

Reduce the rate of urinary tract infection in hospitalized patients

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INTRODUCTION

Catheter-Associated Urinary Tract Infection (CAUTI) is a common problem in medical institutions, which not only prolongs the length of hospital stay and increases medical costs, but also increases the severity of patients' diseases.

From 2012 to 2021, among the infection sites related to medical care in intensive care units of regional hospitals, urinary tract infection was the most common site of infection in each year, followed by bloodstream infection.

The Ministry of Health and Welfare of my country and the Hospital Evaluation and Medical Quality Promotion Association (hereinafter referred to as the Medical Policy Association) listed "implementation of nosocomial infection control" as the annual goal of hospital medical quality and patient safety as early as 2004. Therefore, the hospital Infection control has attracted the attention of various medical institutions.

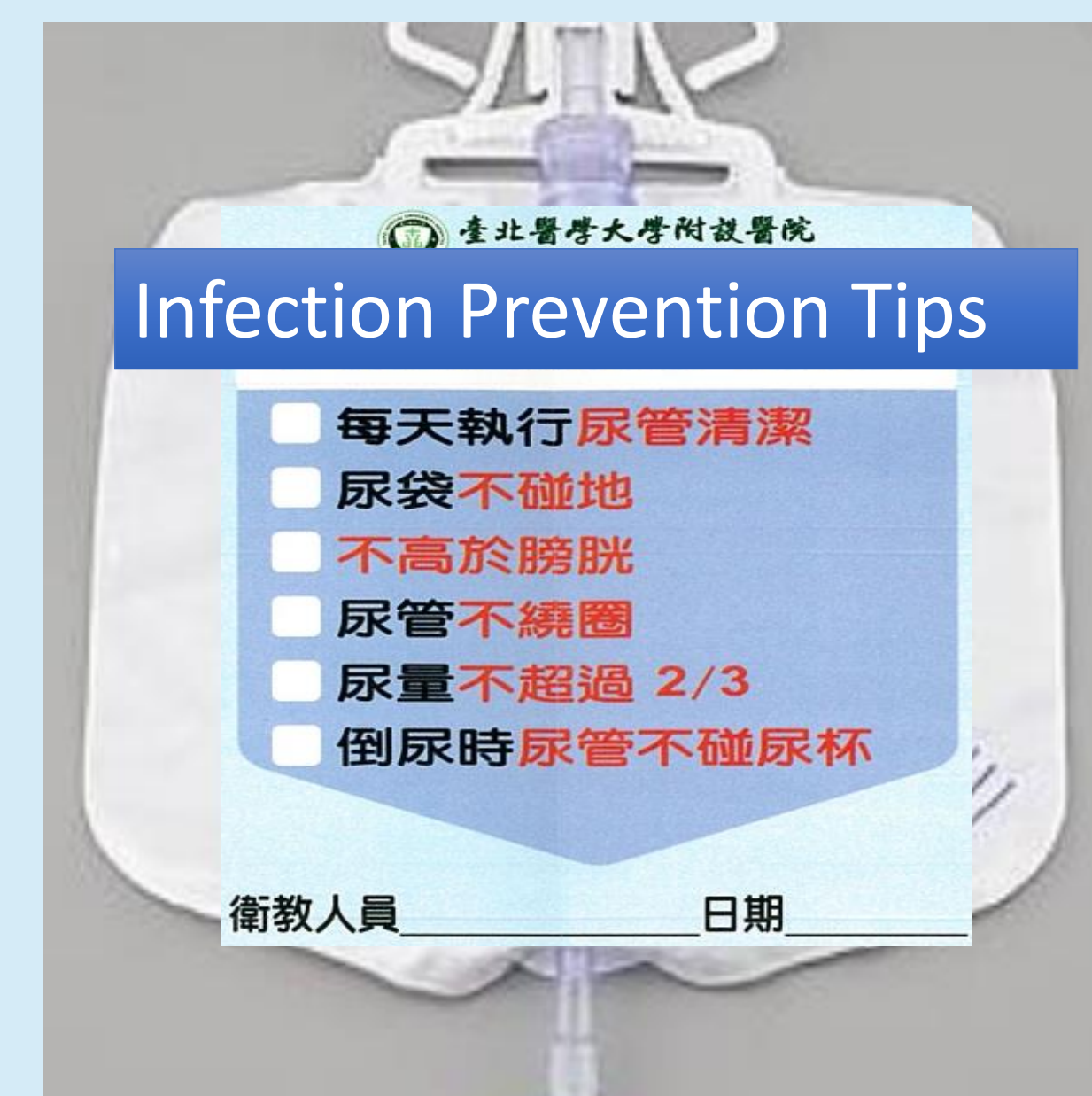
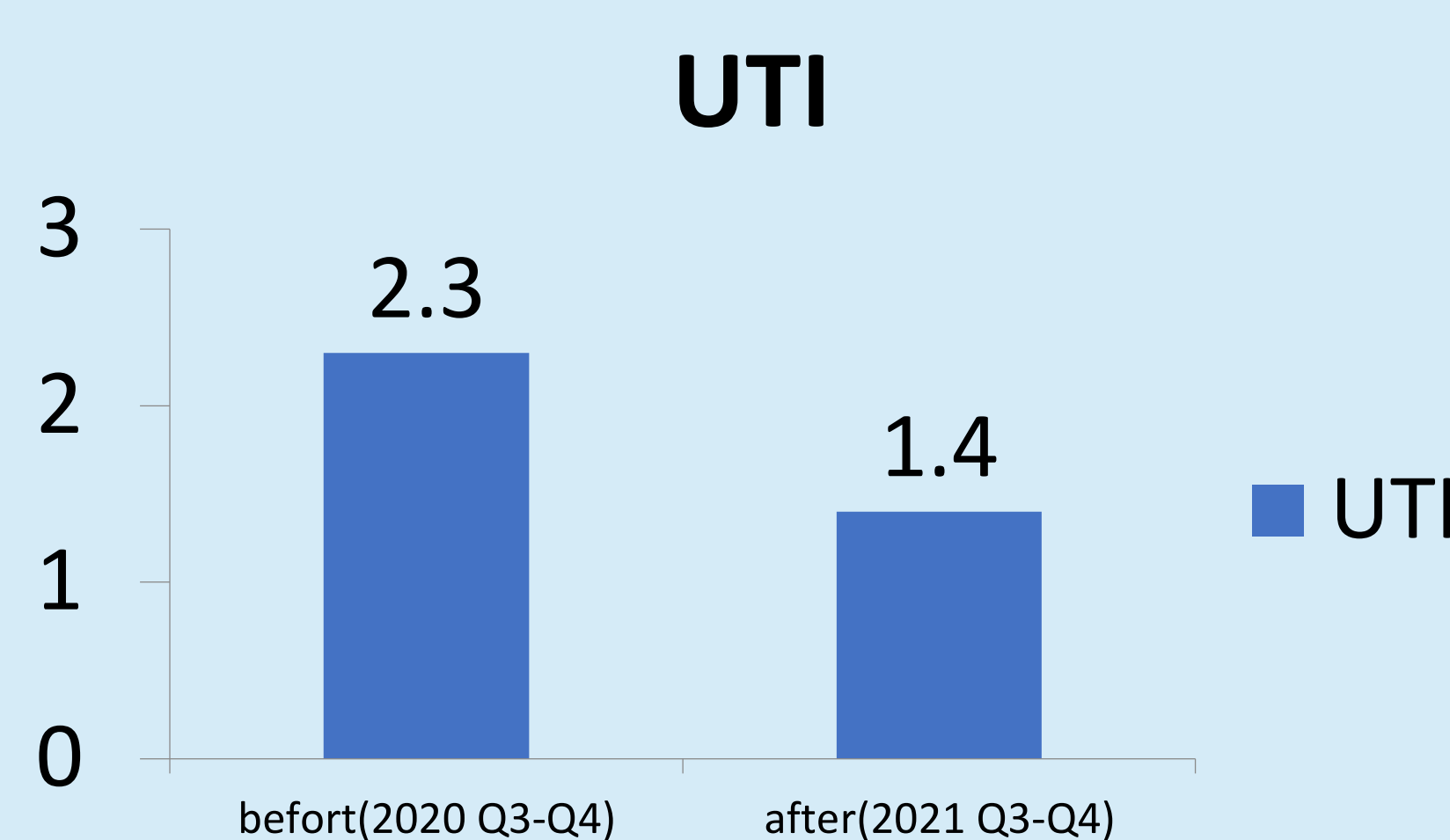
AIM

