

Catheter Associated Urinary Tract Infections (CAUTI) Prevention



The best way to prevent CAUTI is to not have an indwelling urinary catheter!

*Mission Hospital- A **Catheter Pause form** is now required to be completed prior to insertion in Inpatient Areas (L&D Excluded).

CAUTI Prevention: Key Practices

Here are the essential tips for preventing catheter-associated urinary tract infections (CAUTIs):

During Insertion and Daily Care

- Practice rigorous hand hygiene before and after all patient contact.
- Maintain strict sterile technique during catheter insertion. Consider a **second person** for assistance to ensure sterility.
- Secure the catheter with a **securement device** to prevent migration and urethral trauma.
- Use the **green clip** to secure tubing to the bedsheet, preventing kinks and dependent loops.
- Perform catheter care with castile soap wipes every shift and as needed (PRN).

Drainage Bag Management

- Ensure the drainage bag is labeled with the orange sticker from the insertion kit.
- Keep the drainage bag below the level of the bladder and off the floor at all times.
- Avoid letting the drainage spout touch any surface when emptying the bag.
- Empty the bag before it is 2/3 full and always before ambulating or transporting the patient.

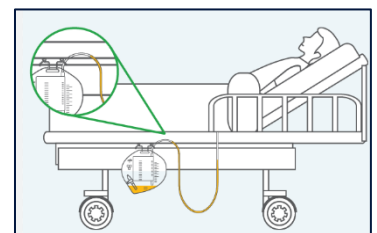
Why label the drainage bag?

- **Patient Safety:** Tracking the insertion date is crucial for preventing infection by ensuring timely removal.
- **Accountability:** This identifies who performed the insertion, supporting proper documentation and care.
- **Correct Management:** The label confirms the patient has a catheter, preventing errors in care and treatment.

Foley Catheter Insertion		
Date/Time		
Department		
Initials		
Foley Catheter Insertion		
Date/Time	9/24/25	
Department	ED	
Initials	JB	
to be used in conjunction with SCIP guidelines		
Pre-OP	Intra-OP	Post-OP
Temp	Temp	Temp
Method	Method	Method
Date/Time	Date/Time	Date/Time
CDC Guidelines for Appropriate Indications for Indwelling Urinary Catheter Use		Have You?
<input type="checkbox"/> Prescribed per joint urinary catheter or bladder outlet obstruction	<input type="checkbox"/> Documented history of urinary tract infection	<input type="checkbox"/> Documented urinary tract infection
<input type="checkbox"/> Need for accurate urine output measurements or urinary catheter	<input type="checkbox"/> Urinary catheter used for urine output measurement	<input type="checkbox"/> Urinary catheter used for urine output measurement
<input type="checkbox"/> Use for urological procedures	<input type="checkbox"/> Urinary catheter used for urological procedures	<input type="checkbox"/> Urinary catheter used for urological procedures

Dependent Loop Defined:

- A **dependent loop** is a segment of urinary catheter tubing that hangs below the level of the bladder or drainage bag. This creates a low point where urine can collect and stagnate, preventing proper gravity-assisted drainage.



Dependent Loop

Timely Catheter Removal

Remove the catheter as soon as possible. The nurse's role in this process is critical.

If the **Urinary Management Protocol** is ordered, the nurse can remove the catheter based on the protocol criteria.

If a protocol is not in place, advocate with the provider for a discontinuation order.

Urinary Management Protocol:

Foley is removed within **one day** unless criteria is met. The criteria can be found in the reference text under Tubes and Wounds → Urinary Catheter → Urinary Catheter Status.

Details for **Temporary Indwelling Catheter (Foley Catheter)**

Details | Order Comments

*Requested Start Date/Time: 09/23/2025 1525 EDT

*Initiate Indwelling Urinary Management Protocol: Yes No

*Indication: **Accurate I/O and critically ill**

- Perioperative procedure
- Accurate I/O and critically ill
- Acute retention/obstruction
- Assist in skin healing
- Gross Hematuria/irrigate
- Palliative care
- Prolonged immobilization
- Peripartum

Additional Comments:

Urinary Management Protocol Criteria:

- D/C Urinary catheter within one day following insertion unless patient meets one of the following criteria:
 - Acute urinary retention or bladder outlet obstruction
 - Assist in Skin Healing: open sacral or perineal wounds
 - Chronic: Must have order for chronic indwelling foley catheter
 - Prolonged immobilization: Examples include unstable spine injuries, neck injury, multiple traumatic injuries such as pelvic/abdominal injuries, chemical paralysis/sedation
 - Palliative Care: Improve comfort for end of life care
 - Gross hematuria/irrigate
 - Accurate I/O and critically ill. Intervention examples driving care based on patient's hourly urine output
 - Bolus Fluid resuscitation
 - Vasopressors
 - Inotropes
 - IV Diuretic therapy with increased oxygen requirements
 - Hourly urine studies to measure life threatening laboratory abnormalities
 - Perioperative Procedure
 - Peripartum
 - Meets removal protocol
- Perform on-going assessment to determine appropriate Foley indication

Post Urinary Catheter Removal Care:

- Document time of removal and urine volume
- Encourage **PO intake** unless contradicted
- Encourage **Activity**
- Schedule **Voiding Trials** 2-3 hours after the indwelling catheter is removed