

Identifying CAUTI risk factors starts with you.

Selection

Least invasive option first

- Toileting
- External devices
- Bladder scanning for suspected urinary retention

Tailor urine management to patient needs

- Urine output monitoring
- Incontinence
- Other patient-specific clinical characteristics

Insertion

Hand Hygiene

- For healthcare providers and patients
- Prior and after any interaction with patient's urine management device

Aseptic Technique

- During insertion of urinary drainage devices
- Consider 2-person approach to insertion

Closed System Kits

- Employ a sealed, pre-connected closed system
- Utilize a closed system with a urometer if hourly urine output is anticipated

Securement

- Secure indwelling urinary catheter to prevent movement

Documentation

- Document insertion location for all patients with indwelling catheters

Maintenance

Reassess daily

- De-escalate to less invasive device when appropriate

Perineal hygiene care

- Daily with bath and after fecal incontinence for patients with or without an indwelling urinary catheter
- At every shift change and after fecal incontinence or indication of device failure for patients with external urinary catheters

Standardized device maintenance bundles

- Tailored for indwelling or external catheters

Check for continued need

- Consider rounding by the care team to ensure periodic checks regarding the continued need for the current intervention

Replace indwelling urinary catheters

- If the closed system is broken or compromised
- If the catheter is confirmed to be blocked or fails to drain
- If a urine culture or urinalysis with reflex culture is ordered and catheter has been in place for >7 days



Catheter Care Awareness Week

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2605-10 BD-176267 WG P07/26 800

Septimus E. J. et al. (2026). Prevention strategies for all hospital-onset urinary tract infections: Best practice consensus recommendations. Open Forum Infectious Diseases, 13(2). <https://doi.org/10.1093/ofid/ofag060>



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