CAUTI Pre-Test/Post-Test KEY

1. Upon assessing your patient you find the connection between the indwelling catheter and the drainage bag has become disconnected. Which of the following interventions is most appropriate?
   1. Using aseptic technique, reconnect the indwelling catheter to the drainage device.
   2. Discontinue the current indwelling catheter and reinsert a new catheter using aseptic and sterile techniques. (pg. 13).
   3. Throw away the old drainage bag and obtain a new one.
   4. Reconnect the parts quickly to prevent further moisture from accumulating in the patient’s bed.
2. Place the following steps in the order they would be performed (indicate by writing a number from 1-4 next to each selection):
   1. Places fenestrated drape over perineal area (3)
   2. Attach water-filled syringe to foley and place lubricant in tray (4)
   3. Provides pericare using soap and water or provided castile soap wipes (1)
   4. Don sterile gloves (2)
3. When emptying the drainage bag it is important to: (Choose all that apply)
   1. Use a separate collection container for each patient.
   2. Avoid touching the drainage bag tip to the non-sterile collecting container.
   3. The drainage bag should only be emptied once a shift (every 8-12 hours) to reduce the risk of contamination.
   4. Avoid splashing.
4. When choosing an appropriate indwelling catheter size, the nurse:
   1. Chooses the smallest size (Fr.) that will promote proper drainage.
   2. Chooses the largest size (Fr.) that will fit into the urethra to allow for optimal drainage.
   3. Ask the patient what size catheter they have had before.
   4. Use a 16 French indwelling catheter, this is the standard adult size.
5. Appropriate indications for inserting a foley are: (Select all that apply)
   1. Urinary output monitoring in the critically ill patient
   2. Epidural analgesia/anesthesia
   3. Assist with the healing of open sacral or perineal wounds
   4. Comfort for end of life
   5. Perioperative use for selected procedures
   6. Acute urinary retention or obstruction
   7. Management of incontinence
   8. Patient requires assistance for out of bed activity
   9. Prolonged immobilization
6. When transporting a patient to x ray which of the following is essential in the care of a patient with a foley? (select all that apply)
   1. The drainage bag should be emptied prior to transport to reduce the risk of urine back flow
   2. The foley is hooked on the arm of the wheel chair to allow for visualization of the urine-meter.
   3. The green clip is used to secure the tubing to the bed.
   4. The foley must remain on the floor during the x-ray.
7. Which of the following is essential in foley insertion/care? (select all that apply)
   1. Pre-testing the balloon before insertion.
   2. Hand hygiene immediately before and after any manipulation of the foley.
   3. Provide foley care routinely each day with soap and water.
   4. Use silver nitrate impregnated catheter to prevent infection.
8. Which of the following is an example of an alternative to indwelling urinary catheters for select patient populations?
   1. Condom catheter
   2. Intermittent catheterization
   3. Disposable adult brief
   4. All of the above
9. Which of the following clinical situations is **NOT** an indication to change the indwelling catheter and drainage bag?
   1. Routinely every 7 days
   2. Obstruction in the lumen of the catheter
   3. Catheter is pulled out by the confused patient with bladder outlet obstruction
   4. Infection
10. At the beginning of your shift, you receive report from the RN. Report includes mention of the presence of a Foley catheter. You ask how long the indwelling catheter has been in place and are told "I don't know, but it's fine because the urine is clear and everything is connected properly". Based on this information, you know you should perform the following assessments on your patient pertaining to the indwelling catheter (check all that apply):
11. Identify if an appropriate indication for indwelling catheter currently exists.
12. Change the catheter drainage bag to a new sterile one to reduce infection risk
13. Look for label on the catheter drainage bag that has date & time catheter was inserted.
14. Call the provider to determine how long the catheter had been in place.

Reference: http://www.cdc.gov/hicpac/pdf/cauti/cautiguideline2009final.pdf