

Low adoption by large hospital ICUs of catheter-associated urinary tract infection precautions

October 23 2012

Hospital size matters when it comes to intensive care units (ICUs) adopting even the most routine prevention policies for catheter-associated urinary tract infections (CAUTI), according to a new study from researchers at Columbia University School of Nursing, published this month in the *American Journal of Infection Control*. The study found that large hospitals—those with more than 500 beds—had a 1.5 higher average rate of CAUTI than hospitals with 500 beds or less. Since larger hospitals, particularly teaching hospitals treat patients who are often sicker, the finding that their ICUs have higher incidences of CAUTI, while still a cause of concern, was not unanticipated.

What was puzzling, say the researchers, is that ICUs in larger hospitals – those with the higher rates of CAUTI—were less likely to have implemented a CAUTI prevention policy.

"What we find so baffling is that the very hospitals that have the highest rates of CAUTI are not following the CAUTI preventive guidelines in their intensive care units," says the study's lead author Laurie J. Conway, RN, MS, CIC.

CAUTIs are common and costly occurrences in US hospitals and have been the target of recent national quality initiatives directed at infections acquired in hospital settings. Over the past 30 years, panels of experts in [infection control and hospital epidemiology](#) have unanimously

recommended taking precautions to minimizing unnecessary urinary catheter use. Among the recommendations are substituting condom catheters for in dwelling catheters, using bladder ultrasound scanners to identify or rule out urinary retention, and using automated reminders, stop orders, or nurse-driven protocols to ensure catheters are discontinued as soon as they are no longer needed.

The researchers conclude that recent federal regulations requiring public reporting of CAUTI rates may serve to refocus attention on CAUTI prevention in ICUs in the United States.

Provided by Columbia University Medical Center

Citation: Low adoption by large hospital ICUs of catheter-associated urinary tract infection precautions (2012, October 23) retrieved 17 April 2024 from <https://medicalxpress.com/news/2012-10-large-hospital-icus-catheter-associated-urinary.html>

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