

AHRQ Safety Program for Reducing CAUTI in Hospitals



Appendix J. Urinary Catheter Brochure

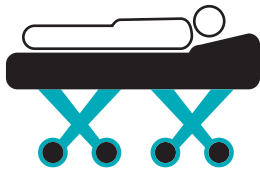


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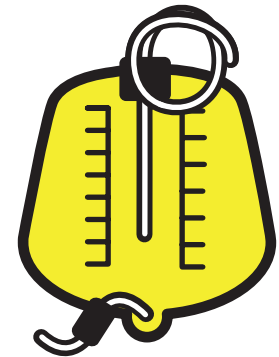
Patient Management for Incontinence

- Turn patient every 2 hours to cleanse area and change linens.
- Use quilted pad under patient.
- Use skin barrier creams.
- Start toilet training program:
Offer bedpan or commode with assist every 2 hours.



Urinary Catheter Initiative Champions

Promptly Remove Urinary Catheters



Focus on Patient Safety



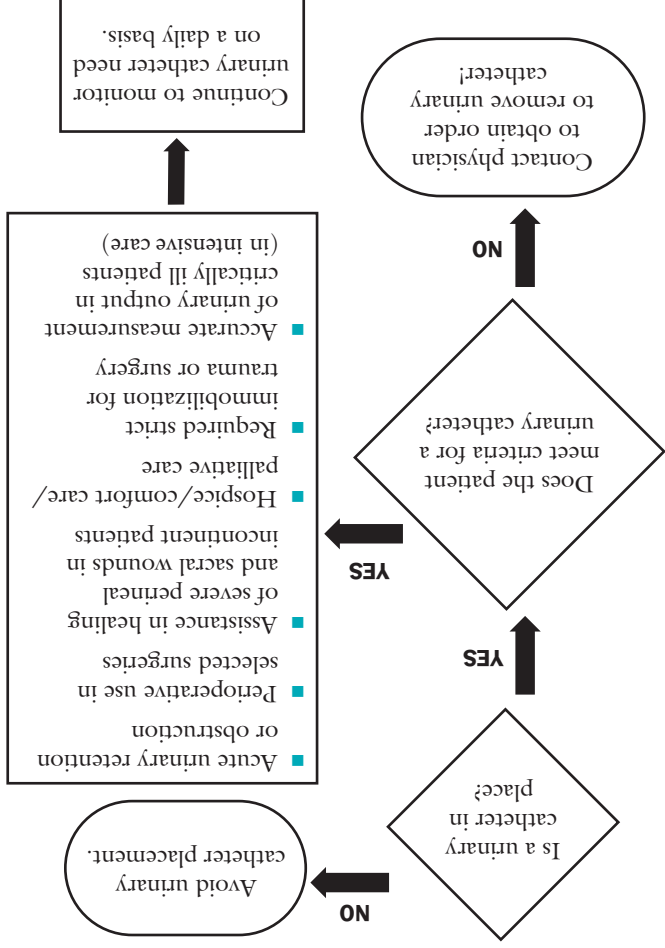
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Urinary Catheter Facts

- 600,000 patients develop hospital-acquired urinary tract infections (UTI) every year.
- Of these infections, 80 percent are from a urinary catheter.
- About half of patients with a urinary catheter do not have a valid indication for placement.
- Each day the urinary catheter remains in place the risk of a UTI increases 5 percent.

Evaluation of Urinary Catheter Need



Indications for Urinary Catheters

- Acute urinary retention or obstruction
- Perioperative use in selected surgeries
- Assistance in healing of severe perineal and sacral wounds in incontinent patients
- Hospice/comfort care/palliative care
- Required strict immobilization for trauma or surgery
- Accurate measurement of urinary output in critically ill patients (in intensive care)

Urinary Catheters Are NOT Indicated for...

- Urine output monitoring outside the ICU
- Incontinence
- Patients transferred from intensive care to general units
- Prolonged postoperative use
- Morbid obesity
- Immobility without a sacral or perineal pressure sore
- Confusion or dementia
- Patient request