

Urinary Catheter Management and CAUTI Prevention Frequently Asked Questions

Always refer to the Urinary Catheter Management and Urinary Tract Infection Prevention Policy (PHC-01-000088) before moving forward with catheter insertion, maintenance, and removal.

1. **If my patient has an indwelling urinary catheter in place for 48 hours or greater, why would I need to remove it and insert a new one before I obtain a urinalysis with reflex culture?**

The urine in the catheter tubing is considered contaminated (biofilm).

Note: Before inserting a new catheter to collect the urinalysis with reflex culture, consult the appropriate algorithms within the Policy to determine continued medical necessity.

2. **Does performing multiple in and out catheterizations (intermittent/straight catheterization) on a patient increase their risk for a urinary tract infection?**

No. CAUTIs are identified by the presence of an indwelling urinary catheter over an extended period of time. The risk of urinary tract infection is not discounted with multiple in and out catheterizations; however, risk is minimal if proper technique is performed. Staff are to continue to use aseptic technique even while performing in and out catheterizations.

3. **Why is it so important to establish a LDA for a catheter?**

Many of the reports utilized by the CAUTI Prevention Promise Package are specifically derived from the information in the LDA; without this information, the reports will be inaccurate. Additionally, if the procedure is not documented, then it was never done.

4. **I just placed an indwelling urinary catheter in my patient. Can I get a urine sample from the drainage bag?**

No. Never collect a urinalysis, urinalysis with reflex, or a urine culture from the catheter drainage bag. Refer to the CAUTI Prevention Promise Package to locate the appropriate procedure.

5. **My patient is a paraplegic/quadruplegic. Does this mean an indwelling catheter is indicated for prolonged immobility?**

No. Every effort is to be made to keep the patient on their home routine. For example, if patient self-catheterizes at home, then they are to be provided with supplies to continue to do so at the hospital. If the patient cannot perform self-catheterization, the procedure will be performed by the nursing staff.

Urinary Catheter Management and CAUTI Prevention Frequently Asked Questions

6. **How do I determine if my patient is “critically ill” and needs an indwelling urinary catheter?**

As defined by the Urinary Catheter Management and Urinary Tract Infection Prevention Policy (PHC-01-000088) policy: “Critically ill patients requiring mechanical and/or pharmacological intervention to maintain a normal blood pressure and/or adequate cardiac output (hemodynamic unstable):

- Requires accurate intake & output/continuous monitoring of urinary output
- Sedation/paralysis/decreased level of consciousness

7. **What are the yellow stickers placed on the balloon inflation port and how do I order them for my unit?**

A yellow sticker (pictured below) will be placed on the balloon inflation port of the patient when the catheter was inserted by Urology. Yellow stickers can be ordered through PeopleSoft (PS#: 126249P).



8. **How do I determine if an indwelling urinary catheter was present on admission (POA)? And where/how do I document this?**

According to the Urinary Catheter Management and Urinary Tract Infection Prevention Policy (PHC-01-000088), POA is defined as “a catheter that is present when the patient arrives to a Piedmont facility. A catheter placed in another Piedmont entity within 24 hours does not fit into the definition of POA.”

Always ensure you are following the Policy before removing a catheter.

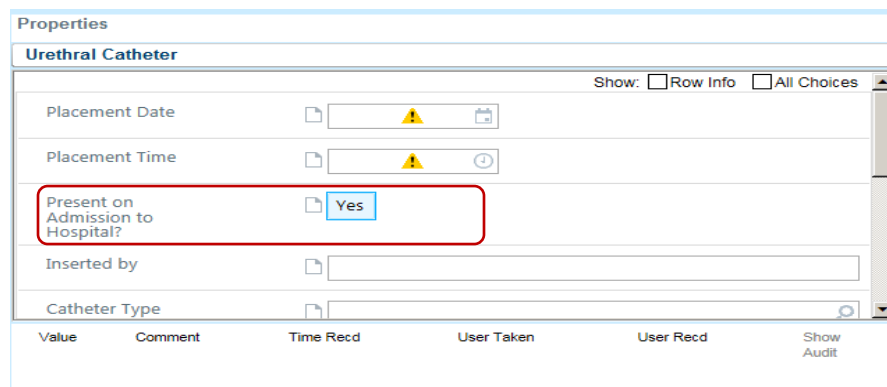
To correctly document a catheter that was POA, you must add an LDA and enter the relevant properties.

