

Catheter-Associated Urinary Tract Infection (CAUTI): Exploration Form

Complete this form for **every** CAUTI by reviewing the patient’s medical record, interviewing clinicians, and observing the patient or urinary catheter (UC). As you answer the questions, remember to ask “why?” when seeking an explanation. The investigation should begin no later than three days after identifying the CAUTI to ensure that clinicians clearly remember the events that may have contributed to it.

Date(s) of investigation:		Person(s) conducting investigation:	
Patient Initials:	Age:	Medical record #:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not indicated in medical record		Is the patient Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know	
Admit Date:	Discharge Date:	Admitting diagnosis:	
Was the patient discharged alive? <input type="checkbox"/> Y <input type="checkbox"/> N If no, what was the cause of death?			
What co-morbidities or patient factors may have contributed to the CAUTI (e.g., concurrent infections, hyperglycemia, obesity, agitation)?			
Was there a physician order for the UC? <input type="checkbox"/> Y <input type="checkbox"/> N		Where was the patient located at the time of the UC insertion?	
Were alternatives to a UC attempted prior to insertion? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, indicate the alternatives attempted:			
<input type="checkbox"/> Intermittent catheterization with use of bladder scans	<input type="checkbox"/> Specially designed absorbent underpads	<input type="checkbox"/> Condom catheter	Other:
What was the date of the insertion or re-insertion of the UC prior to the CAUTI?			
Was there evidence-based criteria* for a UC at the time of the insertion? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe:			
Name and credentials of the person who inserted the UC prior to the CAUTI:		When was the last time this person demonstrated that they were competent to insert a UC?	
What does the documentation of the UC insertion process state?			
Interview the person who inserted the UC. Is there additional information about the insertion process that was not included in the documentation? If yes, describe:			
Number of days the UC was in place prior to the date the positive culture was obtained:	Date urine culture was obtained:	Causative organism(s):	
Was there evidence-based criteria* for a UC when the urine culture was obtained? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe:			
Was the UC discontinued 48 hours prior to the CAUTI? <input type="checkbox"/> Y <input type="checkbox"/> N	Did the seal between the UC and the drainage bag remain intact? <input type="checkbox"/> Y <input type="checkbox"/> N If no, explain why the seal was “broken?”		

CAUTI: Exploration Form

<p>Is there documentation that perineal care was provided per hospital protocol, or as needed, in the 72 hours prior to the infection? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If no, explain:</p>
<p>In the 72 hours prior to the CAUTI, is there documentation by a physician (at least once every 24 hours) of an evidence-based reason for the continued use of the UC? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>In the 72 hours prior to the CAUTI, is there documentation by a nurse (at least once every 24 hours) of an evidence-based reason for the continued use of the UC? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>How long was the UC in place prior to the CAUTI? _____ days</p> <p>Did the UC meet evidence-based criteria* every day? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>What was the earliest date that the UC did not meet evidence-based criteria*?</p>
<p>On the unit where the patient was located at the time of the CAUTI, is there a process that includes observation of the UC by the charge nurse or another person? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes, what was the most recent date prior to the CAUTI that the UC was observed?</p> <p>What were the findings during the last observation? Were any actions taken as a result of these findings?</p>
<p>Had the unit where the patient was located when the UC was inserted received education or training about interventions to prevent CAUTIs? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, when was the training date? _____</p> <p>Did the training include: Evidence-based reasons for a UC? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p style="padding-left: 40px;">Interventions to prevent infections? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>Were there any events occurring on the unit at the time of the insertion that may have affected the clinician's ability to insert the UC? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe:</p>
<p>Were any concerns or issues related to UC equipment or supplies identified during this investigation?</p>
<p>What conclusions were reached as a result of this investigation?</p>
<p>What have you done to ensure that the next patient with a UC will be safe from acquiring an infection at your hospital?</p>

* Criteria includes accurate intake and output (ICU patients only), genito-urinary (GU) surgery, assistance with healing due to Stage III or IV perineal or sacral wounds, hospice (comfort or support), required immobilization, chronic indwelling urinary catheter, and urinary retention or obstruction. Source: Strategies to Prevent CAUTI, 2014 Update, Infection Control & Hospital Epidemiology, May 2014, Vol. 35, No. 5.