

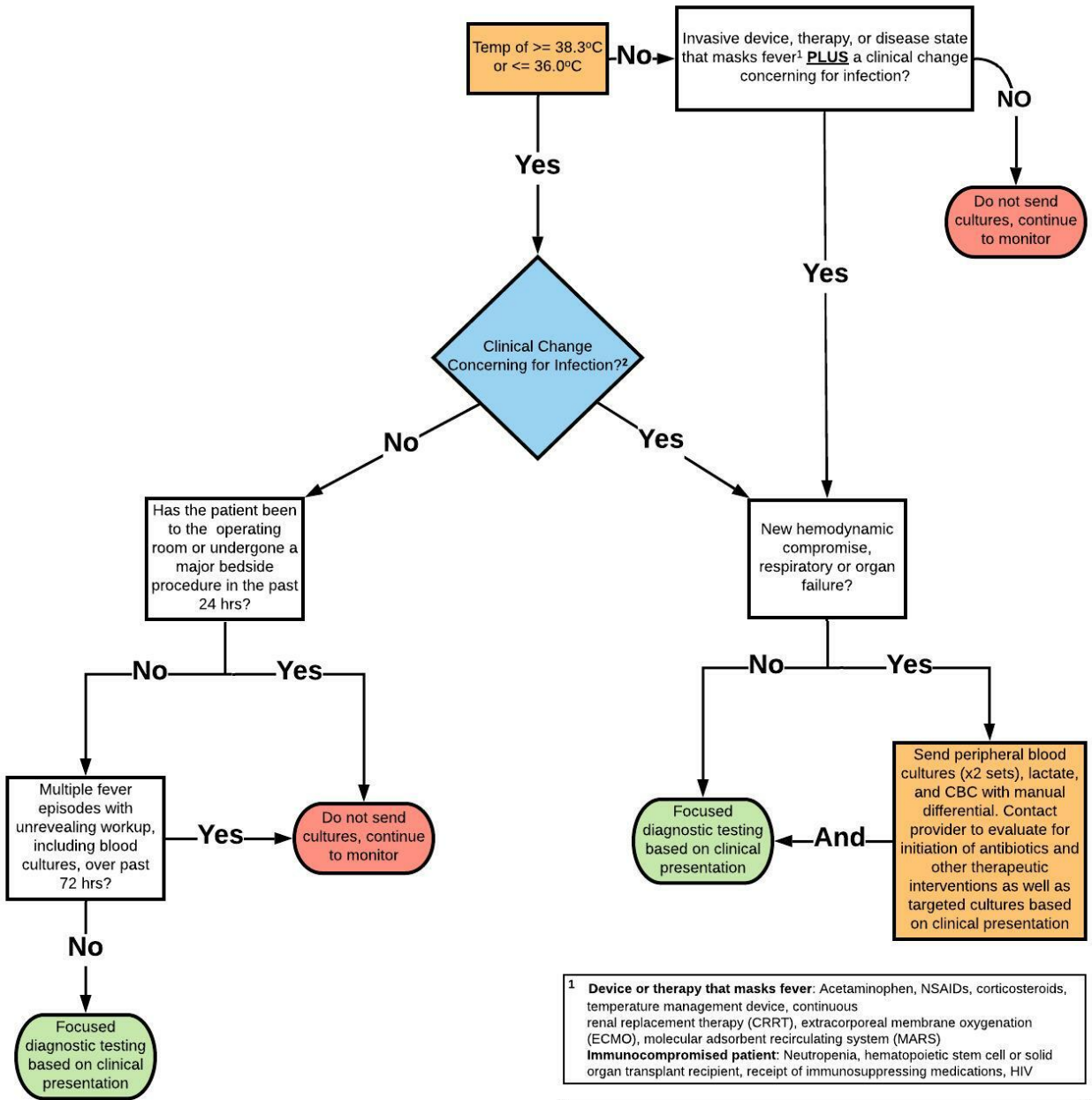
**CAUTI/CLABSI PREVENTION CHECKLIST
MTCC (2 Sept 2021)**