Note: you must complete the three properties relating to a catheter present on admission (Yes/No, Removal Date, and Removal Time) in order to meet compliance for the insertion bundle.

Urinary Catheter Management and CAUTI Prevention Frequently Asked Questions

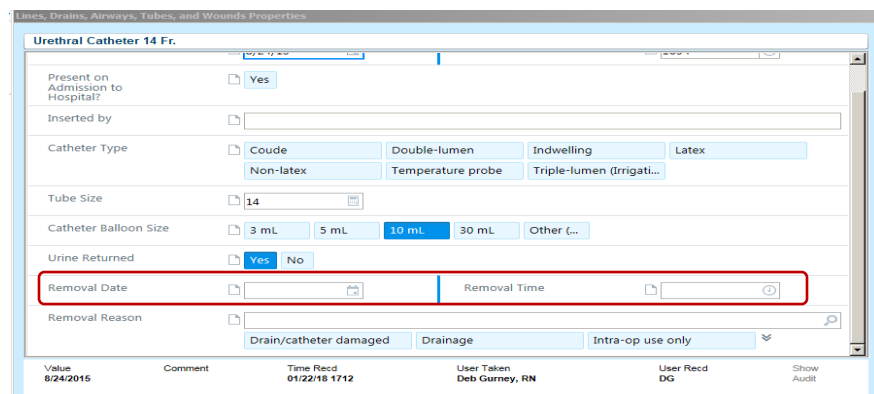
Use following steps to document in Epic:

1. Within Doc Flowsheets, click the “Intake/Output” flowsheet button.
2. To add a new LDA group, click Add LDA.
3. Search for “Urethral Catheter” and click Accept.
4. Click the “Yes” button on the “Present on Admission” property.



The screenshot shows the 'Properties' window for a 'Urethral Catheter'. The 'Present on Admission to Hospital?' property is highlighted with a red box, and the 'Yes' button is selected. Other properties include Placement Date, Placement Time, Inserted by, and Catheter Type. The bottom of the window shows a table with columns: Value, Comment, Time Recd, User Taken, User Recd, and Show Audit.

5. Scroll down to “Removal Date” and click on the calendar button to select a date. If you are selecting the current date, you may click Accept and it will auto-populate.
6. Complete “Removal Time” by clicking on the clock button and to select a time. If you are selecting the current time, you may click Accept and it will auto-populate.



The screenshot shows the 'Urethral Catheter 14 Fr.' properties window. The 'Removal Date' and 'Removal Time' properties are highlighted with a red box. The 'Removal Date' property has a calendar icon, and the 'Removal Time' property has a clock icon. Other properties include Present on Admission to Hospital?, Inserted by, Catheter Type, Tube Size, Catheter Balloon Size, Urine Returned, and Removal Reason. The bottom of the window shows a table with columns: Value, Comment, Time Recd, User Taken, User Recd, and Show Audit.

7. Click Accept at the bottom of the page.

Urinary Catheter Management and CAUTI Prevention Frequently Asked Questions

9. How often does the Catheter Daily report get updated?

The Catheter Daily report is automatically updated twice a day at 6:45 am and 6:45 pm. You have an option to subscribe to the report at 7 am or 7 pm, which will allow you to view the most updated list for your shift.

10. If a patient has a Foley inserted by a urologist at a facility outside of Piedmont Healthcare and medical records have not yet been provided in order to determine removal of the Foley before UA with reflex culture, should the specimen be collected from the existing, present on admission (POA) Foley?

First verify if signs and symptoms of a UTI are present on admission (POA). If a Foley is inserted by *urology* (regardless of facility) appropriate records are to be provided before removing the Foley. Until then, the specimen can be collected from the existing Foley catheter.

11. If a patient is in regular active labor, what is the best practice for inserting and maintaining Foley catheters?

It is up to the discretion of the OB/GYN to determine if a Foley catheter is necessary. These catheters are short-term (less than 2 days) and are to be removed at the conclusion of the procedure. **EPIC Indication: Procedures/Tests requiring urinary catheter.**

12. What is the difference between Catheter Care and Perineal Hygiene? And which should I use when documenting the maintenance bundle?

Perineal Hygiene is to be performed on every patient regardless of whether they have a catheter or not, but especially if they have a Foley catheter. Catheter care is to be performed only if a patient has soiled the catheter. In order to be compliant with the maintenance bundle, perineal hygiene must be documented daily.

