## Catheter Associated Urinary Tract Infection (CAUTI) Top Ten Checklist

TOP TEN EVIDENCE BASED INTERVENTIONS				
PROCESS CHANGE	IN PLACE	NOT DONE	WILL ADOPT	NOTES (RESPONSIBLE AND BY WHEN?)
Adopt insertion criteria.				
Ensure sterile technique (including hand hygiene, soap and water perineal care prior to insertion, and appropriate sized catheter) is used - staff competency, observation audits.				
Incorporate daily review of line necessity into workflow, such as charge nurse rounds, electronic health care record prompt. (e.g. take advantage of habits and patterns rather than creating a new form).				
Do not change indwelling urinary catheters routinely.				
Ensure appropriate care and maintenance – closed system, perineal hygiene done routinely, keep urine flowing (no kinks, bag lower than bladder), regular emptying, use of securement device.				
Include RNs, physicians, nurses aids, PT, OT, transport, etc. in your efforts to reduce CAUTI - they all have a role in care, maintenance and discontinuation of the catheter.				
Engage emergency department, surgical services and other invasive procedure areas where urinary catheters might be inserted in adoption of insertion criteria and insertion technique.				
Use other tools such as use of under-pads that provide a quick-drying surface and wick moisture away, toileting schedule, and purposeful rounding (good alignment here with falls and HAPU prevention) to manage incontinence.				
Involve patient and family so they understand the risks associated with a urinary catheter.				
Establish CAUTI as a top priority by making CAUTI data transparent.				





