoid dependent loops and kinks
- ▶ No disruption of closed system
- ▶ Obtain specimens using aseptic technique
  - Only if absolutely necessary
  - Remove and replace for C&S
- ▶ Empty the bag when 1/2-2/3 full (Q4hrs?)
- ▶ Each patient should have own graduated cylinder
- ▶ Daily observation for signs, sx of UTI
- ▶ Isolation of diagnosed CAUTI pt from anyone with a catheter
- ▶ Utilize a securement device
- ▶ Use evidence based bladder re-training methods when necessary, e.g., remove at midnight

### Additional Measures to Consider (if not reliably at rate of 0)

- ▶ Bladder scanning- non-invasive, easy, quick
- ▶ Intermittent catheterization v. in-dwelling catheters- better for patient, more work for staff
- ▶ Ditch the bath basins
- ▶ CHG baths- microbe burden
- ▶ Appropriate nurse staffing
- ▶ Antibiotic or silver-coated catheters
- ▶ Hydrogel catheters- discourage biofilm adherence
- ▶ Catheter valves- store urine in bladder v. bag (more physiologic as well, decreases need to re-train)

