Appendix L. Intensive Care Unit Infographic Poster
Stop catheter-associated urinary tract infections (CAUTI) in critically ill patients.

1. RAISE AWARENESS AND UNDERSTAND THE RISKS OF INDWELLING URINARY CATHETERS

Possible misconceptions:

- “It’s just a Foley, so what’s the big deal?”
- “Incontinent patients need a urinary catheter to prevent hospital-acquired pressure ulcers.”
- “CAUTI prevention isn’t my responsibility.”
- “All immobile intensive care unit patients need Foley catheters.”

What the science & evidence show:

CAUTI is a serious patient safety issue.1

- Complications associated with CAUTI result in increased length of stay, patient discomfort, excess health care costs, and even death.
- It’s about more than just the Foley. Unnecessary catheterization puts patients at risk for urinary tract infections and may cause other complications such as multidrug-resistant organisms, additional antibiotics leading to increased risk of *Clostridium difficile* infection, immobility (Foley is considered a "one-point restraint"), hospital-acquired pressure ulcers, falls, and venous thromboembolism.2,3
- Not all critically ill, immobile patients need Foley catheters.
- All team members—from frontline staff to leaders—have a responsibility to help prevent CAUTI.
- CAUTI prevention is also tied to the “bottom line” with potential financial implications associated with Centers for Medicare & Medicaid Services and healthcare-acquired conditions, value based purchasing, and population health.
- CAUTI outcome measures are used to assess performance.

2. CONSIDER ALTERNATIVES FOR MEASURING FLUID INTAKE AND OUTPUT

Daily weights

Condom catheter

Female and male urinals

Straight intermittent catheterization

Patient commodes

Absorbent briefs or under pads that can be weighed to obtain urine output

3. RETHINK THE “CULTURE OF CULTURING” URINE

Reflex pan culturing may lead to *C. difficile* infection.

Asymptomatic bacteriuria + exposure to unnecessary antibiotics

possible *C. difficile* infection

If a patient develops a new fever, “... (> 38.3 C), it is a reasonable trigger for a clinical assessment but not necessarily a laboratory or radiologic evaluation for infection."4

Don’t assume an ICU patient’s fever is due to a urinary tract infection...

...Other causes could include: 4

- Respiratory tract infection
- Gastrointestinal infection
- Bloodstream infection
- Neurological pathology that may result in altered thermoregulation

“Critical care units could reduce the cost of fever evaluations by eliminating automatic laboratory and radiologic tests for patients with new temperature elevation (level 2). Instead, these tests should be ordered based on clinical assessment.”4

4. TACKLE CAUTI

1. Pause and verify that the patient has an approved indication before inserting catheter.
2. Involve a second person during insertion to facilitate aseptic technique.
3. Evaluate continued need daily.
4. Empower nursing staff to discontinue catheter use as soon as possible.

Make a difference. Change the culture. Visit www.ahrq.gov/CAUTItools for more information.