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## CAUTI Prevention in the ICU

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## Project Proposal Abstract

**Background:** ICU patients are often bedbound for extended periods. Routine insertion of a urinary catheter, lack of proper Foley care techniques, and reluctance to remove the urinary catheter increase the risk of CAUTI. Each day a catheter is left in place, the patient's risk for CAUTI increases by 5%.

**Brief Literature review:** The incorporation of the Plan-Do-Study-Act approach helped to reduce CAUTI by deliberately layering single interventions over an extended period of time, it allowed the nurses to fully adopt each intervention before moving on to the next.

**Methods:** Interventions included considering alternatives to indwelling urinary catheters, aseptically inserting catheters for appropriate criteria only, removing catheters as soon as possible, improved urine specimen collection, and enhanced care measures for critical care patients.

**Evaluation:** Evaluate the project's effectiveness by asking staff nurses (excluding agency, student, and resident nurses) who participated in the improvement project to complete bundled checklists that include the care provided and compare it with the CAUTI rates.