



# AHRQ Safety Program for Intensive Care Units: Preventing CLABSI and CAUTI

## Learn From Defects Tool Worksheet: Catheter-Associated Urinary Tract Infection (CAUTI)

This worksheet is designed to be used near the bedside and is the shortened version of the [CAUTI Event Report Tool: Data for Event Analysis](#). This worksheet will help your team learn what happened, identify the factors that may have contributed to the CAUTI, and discuss how to reduce the risk of it happening again with a different person.

Date and Time: \_\_\_\_\_

Name: \_\_\_\_\_

Attendees: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**What Happened?** The following questions will ask more details about what happened with the patient with documented CAUTI.

**Significant Comorbidities:**

Patient Location: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Age \_\_\_\_\_

Sex: Male Female

Where was the catheter inserted? \_\_\_\_\_

Culture appropriate? Yes No

Reflex to culture? Yes No

Has the catheter been in less than 5 days? Yes No

If yes, was the catheter placed under sterile conditions? Yes No

**Why did the CAUTI happen?** What factors contributed? Summarize what happened to cause the defect by answering the following questions. Select Yes, No, or Uncertain.

- 1) Did the patient meet clinical indications for insertion? Yes No Uncertain  
If yes, list indication:



- |  |     |    |           |
|--|-----|----|-----------|
| 2) Was there an unplanned catheter removal or change?  | Yes | No | Uncertain |
| If yes:  |     |    |           |
| Need to culture?   | Yes | No |           |
| Temperature indwelling urinary catheter required?  | Yes | No |           |
| Other (write in):  |     |    |           |
|  |     |    |           |
| 3) Was the catheter bag changed or seal unbroken?  | Yes | No | Uncertain |
| If yes:  |     |    |           |
| Intra-abdominal pressure monitoring  | Yes | No | Uncertain |
| Urometer required  | Yes | No | Uncertain |
| Other (write in):  |     |    |           |
|  |     |    |           |
| 4) Daily medical necessity documented?   | Yes | No | Uncertain |
| If yes, which indications apply?   |     |    |           |
| <input type="checkbox"/> Critically ill (did patient require hourly urine output?)                             |     |    |           |
| <input type="checkbox"/> Comfort care  |     |    |           |
| <input type="checkbox"/> Urological/perineal procedure   |     |    |           |
| <input type="checkbox"/> Stage 3 or greater pressure ulcer in perineal area with urinary or fecal incontinence |     |    |           |
| <input type="checkbox"/> Immobility (such as spinal cord/pelvic/sacral trauma)                                 |     |    |           |
| <input type="checkbox"/> Neurogenic bladder  |     |    |           |
|  |     |    |           |
| 5) Where was daily medical necessity discussed? Select all that apply.   |     |    |           |
| <input type="checkbox"/> Multidisciplinary rounding  |     |    |           |
| <input type="checkbox"/> Safety huddle   |     |    |           |
| <input type="checkbox"/> CAUTI/CLABSI (central line-associated bloodstream infection) rounds                   |     |    |           |
| <input type="checkbox"/> Shift handoff   |     |    |           |
| <input type="checkbox"/> Other: _____  |     |    |           |
| <input type="checkbox"/> Medical necessity was not discussed daily   |     |    |           |
|  |     |    |           |
| 6) Daily indwelling urinary catheter and perineal care performed?  | Yes | No | Uncertain |
|  |     |    |           |
| 7) Why was the culture ordered?  |     |    |           |
| <input type="checkbox"/> Panculture – What was the order date/time? _____                                      |     |    |           |
| <input type="checkbox"/> Patient febrile   |     |    |           |
| <input type="checkbox"/> Urinary symptoms  |     |    |           |
| <input type="checkbox"/> To rule out sepsis when source not obvious  |     |    |           |
| <input type="checkbox"/> Urine clarity/odor  |     |    |           |
| <input type="checkbox"/> Other:  |     |    |           |
|  |     |    |           |
| 8) Fecal incontinence?   | Yes | No | Uncertain |
| 9) High volume with bladder scanning (greater than 400ml)  | Yes | No | Uncertain |

- 10) Catheter flushed? Yes      No      Uncertain  
 If yes, how often?
- 11) Patient on antibiotics prior to urine culture? Yes      No      Uncertain
- 12) Other:

**What prevented the CAUTI from worsening?** In a brief description, identify actions that prevented the CAUTI from getting worse.

**What can we do to reduce the risk of the CAUTI happening with a different person?** What will the team do differently next time to prevent another CAUTI? Identify key takeaways from this worksheet and develop a clear next step.

Action Plan	Action Plan Owner	Targeted Date	Evaluation Plan: How will we know risk is reduced?

**With whom shall we share our learning? (Communication Plan)** Now that you have more information about how and why this CAUTI occurred, how will the action plan be communicated?

Who should know about it?	When should they know?	How will they know?	Followup Items: Who should share the information? Any feedback?

This form was originally created by Saint Joseph Mercy Health System and the Trinity Health system of providers. This revised version is provided in the AHRQ Toolkit for Preventing CLABSI and CAUTI in ICUs with permission.

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