Urinary Catheter Management and CAUTI Prevention Frequently Asked Questions

13. If my department does not have collection kits, how do I access them?

Collection kits can be ordered via People Soft (PS # 107961).



14. What do I do in the event that a patient maintains a chronic indwelling urinary catheter (long-term catheterization)?

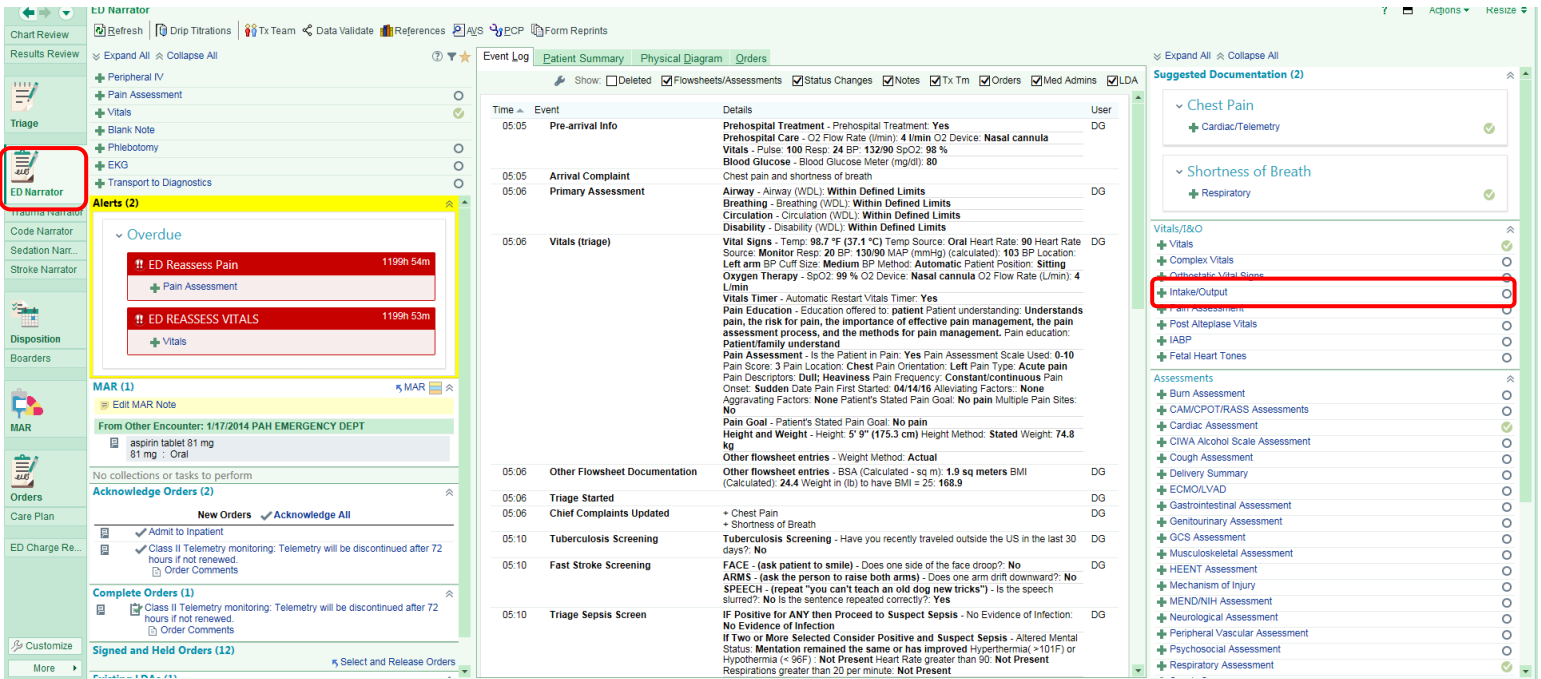
Patient is to be assessed for the present on admission (POA) Foley and policy is to be followed. Due to management difficulties and complications associated with long-term catheterization, periodic assessment is to be made to determine whether a catheter could be removed. Utilize clinical judgement to assess the need for further catheterization after two weeks. Catheters are not to be changed routinely; however, follow the patient's home routine management if they use an indwelling catheter chronically. As part of your daily discussions, raise this issue and bring to the attending physician's attention.

