

CAUTI Prevention

A plain-English guide for you and your family

WHAT IS HAPPENING

Your bladder normally sits empty most of the time and fills slowly with urine made by your kidneys. When it's time to pee, the bladder squeezes and empties completely through a tube called the urethra—no foreign objects inside, no openings for germs to climb in. That's the normal picture. But when a doctor places a thin rubber tube (catheter) through the urethra and into the bladder to drain urine, that natural barrier is gone. Germs from the skin or the outside world can now ride along the catheter into the bladder. Within hours, bacteria stick to the catheter's surface and form a slimy film (biofilm) that shields them from the body's defenses. Each day the catheter stays in, more bacteria grow, and the chance of a real infection climbs 3 to 7 percent per day. If the catheter wasn't truly needed in the first place, was put in without strict clean technique, left in too many days, or if anyone disconnects the closed drainage bag and exposes the system to air, the risk shoots even higher. The good news: most of these infections are preventable. Use a catheter only when you absolutely must (for example, during surgery, to measure urine output hour-by-hour in a very sick patient, or to help heal a severe pressure sore). Remove it the moment it's no longer needed. Place it with perfectly clean hands, sterile gloves, and antiseptic wipes. Keep the drainage bag sealed—never disconnect it or let it touch the floor. Check every single day: 'Does this catheter still need to be in?' If the answer is no, take it out. That one daily question stops most catheter infections before they ever begin.

What you might feel

- A catheter that stays in place longer than needed
- Catheter placed without a clear medical reason
- Bag hanging above the level of the bladder
- Touching the catheter or bag without clean hands
- Breaking the closed system (disconnecting tube from bag)
- Not cleaning the area around the catheter daily
- Urine bag touching the floor
- No daily review by the care team asking 'Do we still need this catheter?'

Call the doctor right away if...

- Catheter left in place for days without anyone asking if it is still needed
- Catheter placed only for staff convenience, not for a clear medical reason (like measuring urine output in a critically ill patient)
- Drainage bag hanging above bladder level or resting on the floor
- Tubing disconnected from the bag or catheter, breaking the closed sterile system
- No daily cleaning of the skin around where the catheter enters the body

What the care team will do

- Ask the care team every day if the catheter is still medically necessary and can be removed.
- Keep the urine collection bag below the level of the bladder at all times, but never let it touch the floor.
- Never disconnect the catheter tube from the drainage bag. Keep the closed system intact.
- Perform hand hygiene with soap and water or alcohol gel before and after any contact with the catheter or drainage system.
- Clean the skin around the catheter insertion site with plain soap and water during the daily bath. Do not use antiseptic wipes or solutions for routine cleaning.
- Make sure urine flows freely through the tubing by checking for kinks, twists, or loops that trap urine.
- Empty the drainage bag when it is two-thirds full using a clean container for each patient, and avoid letting the drainage spout touch the container.
- Secure the catheter to the patient's thigh (for women) or lower abdomen (for men) with a device or tape to prevent tugging and movement.

Medicines you may be given — and why

Rule one: use catheters only when you have a good reason

Rule two: put it in clean using trained staff. Rule three: use a closed bag below the bladder. Rule four: check every day to remove it. Rule five: use bladder scan instead of catheter for output if you can. Rule six: do not test catheter pee unless the patient has fever signs. Each medicine on this list does a body job. Name the job before naming the drug. The medicine is the tool, the broken step is the target. Avoid the reflex of one-symptom-one-drug. Match each agent to catheters cause problems when not needed, left too long, put in dirty, or the closed system breaks and the patients individual physiology.

Where this information comes from

- SHEA/IDSA CAUTI Prevention Guideline 2014
- CDC Guidelines for Prevention of Catheter-Associated Urinary Tract Infections
- Cochrane systematic review on CAUTI prevention
- APIC Implementation Guide for CAUTI Prevention

Last reviewed: 2026-07-07