

Catheter-Associated Urinary Tract Infection (CAUTI)

Catheterized patient with signs/symptoms compatible with UTI*:

- Fever/hypothermia
- Hemodynamic instability
- New flank pain
- Increased spasticity
- New onset delirium

Asymptomatic bacteriuria should NOT be treated except in pregnancy and before surgical procedures. Signs which in isolation do not require urine cultures or antibiotics:

- Cloudy urine
- Change in urine color
- Change in urine odor
- Pyuria

Remove catheter if not needed
If catheter in place >7 days, place new catheter prior to obtaining culture

* Risk factors for complicated UTI:

- Urologic structural/functional abnormality
- Diabetes mellitus
- Immunosuppression
- Nephrolithiasis
- Pregnancy
- Recent hospitalization
- Nursing home residence
- Recurrent UTIs (3/year)
- Symptoms > 7 days
- Failed previous treatment attempt

Need for immediate antimicrobial therapy?

- Hemodynamic instability
- Sepsis

Yes → STAT urine culture
Blood cultures x 2
Start antibiotics

No → Obtain urine culture and observe. If clinically stable, await urine culture results prior to starting antibiotics

Urine culture positive and no other site of infection?

No → UTI unlikely
Consider alternative source of symptoms
If infection at other site is not suspected, discontinue antibiotics

Urine culture positive and no other site of infection?

Yes → Start or optimize antibiotics according to culture results

Response in 72 hours?

Yes → Streamline antibiotics based on culture results
Continue antibiotics x 5-7 days total

No → No antibiotics
Follow clinically

No → Reconsider alternative diagnosis
Consider ultrasound or CT imaging of kidney