

# Following Isolation Precautions

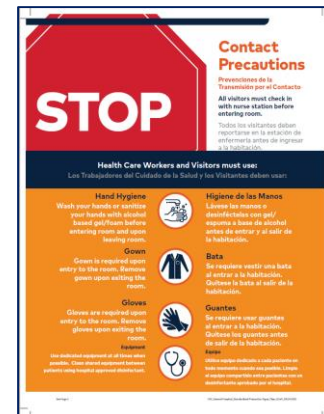
- ❑ **Mandate Adherence:** Strict adherence to **Isolation Precautions** is required to prevent the transmission of infectious pathogens.
- ❑ **Signage Protocol:** Ensure isolation signage is accurately posted and remains in place while the order is active. **Do not remove signage** unless:
  - The order is discontinued **or**
  - The patient has discharged **AND** EVS has cleaned the room
- ❑ **Visitor Education:** Clinical staff must **educate visitors** on the required Isolation Precautions before they enter the room.
- ❑ **Visitor PPE:** Visitors must be informed of the risks, but they **retain the right to decline** the use of personal protective equipment (PPE).
- ❑ **Reference Policy:** The [Isolation Precautions Reference Table](#) is accessible in **PolicyStat** for quick review.
- ❑ **Infection Prevention Contact:**
  - Main Line: 828-213-5460 (Contact for any questions regarding Isolation Precautions)

Please see policy [Isolation: Transmission-Based Precautions, 1IC.IP.0011](#) for more information.



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# Positive Patient Identification

Patient Identification, 1NPSG.ADM.0003

All patients of Mission Health should be positively identified using two patient specific identifiers at every encounter.

- **Name and date of birth** are the two preferred identifiers for Mission Health except in the instance of the exceptions clearly noted in policy (patient is unable to respond, etc..)
- Whenever possible, the patient should be asked to state name and date of birth. The patient may also be asked to spell the first and last name.
- Using technology, such as scanners, supports patient identification, but does not replace the use of two patient-specific identifiers.
- The patient is positively identified at every encounter including, but no limited to:
  - Check in for appointments
  - Registration
  - Prior to transport
  - Prior to testing
  - Prior to procedures
  - Prior to specimen collection
  - Prior to medication administration
  - Prior to blood product administration,
  - When electronic or paper documentation materials/systems are accessed or used.

In the event of a patient registration error and the EMR can not be combined or overlayed, all staff will stop documenting on incorrect chart and go to downtime procedures until a new EMR admission encounter can be created.

# Catheter Associated Urinary Tract Infections (CAUTI) Prevention



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

## 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

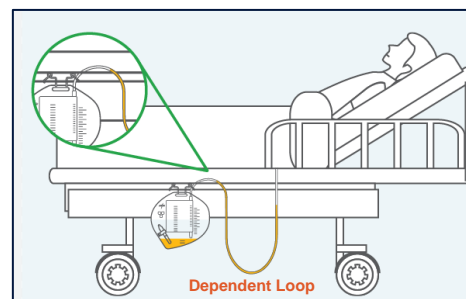
- **Ensure the drainage bag is labeled** with the orange sticker from the insertion kit.
- **Keep the drainage bag below the level of the bladder** and off the floor at all times.
- **Avoid letting the drainage spout touch any surface** when emptying the bag.
- **Empty the bag before it is 2/3 full**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

### 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.
- This blockage increases the risk of urine backing up into the bladder, which is a significant factor in the development of catheter-associated urinary tract infections (CAUTIs).



See back for additional guidance

## 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

\*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

\*Initiate Indwelling Urinary Management Protocol: ☒ Yes ☐ No

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