**Post Test Annotated Answer Key**

The correct answer is in **bold** and the annotation is between the parentheses.

Select the answer that best answers to question.

1. You are preparing to empty the urinary drainage bag of your patient, Mr. Smith for your end-of-shift urinary output total. Which of the following best describes the type of collection container you should use to drain the bag?
   1. A bucket that will hold up to 1 liter of fluids.
   2. **A separate, clean collection container used only for Mr. Smith (HICPAC Guideline on proper technique for urinary catheter maintenance recommend a separate, clean collection container used for each patient – see slide 16)**
   3. A graduated glass measuring cylinder that will hold up to 3 liters
   4. Aseptically remove the used drainage bag and connect the indwelling urinary catheter to a new sterile drainage bag
2. Which of the following is an appropriate indication for urinary catheterization?
   1. Incontinence
   2. As a means to obtain urine for a culture
   3. 3 days post-op for the patient able to ambulate, but refusing to ambulate due to pain
   4. **Assist in the healing of open sacral and perineal wounds in incontinent patients (Of the four choices, assisting in the healing of open sacral and perineal wounds in incontinent patients is an appropriate indication for urinary catheterization. The other 3 choices are inappropriate indications for catheterization – see slides 11&12)**
3. As a healthcare professional and knowing that the urinary tract is the most common site of healthcare-associated infections, which of the following would be a rationale for adhering to the prevention guideline to reduce the risk of a CAUTI in caring for patients with an indwelling urinary catheter?
   1. CMS considers a CAUTI as a preventable complication of hospitalization
   2. Complications associated with CAUTI cause prolonged hospital stays and increased costs
   3. Virtually all healthcare-associated urinary tract infections are caused by instrumentation of the urinary tract
   4. **All of the response are correct (All are reasons for healthcare professionals to adhere to the guidelines to reduce the risk of a hospital-acquired UTI – see slides 3&4 about the incidence and cost of CAUTI)**
4. Which of the following could be considered a cardinal rule for choosing to place a urinary catheter?
   1. Maintain an open drainage system at all times
   2. Insertion of a urinary catheter in the hospital setting is a clean (non-sterile) technique
   3. **Insert urinary catheters only for appropriate indications and leave in place only as long as needed. (See slide 10 – HICPAC Guidelines for appropriate catheter use. The others are false statements)**
   4. Used on all incontinent patients to prevent skin breakdown
5. Mr. Turwilliger, a 78 year-old COPD patient, is scheduled for a traditional Transurethral Resection of the Prostate (TURP). Bladder outlet obstruction due to post-surgical clot formation is a possible complication. Would you expect Mr. Turwilliger to return from surgery with a catheter and if so what type?
   1. Yes, with a 2-way urinary catheter to a closed drainage bag.
   2. **Yes, with a 3-way urinary catheter to closed continuous irrigation (HICPAC Guidelines state that if an obstruction is anticipated, closed continuous irrigation is suggested to prevent obstruction. To maintain the closed system, it has to be a 3-way catheter that will allow fluid to enter the bladder through one lumen and drain out at the same time through another lumen – see slide 18)**
   3. No, this procedure does not meet the indications for insertion of an indwelling urinary catheter until an obstruction is actually present.
   4. No, Indwelling urinary catheters are contraindicated in patients with COPD
6. Which of the following patients has an appropriate indication for an indwelling urinary catheter?
   1. **Mrs. Kay admitted with neck trauma and paraplegia (Applying the HICPAC Guidelines, patients with prolonged immobilization may be indicated for an indwelling urinary catheter – see slide 11; incontinence is an inappropriate reason for an indwelling urinary catheter – see slide 12; Ms. Dieffenbachia is a candidate for intermittent catheterization until more is known – see slide 13)**
   2. Mr. Tee with urinary incontinence and in the hospital for pneumonia
   3. Ms. Dieffenbachia an 18 year-old women in her first trimester of pregnancy, complaining of lower abdominal pain and an inability to urinate for 16 hours.
   4. Both Mrs. Kay and Ms. Dieffenbachia
