



## **“A.R.M Patients against CAUTI!”**

(Catheter Associated Urinary Tract Infections)

### **Avoid** the use of catheters (seek Alternatives)

- Never for the management of the incontinent patient
- Use alternatives to indwelling catheters (straight catheter, condom catheter, etc)
- Unless the patient meets the hospital approved clinical indications:
  - *Post-operative Indications:*
    - ✓ Peri-operatively and up to 24 hours post-op
    - ✓ Urological, gynecological, or peri/rectal surgeries
    - ✓ Urethral trauma or post-op after radical prostatectomy
  - *Other indications:*
    - ✓ Acute urinary retention or bladder outlet obstruction
    - ✓ Gross hematuria/risk for clotting
    - ✓ Q1-2 hour output monitoring with no reasonable alternative
    - ✓ Precise monitoring in neonate with impaired renal function
    - ✓ Prolonged immobilization
    - ✓ Stage 3-4 perineal or truncal pressure ulcers
    - ✓ Comfort measures, palliative care
    - ✓ Chronic urinary retention and no reasonable alternative exists

### **Reduce** the number of days the catheter is in place

- By regularly assessing, documenting and communicating the plan for catheter
- Electronic prompts and daily reminders
- Utilizing the nurse driven protocol for indwelling catheter approval as ordered

### **Maintain** the catheter appropriately

- Maintain a closed sterile system
- Obtain samples using the sterile port
- Keep the bag below the bladder
- Daily catheter care with soap and water
- Hand Hygiene before touching catheter
- Secure the catheter to the leg to prevent trauma and traction
- Use a separate (patient labeled) container for emptying collection systems
- Do not routinely replace catheters or collection systems