Talking Points for Urinary Catheter Removal Protocol

- Urinary tract infection (UTI) is the most common hospital-associated infection.
- UTIs account for approximately 40% of healthcare-associated infections. **80% of those infections are associated with urinary catheters (Catheter-associated UTIs or CAUTIs).**
- Risk of infection increases ~5% per day for every day a catheter stays in place.
- An estimated 17%-69% of CAUTIs may be preventable with recommended infection control measures, which means that up to 380,000 infections and 9,000 deaths related to CAUTIs per year could be prevented.
  

- Evidence-based guidelines identify appropriate indications for use of urinary catheters.
- Literature and a BJC survey reveal that urinary catheters are being used for reasons inconsistent with current guidelines.
- To reduce the incidence of catheter-associated UTI, urinary catheters should be inserted using aseptic technique and removed as quickly as possible.
  
  --SHEA/IDSA Compendium to Prevent Healthcare-associated infections 2008

- The continued need for a urinary catheter should be assessed daily using standard criteria. Under a nursing protocol, nurses are allowed to remove the catheter once the qualifying criteria for urinary catheterization are no longer met. The urinary catheter removal protocol will be placed in the patient’s chart and signed by the registered nurse who assessed the patient and removed the catheter.
- A written physician’s order will supersede this protocol; surgeons must write to continue a catheter past POD 1 or 2 to be in compliance with new SCIP measure effective October 1, 2009.
- **THIS IS A PATIENT SAFETY INITIATIVE!**
  
  Prevention of catheter-associated UTIs helps to meet Joint Commission National Patient Safety Goal #7- Reduce the Risk of Healthcare-Associated Infections.

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Source: BJC HealthCare, St. Louis, MO.