Statistics from Taiwan Healthcare associated infection and Antimicrobial resistance Surveillance (TNAS) in 2019 show that urinary tract infection ranks first among medical care-related infections in intensive care units of hospitals above the regional level, and urinary catheters The average usage rate is 65.3%, and the average infection density is 2.5‰. It is pointed out in the literature that if the catheter is used for one more day, the chance of infection will increase by 3-8%. Due to the average density of urinary tract infections related to indwelling catheters in our unit from July to December 2020 was as high as 2.3‰, (Indwelling catheter-related urinary tract infection in inpatients = numerator: the number of indwelling catheter-related urinary tract infections in inpatients, denominator: the number of days in indwelling patients who use indwelling catheters). The reasons were analyzed that doctors failed to take the initiative to assess whether the urinary catheter needs to be removed, did not comply with the technique of indwelling catheter with aseptic technique, did not perform hand hygiene, did not implement daily catheter care and inspection, and did not perform urine bag opening. Due to factors such as not maintaining an appropriate distance from the ground, lack of routine audits on indwelling catheter technology, and lack of suitable urine collection buckets, a task force was set up to conduct analysis and discussion.

RESULTS

1. The result of the 6-month evaluation is that the density of indwelling catheter-related urinary tract infection decreased from an average of 2.3‰ to 1.4‰.
2. At the same time, the average retention days have also been reduced from 7 days to 3.5 days.

catheter-related urinary tract infection



Daily catheter removal assessment

日期/時間	姓名	部位	時間	評估	尿管長度	尿管類型	尿管長度	尿管類型	顯示移除的管路
2023/05/20 11:25	2-way Foley	尿道	中間	22	一般材質	16	2023/6/3		拔管 更新 刪除
2023/05/22 12:20	Double Lumen	膀胱	右	27	一般材質	20	2023/6/21		拔管 更新 刪除
2023/05/22 13:41	NG Tube	鼻子	左	28	矽管	16FR	65 cm	2023/6/21	拔管 更新 刪除
2023/05/24 11:55	Pig Tail	後背	左	32	一般材質	10	12 cm		拔管 更新 刪除

Nursing Guidelines Urinary Catheter

管路照顧護理指導

■ **導尿管**
作用—引流尿液(由護理人員依材質定期更換)
注意事項
● 為防止感染，尿管每當半袋滿時，護理人員會予排放，尿管應保持低於膀胱，且勿觸及地面
● 在移動病人時，為防止尿液逆流，請先將尿管以橡皮筋反折綁住，移動完成後再將橡皮筋拆除
● 每天須用肥皂、清水清洗會陰部並擦乾，每次解便後須再清洗一次
● 不要使用藥子粉，以防污染尿道口

■ **練習一下**
問題1：() 進食時須保持床頭抬高30-45度，以防噎到？
問題2：() 當發現點滴管路中有回血，可自行將點滴關閉，再通知護理人員處理？
問題3：() 為防止感染，尿管應保持低於膀胱，且勿觸及地面？
正確答案
問題1：○ 問題 2: X 問題3：○

參考資料：
劉德勝等 (2021)。成人內外科護理學。臺北市：華杏
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METHOD

From January 1, 2021 to June 30, 2021, introduce the combined care model of indwelling urinary catheter of the Medical Policy Council, cooperate with the organization of on-the-job education, training of hand hygiene seeds, use of nursing innovations to store urine bags and routine Check catheterization techniques and other measures to prevent catheter-related urinary tract infections Bundle content:

- (1) Daily catheter removal assessment
- (2) Hand Hygiene
- (3) Urinary catheter fixed in proper position
- (4) Keep the urinary catheter sterile and unobstructed
- (5) Daily cleaning of the urethral opening

CONCLUSIONS

The improvement strategy of this project has achieved remarkable results. The prevention of catheter-related urinary tract infection Bundle can indeed reduce urinary tract infection green. By sharing expectations, the quality of care in clinically relevant units and patients can be improved.

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