15. How do I order PureWick for my unit?

PureWick can be ordered via PeopleSoft (PS # 164958)

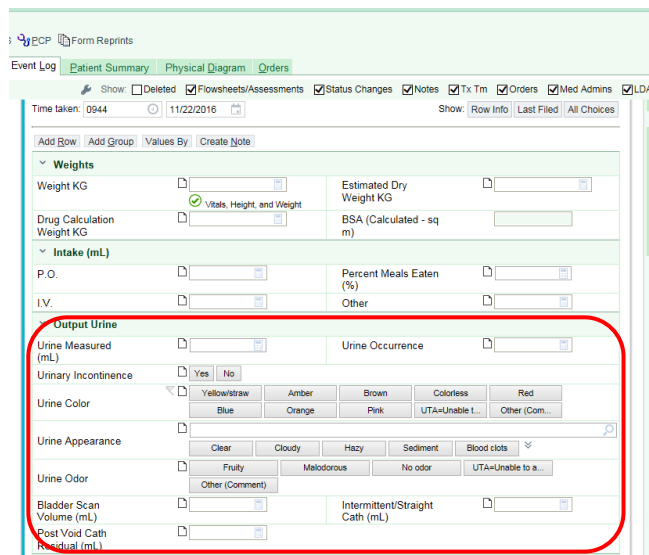
Urinary Catheter Management and CAUTI Prevention Frequently Asked Questions

16. How do I document Straight Catheters in the Emergency Department?
a. Navigate to the ED Narrator tab within the Intake/Output tab



The screenshot shows the ED Narrator interface with the 'Intake/Output' tab highlighted in red. The interface includes a left sidebar with navigation options like 'ED Narrator', 'Triage', and 'Orders'. The main area displays a patient summary with various clinical events and vital signs. The 'Intake/Output' section is expanded, showing fields for urine measurement and occurrence.

- b. Fill in all the lines associated with **Output Urine** for Straight Cath
- Amount drained "Intermittent straight cath" ___ mL
 - Color, odor, sediment or blood flecks
 - Be certain to document bladder scanned amount



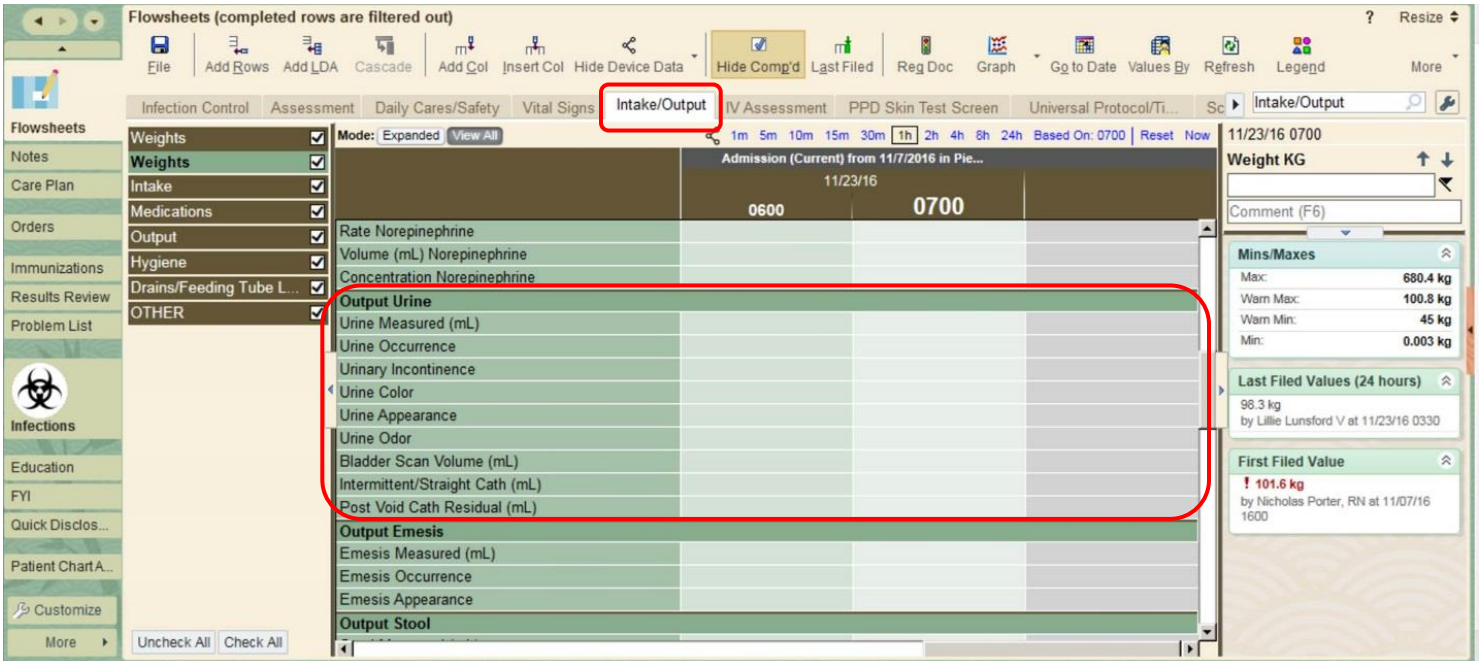
This close-up screenshot shows the 'Output Urine' form. The form includes fields for 'Urine Measured (mL)', 'Urine Occurrence', 'Urine Incontinence', 'Urine Color', 'Urine Appearance', 'Urine Odor', 'Bladder Scan Volume (mL)', and 'Post Void Cath Residual (mL)'. The 'Output Urine' section is highlighted with a red box, indicating the area to be filled out.