Urinary Catheter <input type="checkbox"/> YES <input type="checkbox"/> NO	Central Line <input type="checkbox"/> YES <input type="checkbox"/> NO
INDICATION:	INDICATION:
<input type="checkbox"/> Indication is appropriate	<input type="checkbox"/> Indication is appropriate
<input type="checkbox"/> Removal considered if > 24 hrs postop	<input type="checkbox"/> Alternative site considered if femoral line
<input type="checkbox"/> External device discussed	<input type="checkbox"/> Catheter with minimum number of necessary ports selected
<input type="checkbox"/> Intermittent catheterization considered	<input type="checkbox"/> Sterile, semipermeable, transparent dressing in place to cover insertion site
<input type="checkbox"/> Catheter secured	<input type="checkbox"/> Dressing replaced every 7 days
<input type="checkbox"/> Drainage system closed and contained	<input type="checkbox"/> Line removed < 24 hrs if aseptically placed
<input type="checkbox"/> Urine flow unobstructed	<input type="checkbox"/> All open ports capped
<input type="checkbox"/> Plan for fecal containment / diarrhea discussed	<input type="checkbox"/> All uncapped ports scrubbed prior to injection
<input type="checkbox"/> If febrile, fever algorithm used with focused diagnostic evaluation	

Focused Diagnostic Evaluation			
Site of Infection	Signs and Symptoms	Nursing Orders	Decisions for Provider
Bloodstream	<ul style="list-style-type: none"> • Inflammation or drainage at catheter insertion site • New hemodynamic compromise or organ failure • Rigors • Neutropenia • Mucositis 	Two sets of peripheral blood cultures	Consider removal of catheter if clear evidence of catheter-associated infection (i.e., purulence, erythema, etc.)
Intraabdominal	<ul style="list-style-type: none"> • Peritoneal signs (rebound tenderness, guarding, rigidity) • Ileus • New onset diarrhea (> 3 bowel movements/24 hrs.) not otherwise explained 		Consider abdominal imaging or <i>Clostridium difficile</i> assay (with reflex to <i>C difficile</i> toxin A and B testing if indicated). Consider paracentesis in patients at risk for spontaneous bacterial peritonitis
Genitourinary	<ul style="list-style-type: none"> • Dysuria/suprapubic pain • Costovertebral angle tenderness • New urinary obstruction • Recent genitourinary instrumentation (e.g., catheterization) • Persistent fever with no source or localizing symptoms 	Urinalysis with reflex urine culture NOTE: urinalysis should not be sent for a change in smell or color of urine, or if there is high suspicion for an alternative source of fever	
Respiratory	<ul style="list-style-type: none"> • Hypoxemia or increase in supportive mechanical ventilatory requirements • Change in secretion quality/quantity • Infiltrates on chest imaging 	Sputum culture with Gram stain	Consider chest imaging and/or viral respiratory panel (for patients within 72 hrs. of admission, if seasonally appropriate)
Central nervous system	<ul style="list-style-type: none"> • Neurological exam changes • Seizures • Presence of external ventricular drain • Recent neurosurgery 		Consider cerebrospinal fluid (CSF) culture with Gram stain and appropriate CSF studies, if at risk for nosocomial meningitis
Soft tissue/bone/joint	<ul style="list-style-type: none"> • Purulent drainage • Erythema • Malodor • Dehiscence • Arthritis 		Consider wound, tissue, or body fluid culture with appropriate fluid studies. Cultures should only be sent from deep tissue, joint space, or surgical specimens to limit contamination

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FEVER / CULTURING ALGORITHM



1 Device or therapy that masks fever: Acetaminophen, NSAIDs, corticosteroids, temperature management device, continuous renal replacement therapy (CRRT), extracorporeal membrane oxygenation (ECMO), molecular adsorbent recirculating system (MARS)
Immunocompromised patient: Neutropenia, hematopoietic stem cell or solid organ transplant recipient, receipt of immunosuppressing medications, HIV

2 Clinical Changes Concerning for Infection:
A) Hemodynamics/Organ Failure:
 1. New hypotension or increase in vasopressor requirement
 2. New tachycardia
 3. Worsening mental status from baseline
 4. Respiratory failure requiring intubation or increase in ventilatory support
 5. New organ failure
 6. Episode of rigors
B) Symptoms/Physical Findings:
 1. Change in secretion quality
 2. Dysuria/bladder spasms
 3. Phlebitis
 4. Wound cellulitis or purulent drainage
C) Laboratory Findings:
 1. New or worsening leukocytosis $>12 \times 10^9 / L$.
 2. New or worsening leukopenia $<4 \times 10^9 / L$
 3. Bacteremia $>10\%$

Do not "pan-culture" at fixed intervals. Cultures from the same site should not be repeated within 72 hours in the absence of clinical change, unless looking for clearance of bacteremia