



# PATIENT CARE TIPS: Preventing CAUTI

Listed below are recommendations and reminders for prevention of catheter-associated urinary tract infection.

- Perineal care must be performed at least twice daily and after defecation or bowel incontinence.
- Soap and water are effective in the reducing the number of organisms around the urethra.
- During perineal care, be careful not to advance the catheter up into the bladder during cleansing or risk introducing bacteria into the bladder.
- The Foley bag and tubing should be lower than the patient's bladder at all times.
- The Foley bag and tubing should never touch the floor. If the Foley bag or tubing to touch the floor, they should be considered contaminated and wiped with a disinfectant cloth. If the Foley bag or tubing touches a contaminated surface, it should be wiped with a disinfectant cloth.
- Position the tubing in a manner that prevents kinks and coils. Ensure that there is constant drainage into the Foley bag and there is no collection or pooling of urine in the tubing.
- Use sterile technique, including practicing proper hand hygiene and donning gloves, when collecting a specimen and when emptying the Foley bag.
- Empty the Foley bag every 8 hours and more often if there are large outputs of urine.
- If the tubing becomes disconnected, do not touch the ends of the catheter or the tubing. Use sterile technique, and wipe the ends with an antimicrobial solution before reconnecting.
- Ensure that each patient has a separate receptacle for the measuring urine output in order to prevent cross contamination.
- If it becomes necessary to reposition the Foley bag, drain the contents of the tubing into the Foley bag, and then clamp the tubing, prior to repositioning the bag.
- Encourage fluid intake if not contraindicated. Fluids reduce the amount of stagnant urine within the bladder. Cranberry juice has been found to reduce the ability of certain bacteria to adhere to the bladder wall, thus reducing infection.
- Secure the Foley and its tubing in order to prevent pistoning.
- Remove the Foley as soon as possible. Does the patient have acute urinary retention or bladder outlet obstruction? Is there a need to accurately measure urinary output as in critically ill patients? Does the patient have open sacral or perineal wound? Is the patient on hospice or comfort care? Did the patient have surgery? Foley catheters are usually discontinued within 48 hours of a surgery.

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