Urinary Catheter Management and CAUTI Prevention Frequently Asked Questions

- c. In addition to the documentation in **Intake/Output** section of ASAP, make a blank note that states “Straight Cath procedure performed” and after cleaning perineum, describe any excoriation, lesion of skin break down visualized.
- d. All information flows over to the Intake/Output tab in ClinDoc (inpatient)

17. How do I document Straight Catheters in Inpatient?

- a. Navigate to the **Intake/Output** tab in Flowsheets
- b. Document all pertinent information in the **Output Urine** group



The screenshot displays the 'Intake/Output' flowsheet in a clinical information system. The 'Output Urine' section is highlighted with a red box, indicating the area for documentation. The table shows data for two time points: 0600 and 0700. The 'Output Urine' section includes the following rows:

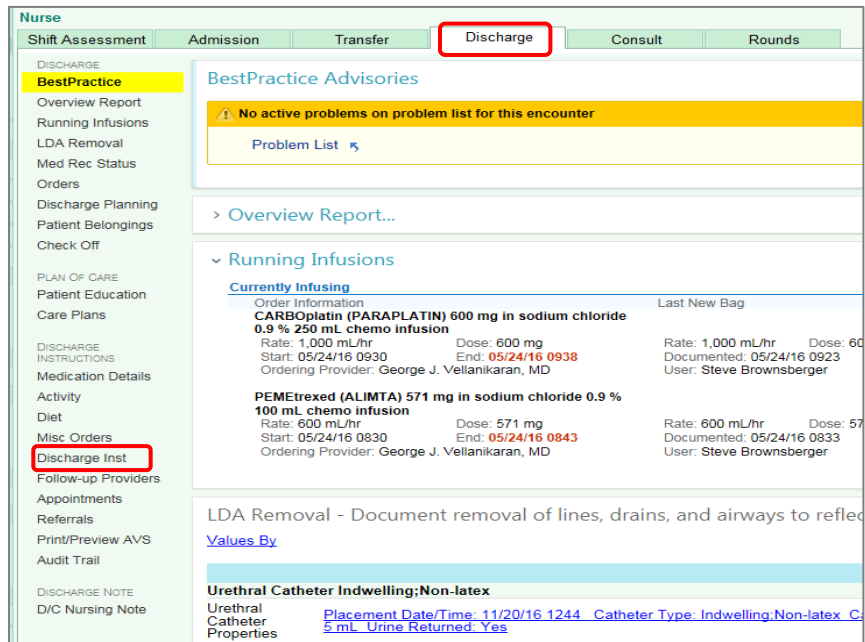
Category	0600	0700
Rate Norepinephrine		
Volume (mL) Norepinephrine		
Concentration Norepinephrine		
Output Urine		
Urine Measured (mL)		
Urine Occurrence		
Urinary Incontinence		
Urine Color		
Urine Appearance		
Urine Odor		
Bladder Scan Volume (mL)		
Intermittent/Straight Cath (mL)		
Post Void Cath Residual (mL)		
Output Emesis		
Emesis Measured (mL)		
Emesis Occurrence		
Emesis Appearance		
Output Stool		

The right-hand panel shows patient weight information:

