

**PREVENT DEVICE-ASSOCIATED INFECTIONS
EVALUATE ALL DEVICES DAILY!**

**Indwelling devices that HEAL may also HARM!
Use them only when necessary.**

ask
?

- What is the INDICATION for the device?
- Can the device be DISCONTINUED?
 - Is there a less risky ALTERNATIVE?

Urinary Catheters

Appropriate Urinary Catheter Indications

1. Acute urinary retention or obstruction
2. Perioperative use in selected surgeries
3. Assist healing of severe perineal and sacral wounds in incontinent patients
4. End-of-life care for comfort
5. Required strict immobilization for trauma or surgery
6. Accurate measurement of hourly urinary output in critically ill patients (ICU only)

Placement and Maintenance

1. Use aseptic technique when inserting urinary catheters
2. Avoid opening the closed urinary catheter system
3. Make sure the urinary catheter has a securement device
4. Avoid looping or kinking of catheter

Keep the urinary bag lower than the patient's bladder

[REDACTED]

PREVENT DEVICE-ASSOCIATED INFECTIONS EVALUATE ALL DEVICES DAILY!

Central Venous Catheters

1. Use complete sterile barrier precautions (CAP, GOWN, MASK, & FULL DRAPE) and chlorhexidine-alcohol antiseptics for central line insertion
2. Scrub the hub with an alcohol swab for 15 seconds EVERY TIME you access the line
3. Keep dressings intact at all times
4. Avoid femoral lines and remove them ASAP
5. Remove emergently placed lines within 24 hours

Mechanical Ventilation

1. Evaluate for sedation vacation and weaning trials for patients on mechanical ventilation DAILY
2. Keep the head of the bed elevated at least 30 degrees on all intubated patients
3. Perform oral care for your patients every 12 hours

Culturing Stewardship

- No automatic or reflex culturing
Catheterized patients: cloudy, dark, smelly urine ≠ CAUTI
- Intubated patients: do not obtain sputum culture unless signs suggestive of pneumonia

