



EARLY REMOVAL OF IDCs TO REDUCE CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTIs) IN THE ORTHOPAEDIC SETTING: A FEASIBILITY PILOT STUDY

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Background

IDCs should only be used when there are clear indications and removed as early as possible. IDC duration time is the main risk factor for developing a CAUTI. Our experience was that orthopaedic nurses rarely initiated IDC removal in the early postoperative period.

Purpose

To engage and support ward staff to adopt a nurse-initiated early removal/trial of void practice change for patients with an IDC to prevent CAUTI.

Methods

A pilot study was designed and facilitated by an orthopaedic clinical nurse at TPC as a part of a 12-month QUT-Metro North Nursing Research Internship. A collaborative multidisciplinary approach facilitated the development of an early IDC removal/trial of void practice change. Methods focused on translating evidence into routine care including staff engagement, confidence, and motivation for change. Over 4 months, a prospective chart audit of all patients with IDCs (n=126) was completed examining IDC practices after implementation. A staff survey on IDC removal practices and attitudes was also completed.

Nursing vs medical initiated early removal of IDCs on wards over time

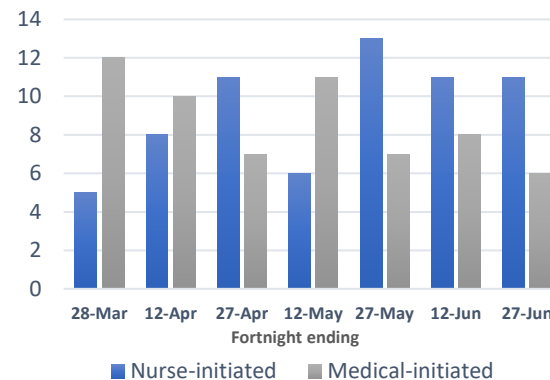


Figure 1.

Results

- All staff from 2 acute orthopaedic wards participated and 126 patients with IDCs were audited.
- Nurse-initiated early IDC removal increased over 4 months (Figure 1); in total 53% were nurse-initiated.

- 97% of patients successfully passed their trial of void after midnight removal, and only 3% of patients required reinsertion.
- 97% of IDC insertions were completed by nursing staff, and 92% of patients did not have a documented IDC removal plan at time of IDC insertion
- 43% of orthopaedic staff agreed a trial of void protocol would be helpful to enable early removal of IDCs and 52% of staff strongly agreed a trial of void form would be helpful to enable early removal of IDCs.

Conclusion

Collaborative clinical research is promoting CAUTI prevention by enabling early nurse-initiated removal of IDCs. The practice change has been accepted by most ward staff and is safe for patient care.

