

# Healthcare

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THE ROLE OF NURSES IN DECREASING NOSOCOMIAL UTI With hospital stay ironically increasing the risk for infection, it is important to identify ways to prevent such occurrences. The purpose of this paper is to enumerate the risks for catheter-associated urinary tract infection (UTI) and to determine the effective methods of minimizing these risks.

Practice setting problem

Patients admitted in intensive care unit (ICU) are susceptible to infections, especially of the urinary tract, because of their severely ill condition, immune-compromising treatments, invasive procedures and exposure to microorganisms. Urinary tract infection (UTI) worsens their medical condition, and complicates the management needed to treat them. In effect, UTI is one of the major causes of mortality in patients of ICU (Vieira, 2009).

Importance of the clinical problem and its significance to nursing practice

UTI is a significant problem in the nursing practice, because most of UTI cases in ICU are caused by an indwelling bladder catheter, inadequate antiseptic technique or improper hand washing, which can be minimized by ICU nurses by practicing proper catheterization procedures and doing antiseptic techniques.

While the diploma and associated degree registered nurses (RN) have more experience in the clinics and patient care upon graduation than their college graduate counterparts, nurses with a bachelor's degree have more years spent on understanding the human physiology and the theories behind various diseases and their corresponding management. Because of this difference, they are more adept in making decisions on whether or not a bladder catheter is indicated or not. They can dig into their knowledge to determine when to apply the procedure (Ellis, n. d.).

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### Impact on patients and/or community

Many suffer from catheter-associated UTI, and more patients are at risk of developing it. Epidemiological data shows that almost half of all nosocomial infections are in the urinary tract, and 80% of these are caused by a bladder catheter (Vieira, 2009). Knowing the risks and avoiding them can benefit the patients, since the cost of treating catheter-caused UTI ranges from \$980 to \$2,900 (Newman, 2010).

Females are also more likely to acquire UTI than male. Renal patients, because of the need to assess their urinary output, as well as comatose and sedated patients are placed with indwelling bladder catheter, and are thus highly susceptible to UTI. The risk also increases as the catheter stays longer. In addition, patients given with empirical antibiotics lead to growth of resistant microorganisms such as enterobacteriae, *Pseudomonas aeruginosa* and *Enterococcus* spp. that are relatively harder to treat (Vieira, 2009).

### Differences in care based on evidence

Proper indication of catheter insertion and early removal, proper hand washing, maintenance of unobstructed flow and closed drainage system, scheduled bag emptying, increasing patient's fluid intake, and patient education are all supported by evidence to prevent UTI due to catheter. On the other hand, evidence also suggests that cleaning the meatal area with povidone-iodine or topical antibiotic does not protect from or even lead to UTI (Redd, 2012). Knowing this, cleaning of the uterine meatus should be done by just soap and water (Vieira, 2009).

### Summary

Catheter-associated UTI is one of the leading causes of mortality in the hospital. The most significant risks for acquiring this disease have been

found to be inadequate antiseptic technique and improper hand washing. Thus, evidence has found that proper hand washing, regular urine bag emptying and washing as well as properly indicated catheter insertion are among the effective ways that the UTI can be avoided.

#### REFERENCES

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