**Participant Guide**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Objectives**

* Describe the impact of hospital acquired catheter associated urinary tract infection
* Apply recommended evidence-based practices (bundles) for preventing hospital acquired catheter associated urinary tract infections

***Didactic video***

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| **Incidence and risk** | * More than 30% of hospital-acquired infections reported by acute care hospitals. * Caused by instrumentation of the urinary tract * Greatest risk of CAUTI is prolonged catheterization * Female gender * Catheterization outside the OR * Other active sites of infection * Diabetes * Malnutrition * Renal insufficiency | |
| (CDC) video discussing incidence and prevention of CAUTI  <http://www.cdc.gov/hicpac/uti_saint_video.html> | | |
| **Organisms enter the bladder in 3 ways:** | 1) At time of catheter insertion  2) Through the catheter lumen  3) Along external surface of the catheter | |
| **Prevention recommendations** | * Appropriate urinary catheter use * Proper techniques for urinary catheter insertion * Proper techniques for urinary catheter maintenance * Documentation and surveillance | |
| **Appropriate use** | | * Insert catheters only for appropriate indications * Leave in place only as long as needed. * Minimize urinary catheter use and duration of use in all patients |
| **Proper insertion techniques** | | * Only properly trained individuals will insert catheter * Insert catheters using aseptic technique and sterile equipment. * Perform hand hygiene immediately before and after any manipulation. * Use sterile products for insertion. * Properly secure indwelling catheters * Using the smallest bore catheter that still allows good drainage |
| **Proper maintenance techniques** | | * Maintain a closed drainage system * Maintain unobstructed urine flow * Use a dedicated, separate, clean collection container to drain the collection bag * Use Standard Precautions * Change indwelling catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised. * Perform routine hygiene of the periurethral area * Obtain urine samples aseptically |
| **Documentation and surveillance** | | * Document the following in the patient record:   + indications for catheter insertion,   + date and time of catheter insertion,   + individual who inserted catheter, and   + date and time of catheter removal or   + daily verification of the need for catheterization. * Ensuring that documentation is accessible in the patient record. |
| **Ponderings** | * What is the cost of HA-CAUTI on our healthcare system? * How can we reduce the risk of complications associated with HA-CAUTI? | |

***Simulation Video***

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| * Why would you call for a second person to assistance with indwelling urinary catheter (IUC) insertion? * What are the options for peri care prior to IUC insertion? * There are two devices that are imperative in securing of the IUC post insertion? * What is the difference in technique between male and female catheter insertion? * What do you do if you find an IUC’s tamper evident seal broken? * What is the proper way to obtain the specimen? * What type of container should be used to when emptying the IUC bag? * When you remove an IUC what patient teaching is essential? * You have received a patient that has an IUC, what elements should be included in the handoff/handover pertaining to the IUC? * At what other times do you perform a handoff/handover? |

**HA-CAUTI Bundle**

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| Appropriate Use   * Insert catheters only for appropriate indications   + Acute urinary retention or bladder outlet obstruction   + Frequent accurate measurements of urinary output   + Perioperative use for selected surgical procedures such as:     - Urologic surgery, including contiguous structures of the genitourinary tract     - Prolonged duration of surgery – Ideally catheter would be removed post-operatively     - Receive large-volume infusions or diuretics during surgery     - Need for intraoperative monitoring of urinary output   + Patients with open sacral or perineal wounds in incontinent patients   + Patient requires prolonged immobilization   + Improve comfort for end of life care if needed * Leave in place only as long as needed. * Minimize urinary catheter use and duration of use in all patients * Consider using alternatives to indwelling urinary catheters in select patient populations * External catheters * Intermittent catheterization * Frequent toileting * Bedside commodes * Urinals * Disposable adult briefs * Incontinence pads * Bladder scanning device |
| Proper insertion technique   * Only properly trained individuals will insert catheter * Insert catheters using aseptic technique and sterile equipment. * Perform hand hygiene immediately before and after any manipulation. * Use sterile products for insertion * Properly secure indwelling catheters * Use the smallest bore catheter that still allows good drainage |
| Proper maintenance techniques   * Maintain a closed drainage system   + Replace the catheter and collection system if:     - Break in aseptic technique     - Disconnection of drainage system     - Leakage in catheter or drainage system   + Recommended to use pre-connected, sealed catheter-tubing junctions * Maintain unobstructed urine flow   + Keep catheter and drainage tubing free from kinking   + Keep collection bag BELOW the level of the bladder AT ALL TIMES   + Do not rest collection bag on the floor * Draining the collection bag   + Use a separate, clean collecting container for each patient   + Avoid splashing of urine   + Prevent contact of the drainage spigot with non-sterile surfaces * Use Standard Precautions * Change indwelling catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised. * Routine hygiene of the periurethral area is appropriate.   + Perform during daily hygiene care   + Use soap and water * Bladder irrigation or flushing is NOT recommended unless obstruction is anticipated   + Continuous irrigation recommended if risk for obstruction or clotting * If obstruction occurs due to catheter material, change the catheter * Obtain urine samples aseptically.   + For a small volume,     - Cleanse the port with a disinfectant.     - Aspirate the urine from the sampling port with a sterile syringe   + Obtain large volumes of urine for special analyses (not culture) aseptically from the drainage bag. |
| Documentation and surveillance   * Document the following in the patient record:   + indications for catheter insertion,   + date and time of catheter insertion,   + individual who inserted catheter, and   + date and time of catheter removal or   + daily verification of the need for catheterization. * Ensuring that documentation is accessible in the patient record.   Patient Education   * Only properly trained persons should insert and maintain a urinary catheter. * For at home intermittent catheterization, clean technique is acceptable. |

