Catheter-Associated Urinary Tract Infection (CAUTI) Resource Guide

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<th>What we heard/learned</th>
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| **Culturing of asymptomatic patients is widespread.** Participants were polled on their organization’s urine culturing practices.  
  - 53% of participants felt pressure to confirm an HAI is present on admission  
  - 47% would send a UA/UC on a patient with concentrated, smelly urine | • Disseminate information to nurses and physicians stressing information that urine cultures should not be sent based upon urine quality: color, smell, sediment, turbidity – these do not constitute signs of infection.  See page 37, Table 4.2 for “When to Obtain or Not Obtain a Urine Culture in a Patient with an Indwelling Urinary Catheter” in the [APIC CAUTI Implementation Guide](#) is a resource for developing criteria for collecting urine cultures in catheterized patients. |
| Subject Matter expert, Robert Garcia, cited studies that mirror our polling results. Culturing asymptomatic patients is leading to over-utilization of antibiotics and causing harm. | • Align your culture stewardship strategy with your Antibiotic Stewardship work. [APIC CAUTI Implementation Guide](#) is a resource for integrating antibiotic stewardship into CAUTI work. |
| **Antibiotic Stewardship is a priority.** When the participants were polled:  
  - 35% are getting started with Antibiotic Stewardship  
  - 53% are gaining momentum  
  - Only 12% were “firing on all cylinders” | |
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| **Specimen collection matters**<br>Avoiding contamination is critical. Contamination leads to unnecessary interventions. Specimen collection Best Practice Triad:<br>• Collect from sampling port on catheter with a sterile syringe and a small needle<br>• “Scrub the hub”<br>• Transport in a collection tube with preservatives or refrigerate if not processed in 2H<br>A urine culture on a **symptomatic** catheterized patient should be obtained from a freshly placed catheter prior to initiation of antimicrobial treatment. (IDSA Guidelines) | Follow specimen collection guidelines published in *Diagnosis, Prevention and Treatment of Catheter Associated Urinary Tract Infection in Adults: 2009 International Clinical Practice Guidelines* published by the Infectious Disease Society of America. [IDSA Guidelines](https://www.infectiousdiseasesocietyofamerica.org/)
- Consider practices shared in the chat to reduce contamination of specimens:
  - Many participants chatted that they use a single use, sterile catheter to obtain a specimen for patients who may not be reliable with technique
  - Provide a Mayo stand in the toilet room to support the patient’s good technique
  - Only specimen tubes with preservatives are used
| **Behind the scenes laboratory processes** can support culture stewardship and must include clinical evaluation for symptoms of infection.<br>• Reflex or confirmatory testing – urine culture is not run unless certain triggers are met – clinical evaluation or specific UA findings indicating infection | [Article: Impact of two-step urine culture in the ED](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6518215/)<br>Include evaluation of the patients for clinical symptoms of an infection before step two (the culture) of reflex testing can be run.
| **Provider Education Resources Requested** | • [Catheterout.org Toolkit](https://www.catheterout.org/toolkit)<br>• Additional resources are forthcoming
| **Routine changing catheters**<br>• Routine changing of catheters at designated intervals is not supported by the evidence.<br>• If the patient is **symptomatic** for UTI, that is an indication to change the catheter.<br>• Participants chatted about concerns regarding biofilm developing on catheters within 48H and therefore they change a catheter if it is > 48H prior to collecting a specimen. This is good practice if the patient has symptoms of an infection. | Follow recommendations in [2014 SHEA/IDEA CAUTI Compendium](https://www.sheainc.org/Content/Files/Catheter-associated-urinary-tract-infection-compendium-2014.pdf). Catheters should be changed when there is a break in the closed system or when symptoms of an infection are present.<br>[APIC CAUTI Elimination Guide](https://apic.org/education/elimination-guides/2017-cauti-elimination-guide/) provides information on the role of biofilm in the pathogenesis of CAUTI.
| **Colonization in catheterized patients.**<br>A participant chatted concern about colonization. | This should not be confused with infection. Patients with catheters will often be colonized and should not be tested or treated if asymptomatic. |