

CAUTI TOP TEN CHECKLIST

Associated Hospital/Organization: AHA/HRET HEN 2.0

Purpose of Tool: A checklist to review current or initiate new interventions for recognition and prevention of CAUTI in your facility.

Reference: www.hret-hen.org

CAUTI Top Ten Checklist	In Place	Not Done	Will Adopt	Notes: By whom/when?
Process Change Tier 1: Standardize supplies, procedures and processes involving urinary catheters*				
Avoid placement: Place indwelling urinary catheter only for appropriate reasons. ¹ Involve clinicians in all units where catheters are commonly placed including ED, ICU, and surgical procedure units. ^{2,3}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Avoid placement: Encourage use of alternatives to indwelling catheters such as external catheters, bladder scanners, intermittent catheterization, optimal incontinence products, prompted toileting and use of urinals, bedside commodes and daily weights as alternative methods to collect/measure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure proper aseptic insertion and maintenance technique ⁴⁻⁶ involving hand hygiene, soap and water perineal care, strict adherence to aseptic catheter insertion steps, catheter securing, no kinks, bag lower than bladder, avoid breaks in closed system. Do not routinely change catheters. Educate all staff and family that care for or transport catheterized patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Optimize prompt removal of unnecessary urinary catheters. ^{7,8} Daily review of catheter necessity, with consideration of nurse empowerment to remove by default if no longer needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urine culture stewardship: culture only when symptomatic. ^{9,10} Do not culture because of odor, color, cloudiness or simply prolonged catheter use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Process Change Tier 2: Enhanced practices to apply if CAUTI rates remain elevated*				
Focused review using CAUTI GPS tool to identify opportunities for improvement ¹¹ (available at http://catheterout.org/questions.html).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conduct periodic catheter rounds with targeted education to reduce inappropriate use and clarify interpretations of appropriateness criteria. ¹²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feedback infection and catheter use to staff in “real time.”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe and document competency of catheter insertion on a routine basis. ¹³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perform root cause analyses of infections to identify contributors to unnecessary or improper catheter use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* This Tier 1 and Tier 2 approach is the recommended prioritization of interventions for prevention of CAUTI in the 2016 collaboratives for HEN 2.0, AHRQ ICU, and CDC.



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