The Center for Disease Control (CDC) has defined best practices for reducing Catheter Associated Urinary Tract Infections (CAUTI). These best practices are together called a ‘bundle’. Unfortunately, CAUTIs are the most common hospital acquired infections. Luckily, there are many ways employees can drastically decrease the number of CAUTIs by following a set of standard best practices.

Educational Points:
1. A provider's order with indication is required before catheter insertion
2. Insert using proper aseptic technique; best practice would be having a second person assist with insertion when possible
3. Consider removal; if ordered, follow the Nurse Protocol for Removal of Indwelling Urinary Catheter
4. Consider using external device such as condom catheter or PureWick
5. Ensure red tamper evident seal (TES) remains intact, a broken seal increases the risk of infection; remove catheter as soon as possible if seal is broken
6. Ensure a securement device is being used in a way that does not create dependent loops; use the StatLock when possible and use tape if the skin is intact but the StatLock does not fit
7. Ensure tubing is free of dependent loops (a dependent loop occurs when the tubing forms a u-shape); this allows fluid in the tube to flow against gravity back to the bladder increasing the risk of infection
8. Ensure foley bag is below the level of the bladder; this helps gravity to keep the urine flowing toward the bag and not back flowing into the bladder
9. Foley bag should hang free without touching the floor
10. Foley bag should remain less than half full at all times to prevent backflow; if traveling to a procedure or test, drain the urine collection bag to prevent backflow
11. Infection risk increases 5% per day with catheter in place; advocate for catheter removal as soon as the indication is no longer present
12. Use pink Secura Cleanser to provide daily foley care and prn incontinent episodes when stool soils the catheter; change gloves after cleaning stool and before completing proper foley care; assist all patients with indwelling catheters with foley care
13. Wipe the catheter tubing six inches down the tubing with CHG wipe from the external meatus away from the patient; do not apply CHG to the mucous membranes; document hygiene

Answers to Commonly Asked Questions
1. What do I do if the hook on my bag is broken, preventing hanging from the bed? Get creative! Use string to tie the bag to the bed.
2. What do I do if the bag hangs on the floor due to a low-level bed? Place the bag in a clean wash basin to prevent it from coming in contact with the floor and change it as needed.
3. How should I transport my patient with a foley catheter bag? Empty the bag before transport. During transport, keep the bag below the level of the patient’s bladder, while ensuring there are no dependent loops.
4. What do I need to think about when ambulating a patient with a foley? When ambulating a patient, ensure that the bag remains below the level of the bladder. Also ensure that there are no dependent loops and that the bag does not touch the floor.
5. What are the approved indications for an indwelling catheter? According to the CDC, appropriate indications include:
   - Acute urinary retention and/or urinary tract obstruction
   - Need for accurate intake and output Q1-2 hours (Critically ill patients only)
6. What if use of a StatLock is contraindicated in my patient?

If tape or a StatLock is contraindicated, use the green clip to secure the line to either the patient's gown or sheet to prevent irritation to the urethra; investigate non-adhesive securement devices.

7. What if patient is allergic to betadine?

Use soap and water to clean perineum; do not use CHG.

Source: Katie Winslow, MSN, RN, CNS 2017; Reviewed by Ren Manzano 2017