

CAUTI Guideline Fast Facts

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Why Is the New CAUTI Guideline Important?

Urinary tract infections are the most common type of health-care associated infections, accounting for more than 30 percent of health-care associated infections reported by acute care hospitals. Virtually all health-care associated urinary tract infections (UTIs) are caused by instrumentation of the urinary tract (e.g., insertion of catheters). CAUTI has been associated with increased morbidity, mortality, hospital cost, and length of stay. The good news is that many CAUTIs may be prevented with recommended infection control measures.

Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC) (<http://www.cdc.gov/hicpac/>) has released the revised 2009 Guideline for Prevention of CAUTIs (http://www.cdc.gov/hicpac/cauti/000_.html), which provides valuable prevention information for healthcare providers.

What Are the Changes?

The CAUTI Guideline, originally published in 1981, has been updated and expanded to include new research and technological advancements for the prevention of CAUTI. The Guideline addresses recommendations for CAUTI prevention for patients requiring short and long-term catheterization as well as those requiring chronic urinary drainage in non-acute care settings. In addition, the Guideline places greater emphasis on quality improvement initiatives while providing clarification and more specific guidance for implementation based upon a systematic review of the literature (through July 2007).

This is also the first CDC HICPAC Guideline to use a standardized methodology (<http://www.cdc.gov/hicpac/guidelineMethod/guidelineMethod.html>), which develops guidelines based upon systematic, transparent reviews of the best available evidence, and it features explicit links between evidence and recommendations. The new methodology provides CDC HICPAC the opportunity to further strengthen the validity and impact of this and future guidelines.

Who Should Use the CAUTI Guideline?

The CAUTI Guideline should be the starting point for facilities to prevent UTIs. The Guideline is also designed for use by infection prevention staff, health care epidemiologists and administrators, nurses, physicians, other health care providers, and persons responsible for developing, implementing, and evaluating infection

prevention and control programs for health care settings. The CAUTI Guideline is an extremely effective resource for societies or organizations that wish to develop comprehensive implementation guidance for the prevention of CAUTI.

What Facilities Should Implement the CAUTI Guideline?

The Guideline applies to all health care facilities, including acute and non-acute care settings (e.g., long-term care facilities, home health care) that provide for patients who may require urinary catheterization.

What Information Is Included in the CAUTI Guideline?

- Strong recommendations that everyone should do and follow to ensure CAUTI prevention
- Examples of indications for appropriate urinary catheter use
- Examples of inappropriate uses for indwelling catheters
- Proper techniques for urinary catheter insertion
- Proper techniques for urinary catheter maintenance
- Guidance on implementation of quality improvement programs
- Recommended administrative infrastructure—provision of guidelines, education and training, supplies, system of documentation, and surveillance resources
- Identification of gaps where there is a lack of evidence to make a strong recommendation
- Guidance on surveillance—when to consider as indicated by facility-based risk assessment; using standardized methodology for performance of CAUTI surveillance; routine screening of catheterized patients for asymptomatic bacteriuria (ASB) is not recommended; and delivery of regular surveillance feedback of unit-specific CAUTI rates to health care staff

What Are the Recommended Core Strategies for the Prevention of CAUTI?

- Insert catheters only for appropriate indications
- Leave catheters in place only as long as needed
- Ensure that only properly trained persons insert and maintain catheters
- Insert catheters using aseptic technique and sterile equipment (acute care setting)
- Following aseptic insertion, maintain a closed drainage system
- Maintain unobstructed urine flow
- Practice hand hygiene and standard (or appropriate isolation) precautions according to CDC HICPAC guidelines

What Are Some Examples of Quality Improvement Programs That May Ensure Appropriate Urinary Catheter Utilization?

- System of alerts or reminders to remove unnecessary catheters
- Stop orders for urinary catheters
- Protocols for nurse-directed removal of unnecessary catheters
- Guidelines/algorithms for appropriate perioperative catheter management

Are There New Technologies That Can Help Prevent CAUTI?

Portable ultrasound devices can be used to assess urine volume in order to reduce unnecessary catheterizations in some patients. Currently, data supporting use of ultrasound bladder scanners are limited; however, this is a promising technology for CAUTI prevention.

Antiseptic or antimicrobial-impregnated catheters, such as silver-alloy coated catheters, may also reduce the risk of CAUTI. However, current data on the clinical benefit of such devices are also limited. Antimicrobial/antiseptic-impregnated catheters should be considered if the CAUTI rate in a facility is not decreasing despite implementing and documenting adherence to the core strategies to reduce the risk of CAUTI. Certain high-risk patients may also benefit from these catheters, but more research is needed.

Electronic medical record systems can also be utilized for CAUTI prevention efforts. Such systems can be used to document indications for catheter placement and monitor dates and times of catheter insertions and removals. Electronic alerts or reminders can also be used to prompt clinicians to remove unnecessary catheters.

What Are the Recommendations for CAUTI Surveillance?

Facilities should consider surveillance for CAUTI when indicated by a facility-based risk assessment. Recommended surveillance methodology and metrics can be found in the Guideline, the NHSN Patient Safety Manual (<http://www.cdc.gov/nhsn/library.html#psc>), and the U.S. Department of Health & Human Services (HHS) Action Plan to Prevent Healthcare-Associated Infections (<http://www.hhs.gov/ash/>).

Should Facilities Screen Catheterized Patients for Asymptomatic Bacteriuria (ASB)?

Routine screening of catheterized patients for ASB is not recommended. Such screening may be warranted in certain clinical situations.

For additional information or to download a complete version of the CAUTI Guideline, please visit: Device-associated Infection Prevention Guidelines (http://www.cdc.gov/hicpac/cauti/001_cauti.html).



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