Appendix O. CAUTI Event Report Template

When a catheter-associated urinary tract infection (CAUTI) occurs on your unit, teams can use this tool, adapted from a report developed by the North Carolina Quality Center, to identify root causes.

| **Patient** | **Medical Record Number** | **Admit Date** |
| --- | --- | --- |
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| **Diagnosis** | **Did the patient have diarrhea while the urinary catheter was present?** | **Infection Date and Criteria** |
| --- | --- | --- |
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| **Patient’s Location/Room No(s) and Occupancy Dates** | **Microorganism(s) Cultured Out** | **Credentials of Person Inserting Urinary Catheter** |
| --- | --- | --- |
|  |  | **RN MD PA/NP APRN NA**  **Other:** |

| **No.** | **Question** | **Response** |
| --- | --- | --- |
| **1** | **Urinary catheter (UC) insertion (date, type, where inserted). Include all reinsertion information.** |  |
| **2** | **Date UC removed** |  |
| **3** | **Length of time UC was in (days):** |  |
| **4** | **Number of days between UC insertion and first symptoms of a UTI:** |  |
| **5** | Was there a physician order for the Foley? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain: |
| **6** | Were alternatives to UC considered and documented? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain why: |
| **7** | If the patient experienced urinary retention, was the bladder scanning protocol followed prior to UC insertion/reinsertion? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_ NA: \_\_\_\_\_\_  If no, please explain why: |
| **8** | Did patient meet insertion criteria? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain why UC inserted: |
| **9** | Was catheter secured per hospital policy? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain why: |
| **10** | Was patient assessed daily for ongoing need for catheter, and did patient meet criteria to keep it in? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain why: |

|  |  |  |
| --- | --- | --- |
| **No.** | **Question** | **Response** |
| **11** | Was the UC drainage system opened at any point during duration of catheterization? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If yes, please explain: |
| **12** | Did the person who inserted the UC have documented competency to insert a UC? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain why: |
| **13** | Was the UC drainage bag kept below bladder level at all times? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain why: |
| **14** | Were there any problems with the UC equipment or supplies? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If yes, please explain: |
| **15** | Was the patient transported between units/Radiology/OR/ED, etc.? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If yes, explain how Foley drainage bag was transported: |
| **16** | Can each staff member involved in this patient’s care verbalize correct strategies to prevent CAUTI? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain: |
| **17** | Was the patient and/or family engaged in preventing CAUTI? (Did they receive education on the Foley and things they could do to prevent infection?) | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain: |
| **18** | Are there any significant patient factors that may have contributed to this infection? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain: |
| **19** | Did workload impact the provision of care? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If yes, please explain: |
| **20** | Is the presence of a urinary catheter and date of insertion included on all transfer/shift report checklists/protocols? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain: |
| **21** | Is there a standard sterile insertion tray available for use that contains a closed drainage system? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain why: |
| **22** | What is hand hygiene compliance like for the units in which the patient stayed? |  |
| **23** | Does each patient have an individual, clean container in which to empty the UC collection bag? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain why: |
| **24** | Is there a nurse-driven protocol to promote catheter removal? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain why: |
| **25** | If there is not a nurse-driven protocol to promote catheter removal, is there a standard daily reminder to the physician that the catheter is still in? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  If no, please explain: |
| **26** | From the information collected, do you think this CAUTI was potentially avoidable? | Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_  Please explain response: |