**Catheter Urinary Tract Infections (CAUTI)**

Catheter-associated Urinary tract Infection (CAUTI) is one of the most common hospital-acquired infections. CAUTI is defined as an infection that affects the urinary tract as a result of the urinary catheter; a tube that is inserted in a patient’s bladder via the urethra to allow for the drainage of urine. The majority of recent research studies have examined ways of reducing CAUTI. To contribute to this field, I formulated the following PICOT question: In hospitalized patients with indwelling urinary catheters (P) will 24-hr removal of the catheter (I) compared (C) to long-term catheter use (O) decrease CAUTI rates (T) over a 6-month period? There are several studies that support this PICOT question, and hence, this post provides a summary and a synthesis of three of these research studies. Recent research studies show that the early removal of catheter tubes from patients with indwelling urinary catheters plays a significant role in the reduction of UTI rates. According to a research study that was carried by Parker et al. (2017), it was established that knowledge on appropriate use catheter and the reduction of the length of period that a patient is subjected to the use of indwelling catheter tube helps in the reduction of UTI rates. The aim this study was to examine how avoiding inappropriate urinary catheter use influenced catheter-associated urinary tract infection. The researchers established that the reduction of length of use of catheter tubes reduces the risks of acquiring CAUTI since it reduces the likelihood of pathogens from infecting the patient through the catheter tube. In a similar study, Harrod, Kowalski, Saint, Forman, and Krein (2013), established the reduction of the unnecessary use of indwelling catheter tubes is vital in the reduction of UTI rates. According to the researchers, inappropriate use of catheter tubes refers to a protracted exposure to the use of the catheters on patients to an extent that it exposes the patient to UTI infections. The appropriate use of catheters depends on the level of knowledge and skills that are possessed by the care providers who handle patients with indwelling catheters. Informed nurses play an important role in the reduction of UTI rates (Harrod, Kowalski, Saint, Forman, & Krein, 2013). This is tightly linked to the study by Park et al. (2017), since both of them show that appropriate use of catheter helps in the reduction of UTI rates. Informed nurses who are using a checklist in the monitoring of patients with indwelling catheters. The use of a checklist promotes the adherence to the CDC catheter removal protocol. According to these three research studies, it is apparent that care providers are instrumental in the reduction of UTI rates by reducing the inappropriate use of catheters. This can only be achieved with the appropriate training of care providers to equip them with the relevant knowledge and skills to follow the protocol prescribed by the CDC. These three studies reveal that informed care providers have the ability to reduce the rates of CAUTI since they are able to distinguish between the necessary use and the unnecessary use of indwelling catheter tubes. According to Menschner (2014), there are several preceptors of risks of CAUTI, and the prolonged and unnecessary use of the catheter tubes is one of them. The findings also reveal that the use of CAUTI bundles with specific strategies of prevention are key to the reduction of UTI rates. Therefore, it is appropriate that healthcare facilities should develop policies that support the nurse-driven protocol for the early removal of indwelling catheters.

**References**

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