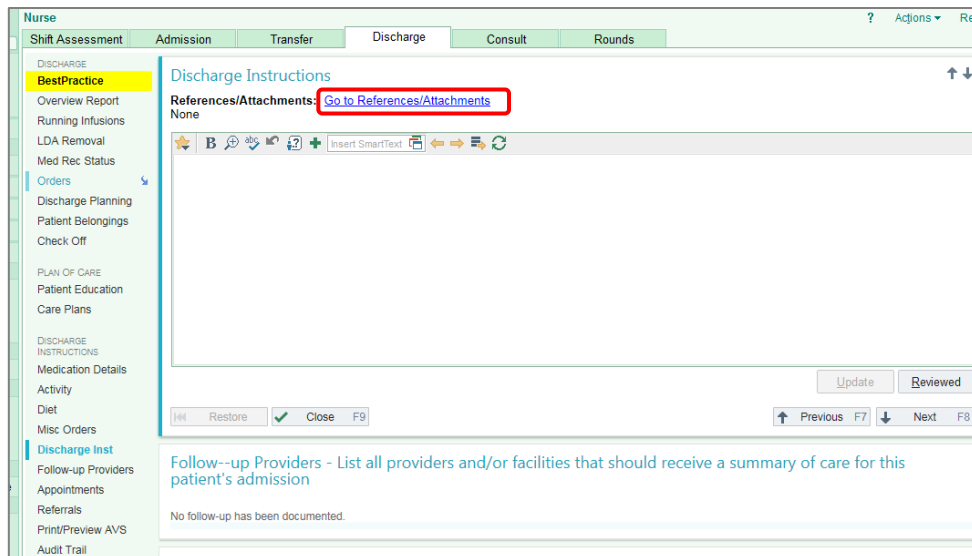
- Weight KG: 11/23/16 0700
- Mins/Maxes:
 - Max: 680.4 kg
 - Warn Max: 100.8 kg
 - Warn Min: 45 kg
 - Min: 0.003 kg
- Last Filed Values (24 hours): 98.3 kg by Lillie Lunsford V at 11/23/16 0330
- First Filed Value: 101.6 kg by Nicholas Porter, RN at 11/07/16 1600

Urinary Catheter Management and CAUTI Prevention Frequently Asked Questions

18. How do I add Foley care instructions to the After Visit Summary (AVS) for a patient going home with a Foley Catheter?
- a. Click on **Discharge Navigator** and then **Discharge Inst**

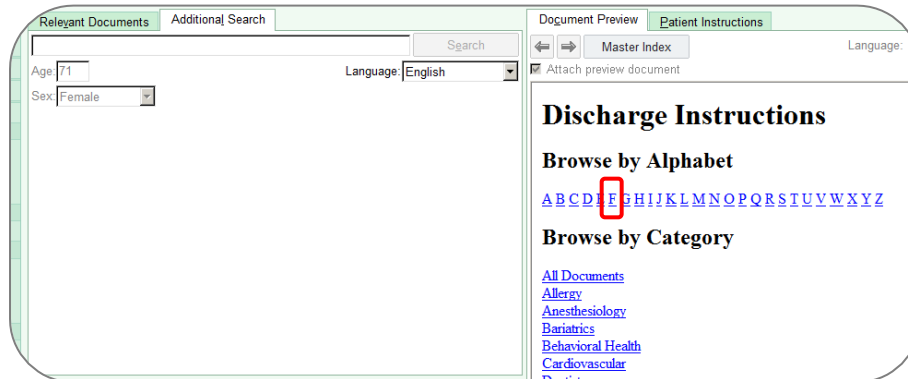


- b. Once under **Discharge Instr**, click on the “**Go to References/Attachments**” link.

