

# PART 5: APPENDICES

## APPENDIX I: TOP TEN CHECKLIST

Associated Hospital/Organization: HRET HIIN

Purpose of Tool: A checklist to review current or initiate new interventions for CAUTI prevention in your facility

Reference: [www.hret-hiin.org](http://www.hret-hiin.org)

### Catheter-Associated Urinary Tract Infections (CAUTI)

#### Top Ten Checklist

-  Insert indwelling urinary catheters only for clinically appropriate reasons. Involve clinicians in all units where catheters are commonly inserted, including ED, ICU and surgical procedure units.
-  Promote use of alternatives to indwelling catheters such as external catheters, bladder scanners, intermittent catheterization, optimal incontinence products, prompted toileting and use of urinals, bedside commodes and daily weights as alternative methods to collect and measure.
-  Ensure proper aseptic insertion and maintenance technique involving hand hygiene, soap and water perineal care, strict adherence to aseptic catheter insertion steps, catheter securing, no kinks, bag lower than bladder and avoid breaks in closed system. Do not routinely change catheters. Educate all staff and family that care for or transport catheterized patients.
-  Optimize prompt removal of urinary catheters that are not clinically indicated. Conduct daily review of catheter necessity, with consideration of nurse empowerment to remove by default if no longer clinically indicated.
-  Culture only when symptomatic. Do not culture because of odor, color, cloudiness or simply prolonged catheter use.
-  Perform root cause analysis on all CAUTIs to identify root causes and contributing factors. Evaluate and discuss with interprofessional team to identify systems issues and practice gaps related to unnecessary or improper catheter use.
-  Provide transparent feedback to providers and staff regarding hospital-wide and unit-specific infection and catheter utilization data.
-  Observe, document competency and provide real-time feedback of catheter insertion and maintenance on a routine basis.
-  Conduct regular catheter rounds with targeted education to reduce inappropriate use and clarify interpretations of appropriateness criteria.
-  Encourage and expect staff, patients and families to speak up and consider hand hygiene as an "always event," as well as to inquire about the daily necessity of indwelling urinary catheters.