

GUIDE TO CAUTI PREVENTION

• Appropriate Catheter Use •

- Urinary retention or bladder outlet obstruction
- Accurate measurements of urinary output
- Patients undergoing urologic/genitourinary surgery
- To assist in healing of open sacral/perineal wounds in incontinent patients
- Patient requires prolonged immobilization

• Proper Technique for Catheter Insertion •

- Perform hand hygiene immediately before and after insertion or any manipulation of the catheter device or site
- Ensure that only properly trained persons insert or manipulate the foley
- Insert urinary catheters using aseptic technique and sterile equipment. Use sterile gloves, drape, sponges, an appropriate antiseptic or sterile solution for periurethral cleaning, and a single-use packet of lubricant jelly for insertion.
- Properly secure indwelling catheters after insertion to prevent movement and urethral traction.

• Proper Technique for Catheter Maintenance •

- Maintain a closed drainage system
- If breaks in aseptic technique, disconnection, or leakage occur, replace the catheter and collecting system using aseptic technique and sterile equipment
- Maintain unobstructed urine flow, with no kinks
- Keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor.
- Empty the collecting bag regularly using a separate, clean collecting container for each patient; avoid splashing, and prevent contact of the drainage spigot with the nonsterile collecting container.
- Unless clinical indications exist, do not use systemic antimicrobials routinely to prevent CAUTI in patients requiring either short or long-term catheterization.
- Daily pericare
- If obstruction occurs and it is likely that the catheter material is contributing to obstruction, change the catheter.



Information derived from HICPAC