

Long-Term Care Survey Alert

Quality of Care: 6 Ways To Keep UTI At Bay

Simple clinical practices can stamp out this common condition.

Prevention is not only the best medicine for urinary tract infection, but also for F315 tags for failing to forestall a condition that can cause urosepsis in the frail elderly.

These six key clinical strategies can help keep residents' urinary tracts infection free:

1. Combat two of the common contributing factors for UTI: dehydration and urinary incontinence. "Providing good hydration can help prevent UTI and also catheter blockage," says **Joseph Ouslander, MD**, chief medical officer at **Wesley Woods Center of Emory University** in Atlanta.

"One of the best ways to prevent UTIs is to implement a toileting program where every resident who is capable of transferring to a toilet or bedside commode empties his or her bladder" on a regular basis and before bed, says **Reta Underwood**, a survey consultant in Buckner, KY.

Sitting upright on the commode helps empty the bladder more completely, which helps prevent retention. "And someone with significant bacteria in their urine who sits in a wet brief for too long is growing a culture of bacteria," Underwood points out.

2. Assess female residents for atrophic vaginitis, which can cause urinary symptoms and place the resident at risk for bacteriuria and UTI, says **Chesley Richards, MD, MPH**, an infection control specialist with the **Centers for Disease Control & Prevention** and a geriatric practitioner in Atlanta.

"Transvaginal hormonal therapy is good not only for atrophic vaginitis, but it has been shown to decrease bacteria in the urine," Richards adds, noting that researchers haven't determined whether the hormone rings lower the rate of UTI over time. "Estrogen creams for the vagina can also work but you have to have staff to apply the cream appropriately."

3. Refer residents for GU work-ups if they remain symptomatic after appropriate antibiotic treatment for a UTI. "The resident might have partial obstruction in the urinary tract causing stasis that will continue to re-seed with bacteria - or he may have kidney stones colonized with bacteria," says Richards. Nursing homes can use a portable bedside ultrasound to check for urinary retention. "Bladder scans are a big advance over the way we used to check for post-void residual via catheterization," he adds.

Tip: Especially check for urinary retention in people with neurological problems that can cause retention, such as multiple sclerosis, myasthenia gravis, post-stroke, etc.

Reduce Indwelling Catheter-Related UTI

Indwelling catheters set residents up for UTI, but these nursing strategies can help reduce the risk.

4. Develop a best practice protocol for catheter insertion and care. Use sterile technique with draping the area and sterile gloves when inserting an indwelling catheter, advises **James Marx, RN, CIC**, an infection control specialist and principal of **Broad Street Solutions** in San Diego.

The latest **Centers for Disease Control & Prevention** guidelines advise against routinely irrigating indwelling catheters. "If the catheter becomes clogged or isn't working, replace it," says Marx.

Use soap and water for catheter care but skip the ointments, Marx counsels. "For example, caregivers used to apply Betadine ointment or neosporin," he notes. "But evidence shows that approach doesn't help reduce infection."

Quality of life tip: The usual infection control goal is to maintain a closed system between the catheter and the bag. But sometimes you have to make a concession in that regard for residents who want to use a leg bag for mobility and quality of life reasons, says Marx. In that case, you have to make the switch from the large drainage bag to the leg bag, which requires you to open the system, Marx notes. (Draining the bag isn't considered opening the system.)

5. Consider using silver-impregnated catheters for residents who require short-term indwelling catheters. Evidence shows that this strategy reduces UTI with short-term catheter use (probably under four days), says Marx. "So if a patient with a hip fracture, for example, requires a catheter for a few days because he can't get out of bed, use of a silver-impregnated catheter might be an option to help reduce the risk of UTI," he says.

6. Evaluate residents for use of suprapubic catheters if they require long-term indwelling catheters due to paralysis or other chronic conditions. "Studies show that the latter causes less UTI because it's not near the enteral source of infection, e.g., the bowel," says Marx.