

## **CAUTI Prevention Project Proposal**



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NUR-590 Evidence based practice project

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Catheter-associated urinary tract infection (CAUTI) is a significant healthcare issue in most facilities. It is among the most recurrent device-related infections, primarily acquired in hospitals amenable to prevention among patients (Atkins et al., 2020; Whitaker et al., 2022). CAUTI has increased preventable mortality and morbidity rates in the US as it accounts for millions of secondary bloodstream infections. In extreme cases, CAUTI affects other vital organs, including the patients' kidneys, prostate, bladder, and urethra (Kolstad, 2020). Such incidents lead to significant health-related complications for patients and healthcare facilities. These include high healthcare costs, increased risk of hospitalization, significant patient discomfort, and increased hospital stays. This study discusses how CAUTI has affected the US healthcare system and the possible interventions for its prevention and alleviation. The study is based on the formulated PICOT question.

### **PICOT Question**

In an acute care unit inpatient with indwelling urinary catheters (**P**), how does using multi-modal evidence-based practices (**I**), compared with the current indwelling catheter care (**C**), impact the prevention rate of CAUTIs (**O**) within six months? (**T**).

### **Problem Statement**

The research analyzes the growing problem of CAUTIs among inpatients in Acute Care Units in the US today. CAUTIs are a growing healthcare problem, leading to major patient and facility complications. CAUTIs are majorly caused by bacteria entering the urinary tract when a urinary catheter is placed or used on a patient (Whitaker et al., 2022). The bacteria causing CAUTIs dwell in the intestines, although they do not affect the intestines. Most patients with CAUTIs experience various symptoms, such as fever or chills and a burning feeling in the genital area or urethra. Additional symptoms include a burning