

# ELIMINATE HARM ACROSS THE BOARD

## Days Since Last CAUTI

### CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI) PREVENTION:

- Adopt insertion criteria
- Ensure sterile technique is used, including hand hygiene, soap and water perineal care prior to insertion, and appropriate-sized catheter (e.g., through evaluating staff competency and performing observation audits)
- Incorporate daily review of line necessity into workflow such as charge nurse rounds and/or electronic health care record prompt (e.g., take advantage of habits and patterns rather than create a new form)
- Do not change indwelling urinary catheters routinely
- Ensure appropriate care and maintenance — closed system, perineal hygiene done routinely, keep urine flowing (no kinks, bag lower than bladder), regular emptying, use of securement device
- Include nursing, physicians, nurse aides, physical and occupational therapists, transport, etc. in efforts to reduce CAUTI; they all have a role in care, maintenance and discontinuation of the catheter
- Engage emergency department and surgical services (and other invasive procedure areas where urinary catheters might be inserted) in adopting insertion criteria and insertion technique
- Use other tools, such as underpads that provide a quick-drying surface and wick moisture away, toileting schedule, and purposeful rounding (aligns well with falls and pressure ulcer prevention) to manage incontinence
- Involve the patient and family so they understand the risks associated with a urinary catheter
- Establish CAUTI as a top priority by making your CAUTI data transparent

