Learn From Defects Tool Worksheet:   
Catheter-Associated Urinary Tract Infection (CAUTI)

This worksheet is designed to be used near the bedside and is the shortened version of the [CAUTI Event Report Tool: Data for Event Analysis](http://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/clabsi-cauti-icu/cauti-event-reporting.docx). This worksheet will help your team learn what happened, identify the factors that may have contributed to the CAUTI, and discuss how to reduce the risk of it happening again with a different person.

**Date and Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendees:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical Record Number:** \_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What Happened?** The following questions will ask more details about what happened with the patient with documented CAUTI.

**Significant Comorbidities:**

**Patient Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Age** \_\_\_\_\_\_\_ **Sex (Circle):**  Male Female Other:\_\_\_\_\_\_\_\_\_\_\_

**Where was the catheter inserted?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Culture appropriate? (Circle):** Yes No **Reflex to culture? (Circle):** Yes No

**Has the catheter been in less than 5 days? (Circle):**  Yes No

**If yes, was the catheter placed under sterile conditions? (Circle):** Yes No

**Why did the CAUTI happen?** What factors contributed? Summarize what happened to cause the defect by answering the following questions. Circle or highlight Yes, No, or Uncertain.

1. Did the patient meet clinical indications for insertion? Yes No Uncertain

If yes, list indication:

1. Was there an unplanned catheter removal or change? Yes No Uncertain

If yes:

Need to culture? Yes No

Temperature indwelling urinary catheter required? Yes No

Other (write in):

1. Was the catheter bag changed or seal unbroken? Yes No Uncertain

If yes:

Intra-abdominal pressure monitoring Yes No Uncertain

Urometer required Yes No Uncertain

Other (write in):

1. Daily medical necessity documented? Yes No Uncertain

If yes, which indications apply?

* Critically ill (did patient require hourly urine output?)
* Comfort care
* Urological/perineal procedure
* Stage 3 or greater pressure ulcer in perineal area with urinary or fecal incontinence
* Immobility (such as spinal cord/pelvic/sacral trauma)
* Neurogenic bladder

1. Where was daily medical necessity discussed? Select all that apply.

* Multidisciplinary rounding
* Safety huddle
* CAUTI/CLABSI (central line-associated bloodstream infection) rounds
* Shift handoff
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medical necessity was not discussed daily

1. Daily indwelling urinary catheter and perineal care performed? Yes No Uncertain
2. Why was the culture ordered?

* Panculture – What was the order date/time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Patient febrile
* Urinary symptoms
* To rule out sepsis when source not obvious
* Urine clarity/odor
* Other:

1. Fecal incontinence? Yes No Uncertain
2. High volume with bladder scanning (greater than 400ml) Yes No Uncertain
3. Catheter flushed? Yes No Uncertain

If yes, how often?

1. Patient on antibiotics prior to urine culture? Yes No Uncertain
2. Other:

**What prevented the CAUTI from worsening?** In a brief description, identify actions that prevented the CAUTI from getting worse.

**What can we do to reduce the risk of the CAUTI happening with a different person?** What will the team do differently next time to prevent another CAUTI? Identify key takeaways from this worksheet and develop a clear next step.

| **Action Plan** | **Action Plan Owner** | **Targeted Date** | **Evaluation Plan: How will we know risk is reduced?** |
| --- | --- | --- | --- |
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**With whom shall we share our learning? (Communication Plan)** Now that you have more information about how and why this CAUTI occurred, how will the action plan be communicated?

| **Who** **should know about it?** | **When should they know?** | **How will they know?** | **Followup Items: Who should share the information? Any feedback?** |
| --- | --- | --- | --- |
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This form was originally created by Saint Joseph Mercy Health System and the Trinity Health system of providers. This revised version is provided in the AHRQ Toolkit for ICUs: Preventing CLABSI and CAUTI with permission.