7. 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 (HICPAC Guidelines ask providers to consider using alternatives to indwelling catheters in select patient populations. These are three examples – return to slide 13 for more)**
8. As a healthcare provider when inserting an indwelling urinary catheter, you should?
   1. Use clean technique for insertion.
   2. Use antiseptic lubricants to ease insertion.
   3. **Perform hand hygiene immediately before and after any manipulation of the indwelling urinary catheter. (HICPAC Guidelines recommend performing hand hygiene immediately before and after any manipulation of the indwelling urinary catheter – see slide 14; the other two are false according to the HICPAC Guidelines)**
   4. All of the above
9. What rule should the healthcare provider remember when selecting the appropriate size catheter for the patient?
   1. 16Fr for adult females and 18Fr for adult men
   2. **Use the smallest bore catheter that still allows good drainage. (The HICPAC Guidelines recommend using the smallest bore catheter that still allows good drainage to minimize bladder neck and urethral trauma – See slide 15.)**
   3. As men and women age their urethras enlarge
   4. 16Fr is the recommended size for all adults
10. Which of the following clinical situations is **NOT** an indication to change the indwelling catheter and drainage bag
    1. **Routinely every 7 days (HICPAC Guidelines do NOT recommend changing the indwelling catheter or drainage bag at routine, fixed intervals. The others options are all indications to change the urinary catheter and drainage bag – see slide 17)**
    2. Obstruction in the lumen of the catheter
    3. Catheter is pulled out by the confused patient with bladder outlet obstruction
    4. Infection
11. Mr. Jones is an 82-year-old man with an indwelling urethral catheter place postoperatively 2 weeks ago for urinary retention following colon resection surgery. He was discharged home with the catheter in place and scheduled for home healthcare visits. Mr. Jones was admitted today with the following signs and symptoms: confusion, agitation, abdominal surgical incision site is pink with steri-strips over the surgical wound, and the urine has a cloudy appearance with a foul odor. Mr. Jones presents with a pulse of 120, respirations at 20 bpm, a blood pressure of 96/70, and a temperature of 100.8°F. In your assessment of Mr. Jones, what do you suspect is the source of his condition?
    1. Central line associated blood stream infection (CLABSI)
    2. **Catheter associated urinary tract infection (CAUTI) (Risk of infection increases with catheterization beyond 6 days and the urine character shows signs of infection. It is cloudy and foul smelling – see slide 3.)**
    3. Surgical Site infection
    4. Mr. Jones presents a normal picture
12. Ms. Heart is a quadriplegic patient admitted for a surgical repair of sacral decubitus. Ms. Heart has a long-term uretheral catheter due to her quadriplegia and sacral ulcer. Ms. Heart was also admitted with a secondary diagnosis of CAUTI. Previous shift noted scant amount of urine, 40cc for a shift total. A bladder scan was performed at the start of your shift. The scan revealed a full bladder with at least 600cc of urine. The nurse notifies the patient’s physician about the prior shifts urine output and the results of the bladder scan. The physician suspects an obstruction in the catheter. What do you anticipate the physician’s order will be?
    1. Place a ureteral stent
    2. Schedule her for surgery tomorrow for insertion of a suprapubic catheter
    3. Connect to overhead irrigation to push the catheter obstruction through to the drainage bag.
    4. **Remove present obstructed catheter and aseptically replace the closed drainage system (HICPAC Guidelines state that if an obstruction occurs and it is likely that the catheter material is contributing to the obstruction, change the catheter – See slide 18)**
13. Nosocomial uropathogens can enter the bladder by several means. If the Mr. Alto’s, CAUTI was NOT acquired at the time of insertion, or by capillary migration into the bladder. Then by what other route(s) could Mr. Alto have acquired his CAUTI?
    1. Contamination of the urine collection bag
    2. Ambient room temperature is 75°F or greater
    3. Break in the closed drainage system
    4. **Both by contamination of the urine collection bag or by a break in the closed drainage system (Both of these are through the catheter lumen which is an additional means of acquiring an UTI – See slides 6&7)**