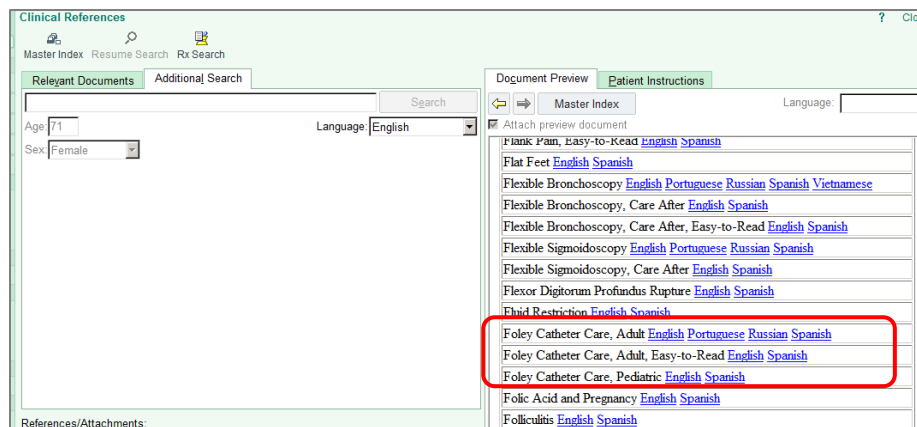


Urinary Catheter Management and CAUTI Prevention Frequently Asked Questions

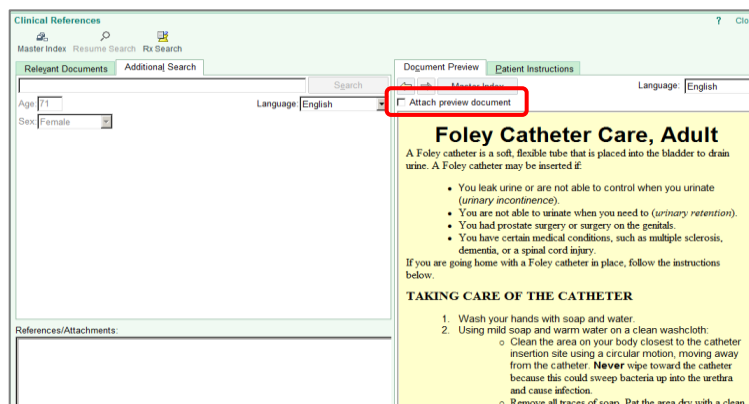
c. Once in the link, click on “F” for Foley.



d. Choose the appropriate **Foley Catheter Care Instructions & Language** for the patient

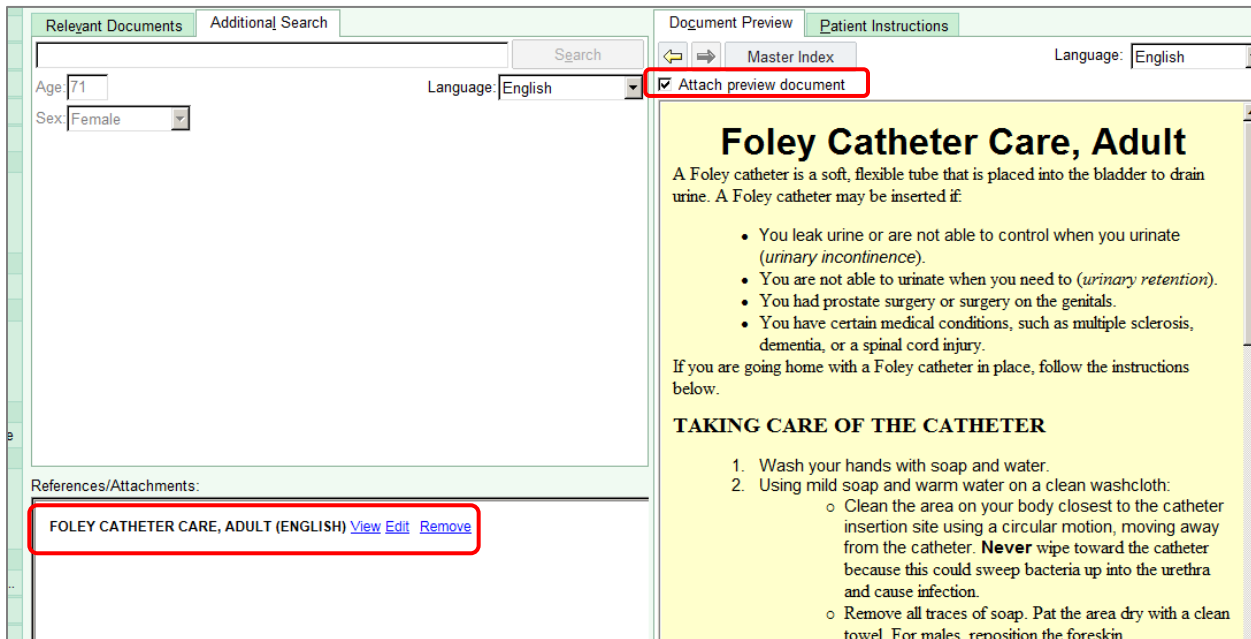


e. A preview of the instructions will appear. To attach the documents to the AVS, click the checkbox.



