



# Core Practices in Urine Management

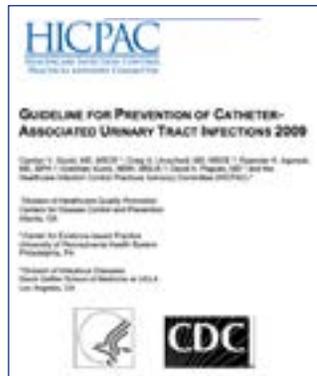
## Empowering CAUTI-Aware Care Through Evidence-Based Guidelines

### Why it matters:

- CAUTIs account for 75% of hospital-onset UTIs
- Up to 50% of catheters may be placed without appropriate indication
- CAUTIs are linked to an increased morbidity, mortality, cost, and length of stay
- Non-CAUTI UTIs also contribute to secondary bloodstream infections

### Major guidelines & best practices referenced:

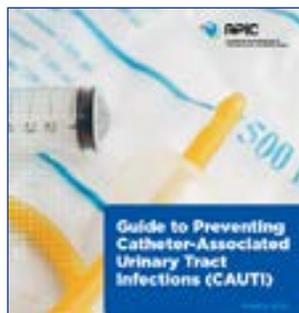
- Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC)



- Society for Healthcare Epidemiology of America (SHEA)/ Infectious Diseases Society of America (IDSA)/Association for Professionals in Infection Control and Epidemiology (APIC) Practice Recommendations



- APIC Guide to Preventing Catheter-Associated Urinary Tract Infections (CAUTI) 2025



### Key concepts:

#### Background and impact of CAUTI

- Risk factors for CAUTI development
- Pathophysiology of a CAUTI
- Biofilm overview and risk mitigation

#### Strategies to support appropriate device selection

- Overview of CDC indications for catheter use
- Urinary retention management strategies
- Alternatives to indwelling catheters

#### Proper indwelling catheter insertion

- Review of key practices for catheter insertion

#### Optimizing indwelling catheter maintenance

- Overview of essential practices for catheter maintenance
- Examples of common opportunities to improve indwelling catheter care and maintenance
- Review of the 2025 APIC “Advanced Practices” for CAUTI prevention

#### Strategies for promoting prompt removal of indwelling catheters

- Catheter removal strategies
- Post-discontinuation care algorithm review



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## Core

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