

Has your patient got symptoms of a Catheter Associated Urinary Tract Infection (CAUTI)?



To diagnose CAUTI the patient must have one or more of the following symptoms:

Pyrexia Rigors Back pain Pelvic discomfort/pain
Malaise/lethargy with no other identified cause
New onset or worsening confusion/delirium
Acute haematuria



Dipstick testing cannot be used to diagnose CAUTI:

Catheters increase the likelihood of bacterial colonisation of urine
Ongoing trauma of the catheter is likely to cause non visible haematuria

These can be normal findings in a catheter specimen of urine and in isolation does not indicate infection



When to take a catheter sample of urine (CSU):

If the patient has symptoms of a CAUTI
Before the patient starts to take antibiotics

If there is no clinical evidence of a CAUTI do not take a sample – false positives can lead to unnecessary antibiotic use



How to take a catheter sample of urine (CSU):

- Obtain the specimen aseptically via the drainage bag needle-free sample port
- Clean the sampling port with a 2% chlorhexidine in 70% isopropyl alcohol swab for 15 seconds and allow to dry for 30 seconds
- The sample should be transferred to a white-topped sterile container and filled to the line
- A false negative culture result can occur with a small urine volume