Urinary Catheter Management and CAUTI Prevention Frequently Asked Questions

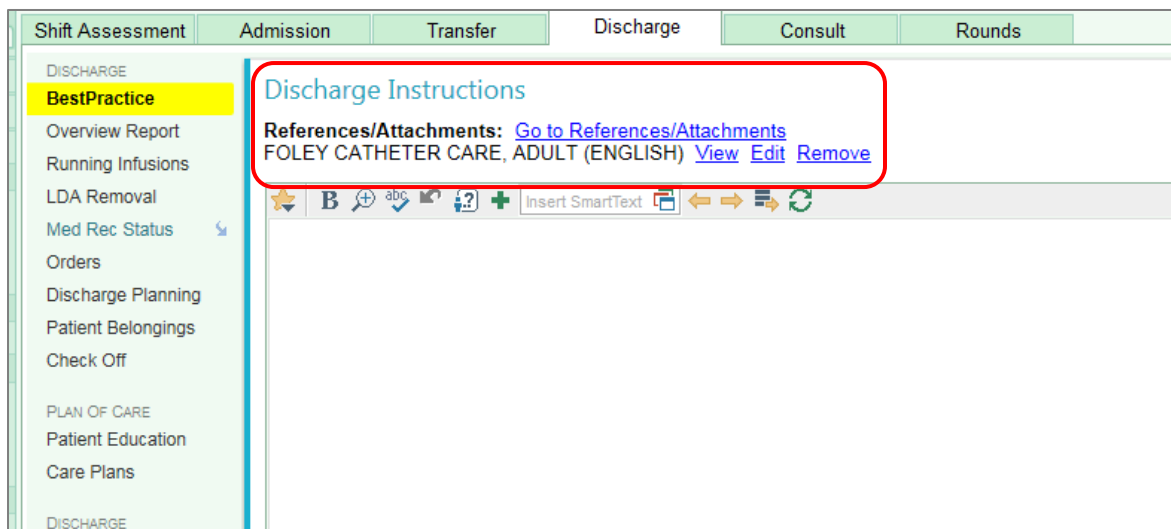
f. The document will now display here as an attachment



The screenshot shows a search interface with the following elements:

- Search Filters:** Age: 71, Sex: Female, Language: English.
- Document Preview Panel:**
 - Buttons: Master Index, Attach preview document (checked).
 - Title: **Foley Catheter Care, Adult**
 - Text: "A Foley catheter is a soft, flexible tube that is placed into the bladder to drain urine. A Foley catheter may be inserted if:"
 - Bulleted List:
 - You leak urine or are not able to control when you urinate (*urinary incontinence*).
 - You are not able to urinate when you need to (*urinary retention*).
 - You had prostate surgery or surgery on the genitals.
 - You have certain medical conditions, such as multiple sclerosis, dementia, or a spinal cord injury.
 - Text: "If you are going home with a Foley catheter in place, follow the instructions below."
 - Section: **TAKING CARE OF THE CATHETER**
 - Numbered List:
 - Wash your hands with soap and water.
 - Using mild soap and warm water on a clean washcloth:
 - Clean the area on your body closest to the catheter insertion site using a circular motion, moving away from the catheter. **Never** wipe toward the catheter because this could sweep bacteria up into the urethra and cause infection.
 - Remove all traces of soap. Pat the area dry with a clean towel. For males, reposition the foreskin.
- References/Attachments:**
 - FOLEY CATHETER CARE, ADULT (ENGLISH) [View](#) [Edit](#) [Remove](#)

g. **Check if the instructions attached.** Click back on the **Discharge Navigator** and click on **Discharge Instructions**. Notice that the Foley Catheter Care document you chose is now attached.



The screenshot shows the Discharge Navigator interface with the following elements:

- Navigation Tabs:** Shift Assessment, Admission, Transfer, Discharge (selected), Consult, Rounds.
- Left Panel (Discharge):**
 - DISCHARGE
 - BestPractice** (highlighted)
 - Overview Report
 - Running Infusions
 - LDA Removal
 - Med Rec Status
 - Orders
 - Discharge Planning
 - Patient Belongings
 - Check Off
 - PLAN OF CARE
 - Patient Education
 - Care Plans
 - DISCHARGE
- Main Content Area:**
 - Title: **Discharge Instructions**
 - Text: "References/Attachments: [Go to References/Attachments](#)"
 - Attachment: FOLEY CATHETER CARE, ADULT (ENGLISH) [View](#) [Edit](#) [Remove](#)
 - Rich Text Editor: Includes icons for Bold, Italic, Underline, Bulleted List, Numbered List, Indent, Outdent, Undo, Redo, and a text input field with "Insert SmartText".