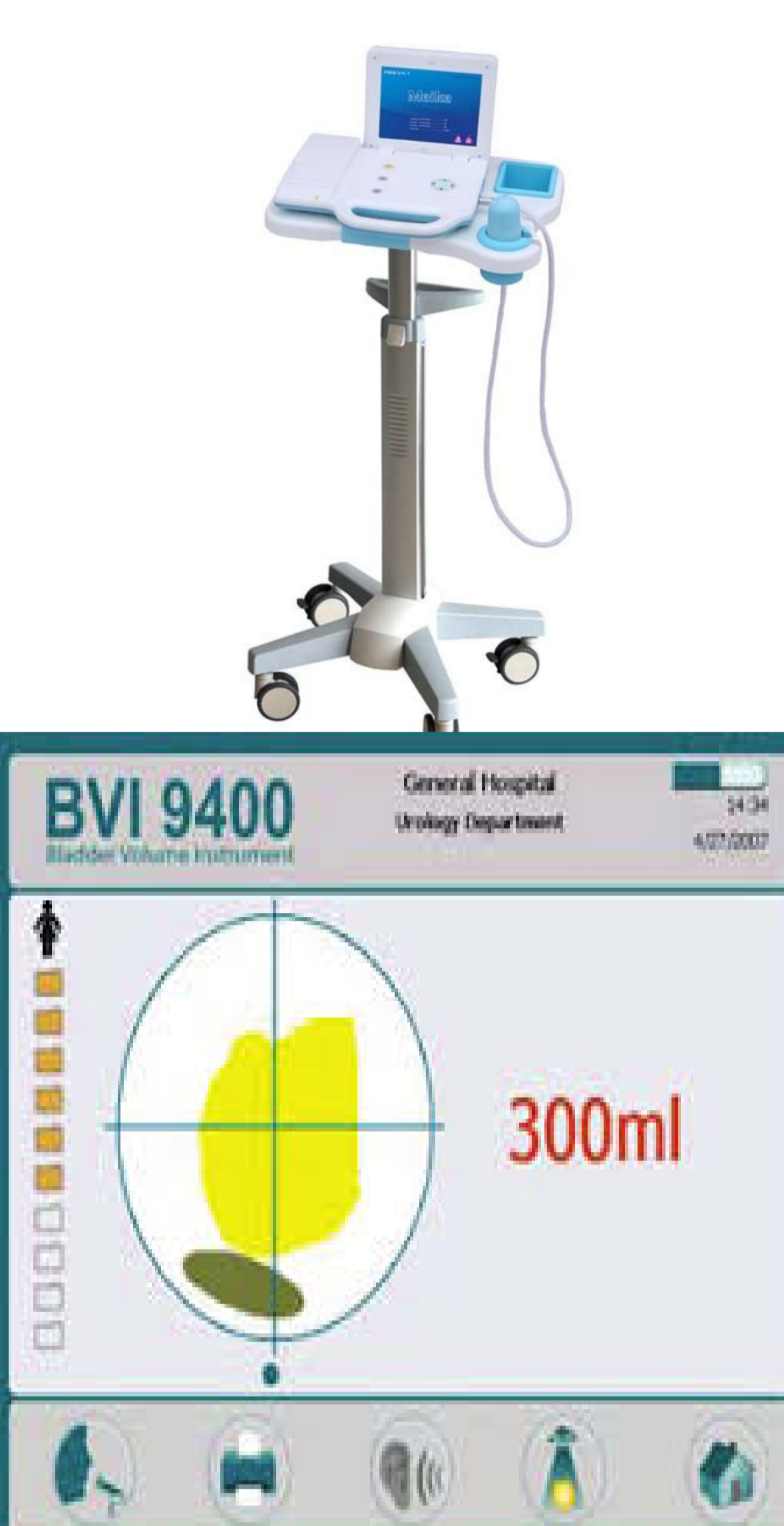


How to avoid a CAUTI

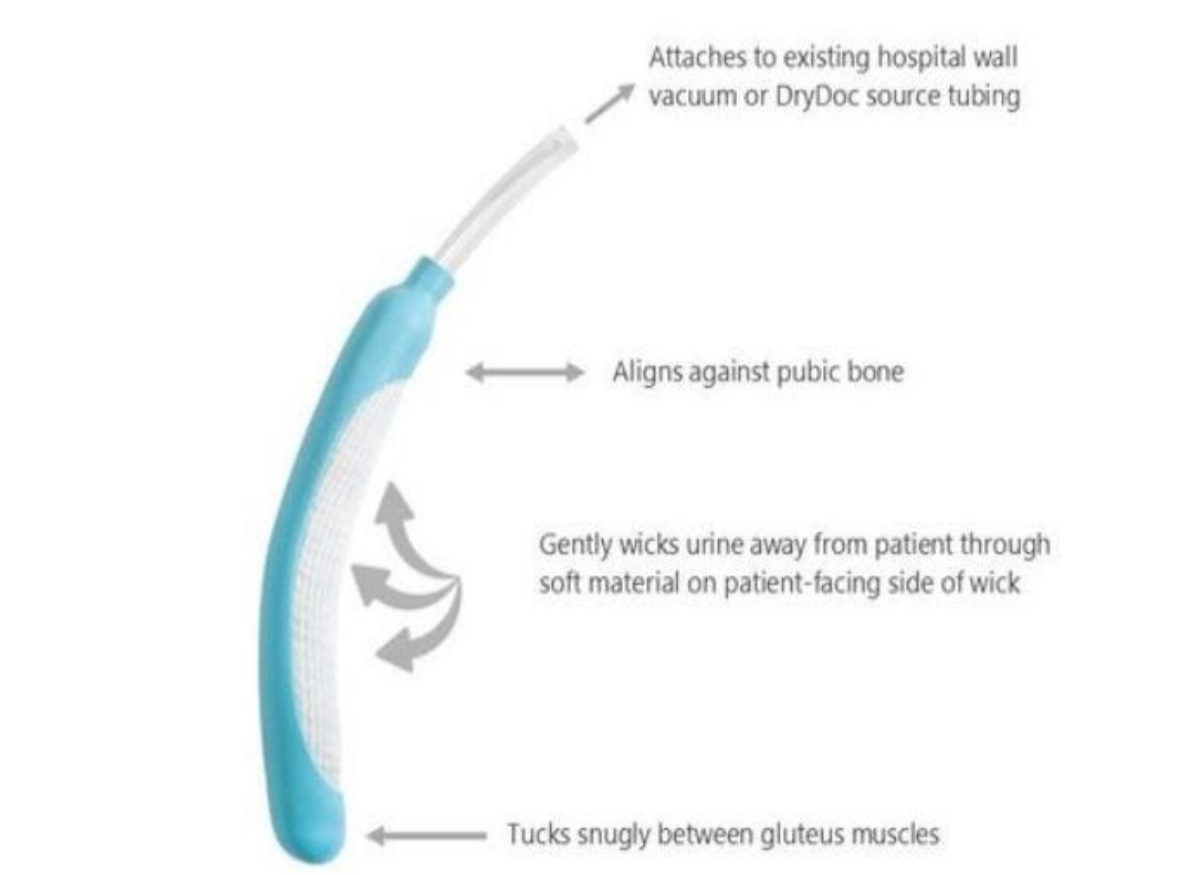
USING EVIDENCED BASED PRACTICES TO STOP CAUTI IN ITS TRACKS. KAISER PERMANENTE DEPARTMENT 210. PRESENTED BY ELLAINE GRIMARES BSN, RN IV AND DAN O'LEARY BSN, RN III.

First Scan that Bladder

Voided less than 240ml in past 8 hours
 Not voided within 6 hours of catheter removal
 Surgical patient hasn't voided 4 hours post-op
 Bladder distention, inability to void despite urge



	SCAN VOLUME <300mL	SCAN VOLUME 300-500mL	SCAN VOLUME >500mL
NO SYMPTOMS	Encourage Oral Fluid Intake	Encourage Oral Fluid Intake	Depending on order: Straight Cath OR Insert Indwelling
SYMPTOMS*	Encourage Oral Fluid Intake	Depending on order: Straight Cath OR Insert Indwelling	Depending on order: Straight Cath OR Insert Indwelling



Is there an alternative to a Foley ?

