Prevention of Catheter Associated Urinary Tract Infections (CAUTIs)
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**Problem:** Urinary tract infections (UTIs) are the most common hospital acquired infection and most are catheter associated. Consequences include sepsis, bacteremia, a reservoir for multidrug resistant organisms, and immobility to patients. Catheter associated UTIs (CAUTIs) can lead to increased length of stay and increased hospital costs.

**Evidence:** Prevention strategies used in a variety of settings include automatic stop orders, nurse directed protocols, written and computerized reminders, and education of nurses and physicians. Many studies documented that reminder systems decrease catheter use, duration, and CAUTI rates. A national study showed that many hospitals do not have a prevention program in place and limited studies have taken place in a long term acute care hospital.

**Strategy:** Project implementation will take place over a three month period and will include education of nursing staff on catheter care, CAUTI consequences, and appropriate indications. A nurse driven guideline will be implemented empowering nurses to remove catheters that are not indicated. Baseline data regarding catheter usage and CAUTI rates will be obtained and compared to post implementation results.

**Practice Change:** This evidence-based project is intended to improve patient outcomes by implementing interventions to prevent CAUTIs that include staff education, daily assessment of catheter necessity, and a nurse driven guideline for removal of unnecessary catheters. A secondary goal is to empower nurses through the use of the nurse driven guideline.

**Evaluation:** Evaluation methods include measuring rates of catheter use, duration, and CAUTIs through chart review and data collection obtained from the quality control nurse. Additionally, nursing knowledge and empowerment will be measured to evaluate project impact.

**Results:** Predicted outcomes of the project include a decrease in catheter use, duration, and CAUTI rates and an increase in nurse empowerment.

**Recommendations:** Recommendations for clinical practice will be to implement a nurse driven guideline for the prevention of CAUTIs in a long term acute care hospital.

**Lessons Learned:** To be determined as the project end date is June 9, 2012.
Bibliography:
