

Infection Prevention

Infection Prevention 2024

Objectives:

At the conclusion of this education the learner will be able to:

- Identify the Infection Prevention Team and how to contact them if needed.
- Describe Hand Hygiene and how it effects patient infections.
- Recite the BHC information on Indwelling Urinary Catheters
- Describe Infection prevention's process for blood cultures with patients presenting with a central line.
- Describe the best practice steps to prevent CAUTIs

Infection Prevention

Meet Your Infection Prevention Team



Michael Munson BSB, CMA

Infection Preventionist, BH

Lhousia Jones MPH, CHAA

Infection Preventionist, BPE



Taylor Norton MSN, RN, CIC

Infection Preventionist, GBH

Contacting the Infection Prevention Team

Email, Teams, Telmediq

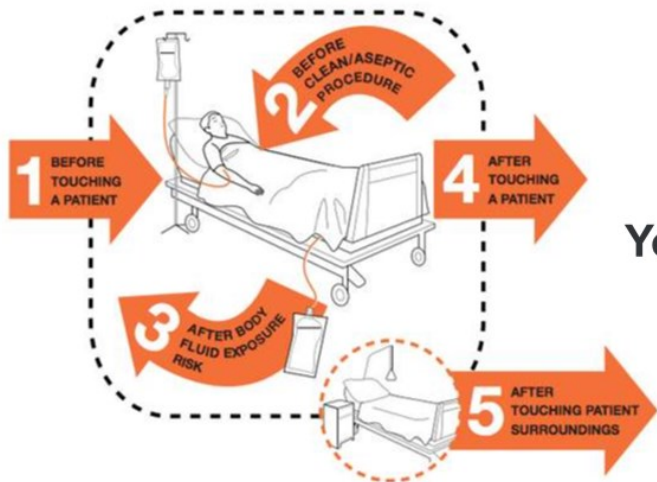
On call, 24/7

Message **"Infection Prevention"** on Telmediq

Infection Prevention

Hand Hygiene

- World Health Organization states washing your hands a minimum of two times on every patient encounter.
- The single most important thing we can do to protect our patients.



Your 5 moments for Hand Hygiene

Hand Hygiene — Team Members Should always:

- Wash their hands and/or use alcohol-based hand sanitizers before and after patient contact
- **Never wear artificial nails** - Artificial nails are prohibited for any direct patient care provider
- Fingernails are to be clean and trimmed.
- May wear nail polish as long as it is in good repair.

Infection Prevention monitors hand hygiene by doing **real-time audits**. Results of audits are reported to the **Infection Prevention Committee** on a monthly basis.

Isolation and Removing a Patient from Isolation

- Leave the patient on isolation throughout their hospital stay and then have room terminally cleaned on discharge.
- If we must remove a patient from isolation stick to the guidelines and place the clean patient in a clean room and terminally clean the first room.

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Indwelling Urinary Catheters (IUC)

- Urinary Retention Protocol says to straight cath/bladder scan prn for 72 hours before placing an IUC. Also placing this IUC would require a Urology consult as well.
- If a patient comes in with an IUC get a Urine culture on admission or within the first 2 days of admission.
- Long term IUC's if possible should be out for 2 midnights before getting an Urine Culture. (Only if this will not affect patient best practice care).
- If a patient self cath at home, they should continue to self cath or nursing should straight cath them instead of placing an IUC.

Central Lines

- If a patient presents with a central line from home or another facility, get a blood culture within the first 2 days of admission if possible.

CAUTI — Catheter Associated Urinary Tract Infection

Baptist Hospital has seen an increase in Catheter Associated Urinary Tract Infections. (CAUTIs)

- Once a urinary catheter has been in for greater than 2 days if there is a positive urine culture and UTI symptoms/fever, it is a CAUTI.
- •Early removal of the Urinary Catheter is important if Foley use is deemed necessary.

Please follow the steps outlined in this section for the Best Practice in Urinary Catheter use.

- Determine if the urinary Catheter is necessary based on the CDC indications, listed below.
 - ◇ Accurate measurement of urinary output in critically ill patients
 - Is restricted to use for hourly I/O in SINU, CVICU, PCU, MICU
 - ◇ Acute urinary retention or bladder outlet obstruction
 - ◇ Use the “Acute Urinary Retention Protocol” and Place Urology Consult after 72 hours of In & Out Catheter use if urinary retention persist.
 - ◇ Assist in wound healing in open sacral or perineal wound in incontinent patients (must be stage III or IV wound)
 - ◇ Improve comfort for end of life care if needed (comfort measures only)
 - ◇ Prolonged immobilization (ex. unstable spine, multiple traumatic injuries such as pelvic fracture)
 - ◇ Perioperative use for selected surgical procedures

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 - ◇ Perioperative use for selected surgical procedures
 - ◇ Order to insert Urinary Catheter must be placed in AllScripts
 - ◇ Order to maintain Urinary Catheter must be placed in AllScripts
 - ◇ Order (if applicable) Nursing Foley Removal Protocol placed in AllScripts
 - ◇ Order (if applicable) Acute Urinary Retention Protocol placed in AllScripts
 - ◇ Consider Infectious Disease (ID) consult prior to ordering urine cultures
 - ◇ Reevaluate need for Urinary Catheter use daily.

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Indwelling Urinary Catheters (IUC) Management

An indwelling urinary catheter is an invasive device used to manage a very specific medical indication. Being “sick” is not a medical indication for a catheter, nor is obtaining a urine specimen, incontinence or patient/family request.

CDC indications	Valid reasons	As evidenced by	Documentation	Invalid reasons
Accurate measurement of urinary output in critically ill patients	<u>Hourly</u> I&O in CVICU, SINU, PCU, MICU	Vasopressor support Hemodynamic monitoring Impending renal failure Diuresis	Hourly I&O MUST be documented	Strict I&O out on the floor
Acute urinary retention or bladder outlet obstruction	Acute retention that cannot be managed by in & out cath after 72 hours and Urology Recommendation	Bladder scan greater than 600 Retention following catheter removal	Bladder scan results; Straight caths; urology consult	Chronic retention or patient with recent acute retention that has resolved
Assist in wound healing of open sacral or perineal wounds of incontinent patients	Patient has a sacral/peri wound AND is incontinent. Attempts to use Condom Catheter or Purewick use is unsuccessful.	Stage III or IV pressure injury on the coccyx or buttock area	Documented Stage III/Stage IV pressure ulcers or other severe wounds	Prevention of skin breakdown

CDC indications	Valid reasons	As evidenced by	Documentation	Invalid reasons
Improve comfort for end of life care if needed	<u>Imminent</u> end of life	No longer performing labs or cultures	Palliative care or hospice consult in chart	Has DNR status but labs, procedures, etc. continue
Prolonged immobilization (e.g., unstable spine, multiple traumatic injuries such as pelvic fractures)	No log rolling or movement whatsoever	Unstable cervical or thoracic spine	Documented unstable, unrepaired fractures or order for NO log rolling or other movement	Unable to ambulate but can get to bedpan/urinal with assistance
Perioperative use for selected surgical procedures	During prolonged surgery or after urologic/gyn surgery	Urologic or gynecological surgery	Documented order by surgeon performing procedure	Post-surgical patient able to use bedpan/urinal/BSC

Safer alternatives for your patient:

Frequent assistance to BSC or bathroom, condom catheter, in & out catheter, bedpan, urinal, briefs, or Purewick. Bladder scan to rule out retention before catheterizing.