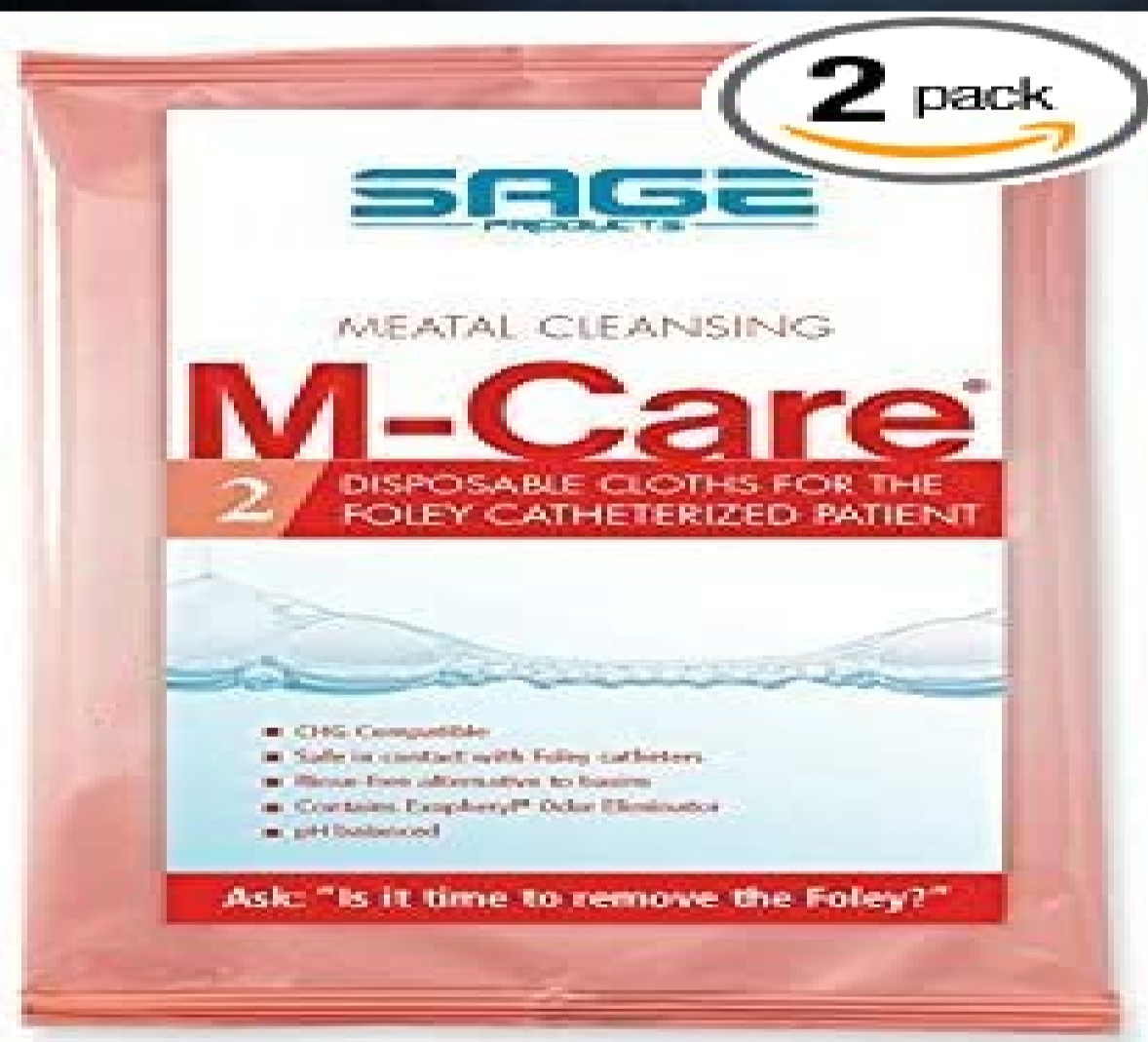
Always consider alternatives to a Foley catheter: Straight Cath or external device for female (pure wick) and male patients (condom cath).

Pure wick place on low suction (40 mm hg), monitor output, and replace when soiled. Please assess skin for condom cath every 4 hours and document in KP Epic.



Indications for Foley Catheter placement

1. Patient has acute urinary retention (post void residual = > 300ml's) or bladder outlet obstruction.
2. Need for accurate measurements of urinary output in critically ill patients who cannot reliably void.
3. Perioperative use for selected surgical procedures.
4. Assist in stage III or IV pressure ulcer healing in incontinent patients.



Safe Foley insertion please follow the checklist.

1. Two RN's for insertion.
2. Sterile technique at all times.
3. Catheter is secured to thigh using stat lock.
4. Bag below the patient's bladder and off the floor.
5. Peri care with m-care wipes and document in KP Epic.
6. Review catheter necessity daily and remove promptly.

Culture Timeout

Initial Diagnosis: _____ Code Status: _____ End of Life Discussion: _____

New Admission: Y N LOS: _____

Clinical condition: Improving Worsening _____

Clinical Signs: Temp: _____ WBC: _____

Recent Cultures: Blood Urine Sputum _____

On Antibiotic: Y N

Type of Cultures Ordered: _____ LAST Cultures ordered, with dates: _____

Urine: _____

Blood: _____

Sputum: _____

Line Situation with insertion dates:

PICC Line _____ Central Line _____ HD catheter _____

Foley Days: _____

Central Lines Site Assessment: Normal Abnormal _____

Ordering MD: _____ Primary RN: _____

Names involved in discussion: _____

Nurse Manger/ANM to sign off: _____

Please E-Mail - jaspreet.bawa@kp.org

Knowledge check

1. MD orders urine culture from Foley first call lab and ask if there is a urine specimen on hold before collection.
2. Use the culture timeout check list and notify the ANM before collection.
3. Most patients with a Foley will have positive UA but may not have a urinary tract infection (UTI).
4. Cultures should only be orderd if the patient is symptomatic or septic with significant pyuria and no other source of infection likely.

Abbrev	Expansion
DIAG	Enc Diagnoses
DIAGP	Prose-style Enc Diagnoses
DIAGREFRESH	Enc Diagnoses
DIAGX	Short Enc Diagnoses

What's New for 2020-2021 ?

New dot phrase **.lineasses** for documenting foley and central line care in nursing notes. This valuable tool will allow nurses to accurately chart insertion date, reason for line/cath, and nursing care all in one easy place for everybody to see.



Together, we can overcome this!

Working together as a team from the PCT to the bedside nurse to the department manager we can stop CAUTI in its tracks. Following these steps, we will decrease our patient's length of stay in the hospital and the need for antibiotics for this preventable disease.