

WE CAN'T HAVE A CAUTI **IF WE DON'T HAVE A FOLEY!**

Top Ten Questions Regarding CAUTI Prevention

1. In a patient with sacral decubiti, what's safer? Diaper or a Foley?

Stool contamination is a much greater impediment in wound healing than urine soiling. Urine is typically sterile or contain extremely low quantity of bacteria as compared to stool. According to CDC, one gram of stool may contain up to 1000,000,000,000 (one trillion) germs. Therefore, placing a diaper and ensuring skin care is a safer option than a Foley catheter.

2. In a patient who develops urinary retention, what's safer? Straight catheterization or a Foley?

According to CDC, straight catheterization is safer than a Foley catheter to prevent a CAUTI. Every day a urinary catheter is in place, the risk for a CAUTI increases about 5%.

3. After Foley removal, what if my patient develops retention again? Shouldn't I place a Foley then?

Not necessarily. You should consider stopping the following medications which can cause retention: Opioid analgesics and other CNS drugs (Haldol, Compazine, Amitriptyline, Nortriptyline), Muscle relaxants (Bentyl, Ditropan, Baclofen, Flexeril), Anti-hypertensives (Hydralazine, Nifedipine).

4. What if the patient is not on any of those meds? Shouldn't we place a Foley then?

No. Please call the physician to initiate a thorough workup to look for the cause of retention.

5. What options do I have in the interim while the physician is doing the work up?

Consider bladder scanning and straight catheterization on an as needed basis.

6. How can we convince a patient against a Foley when they ask for one?

Nurses are the most trusted professionals in the U.S. We strongly believe that if you explain the risks of a Foley catheter to the patient, they would trust your judgement.

7. When nephrologists insist on a Foley catheter, what should we do?

Nephrologists – in many cases – need accurate I's and O's to assist them in clinical decision making. Please ensure accurate documentation of I's and O's by using other techniques (daily weights, urinals, bedside commodes, weighing absorbent briefs/pads/diapers etc.) instead of placing a Foley catheter.

8. Can I really d/c a Foley under the Nurse Driven Protocol?

Yes, when a catheter is ordered under the Nurse Driven Protocol, that order is also your d/c order when the catheter is no longer needed. Physicians are fully supportive of a nurse removing unnecessary Foleys.

9. Is it possible to have less than 1 CAUTI/per month in the hospital?

Yes. Many UMMS hospitals have achieved that. We will too.

10. Why not wait until morning to remove the Foley?

Studies show that removal of Foley's before midnight demonstrated larger volumes of the first void (since this is more like the body's natural bladder filling time) and less need for catheterizations (straight catheterization or indwelling) during early morning hours.

