

INDICATIONS FOR URINARY CATHETER INSERTION

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BACKGROUND/SIGNIFICANCE

- In the ED, lack of knowledge regarding insertion criteria and inpatient protocols have led to increased numbers of urinary catheters inserted.
- During fiscal year 2017, **1,367** urinary catheters were utilized in the ED. The ED goal is to decrease the number of catheters inserted in the following fiscal year.

EVIDENCE

- Catheter-associated urinary tract infection is the most common nosocomial infection in hospitals compromising >40% of all institutionally acquired infections (CDC, 2009, Brosnahan et al., 2008, 1a.).
- Because most of a hospital's admissions come through the ED, it is important that the ED be targeted as the "point of entry" where efforts to reduce unnecessary UC utilization should be directed (Berriel-Cass et al., 2010, 17(3)).
- Our data suggest that addressing appropriate urinary catheter utilization needs to be based on having clear adoptable indications used by both the EPs and the nurses (Berriel-Cass et al., 2010, 17(3)).
- Prior to implementing the nurse-driven protocol, indwelling urinary catheter usage was 37.6%, mean dwell time was 3.35 days, and the CAUTI rate was 0.77%. After implementation of the protocol, catheter usage was 27.7%, mean dwell time was 3.46 days, and the CAUTI rate 0.35%, (Mori, 2016, 23(1) p 15).

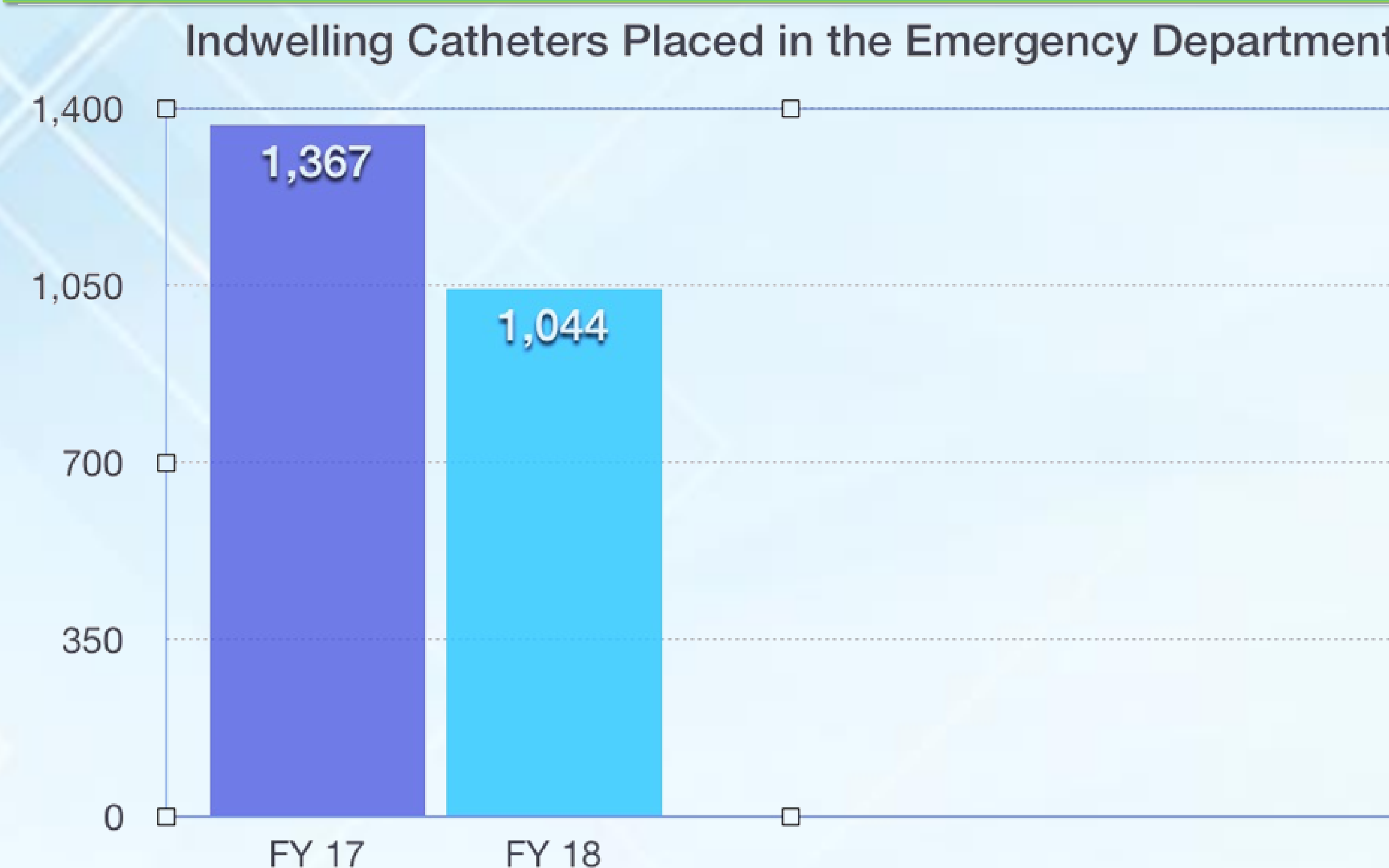
PICO

- For ED staff, does having education and indications for inserting urinary catheters versus not having indications decrease the use of urinary catheters in the ED?

PROCESS/IMPLEMENTATION

- Emergency room nurses at Lehigh Valley Cedar Crest were given a TLC to complete regarding indications for Foley catheter insertion.
- Bucket rounding was completed to educate nursing staff in person
- An inventory of the total number of urinary catheters inserted in the Emergency Department. Only 16 and 18 Fr. catheters included due to common use.

RESULTS/OUTCOMES



NEXT STEPS/LESSON LEARNED

- Continue to educate staff on indwelling catheter insertion criteria
- Involve the multidisciplinary team in the education process (i.e Residents, Physicians)
- Further research on alternative interventions to reduce urinary catheter insertion (i.e PureWick Female External Catheter)
- Continue to trend catheter usage in FY19.
- Lesson Learned: The importance of ensuring staff education on current urinary catheter policy and procedure in order to successfully advocate for patients and their health

RESOURCES

Berriel-Cass, D., Fakhri, M. G., Pena, M. E., Rey, J., Shemes, D., Saravolatz, L. . . . Szpunar, S. M. (2010). Effect of Establishing Guidelines on Appropriate Urinary Catheter Placement. *Academic Emergency Medicine, 17*(3), 337-340. doi:10.1111/j.1553-2712.2009.00677.x

Brosnahan, J., Jull., & Tracy, C. (2008). Types of Urethral Catheters for Management of Short-Term Voiding Problems in Hospitalized Patients. *Cochrane Database Systemic Review, (1)*:CD004013.

Mizerek, E., & Wolf, L. (2015). To Foley or Not To Foley: Emergency Nurses Perceptions of Clinical Decision Making in the Use of Urinary Catheters in the Emergency Department. *Journal of Emergency Nursing, 41*(4), 329-334. doi:10.1016/j.jen.2014.09.009

Mori, C. (2016). A-Voiding Catastrophe: Implementing a Nurse-Driven Protocol. *MEDSURG Nursing, 23* (1).

- **77** nurses completed the TLC education
- Nurses were educated with bucket rounding
- During Fiscal Year 2018, **1,044** urinary catheters were utilized in the ED

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