Cath or not to Cath

The estimated number of hospital-acquired infections (HAIs) in US hospitals exceeds 1.7 million events annually, leading to an estimated 99,000 deaths. Urinary tract infections account for approximately 40% of all HAIs annually. Fully 80% of these hospital-acquired urinary tract infections are attributable to indwelling urethral catheters and catheterization. If nursing homes are considered along with acute care hospitals, it is estimated that there are more than one million cases of catheter-associated urinary tract infections (CAUTI) annually.

In the US, up to five million urinary catheters are placed annually. Between 12% and 25% of all hospitalized patients will receive a urinary catheter during their hospital stay, with as many as half not having an appropriate indication.

It is well established that the duration of catheterization is directly related to risk for developing a urinary tract infection. With a catheter in place, the daily risk of developing a urinary tract infection ranges from 3% to 7%. When a catheter remains in place for up to a week, bacteriuria risk increases to 25%; at one month, this risk is nearly 100%. Among those with bacteriuria, 10% will develop symptoms of UTI (fever, dysuria, urgency, frequency, suprapubic tenderness) and up to 3% will further develop bacteremia.1

The most commonly accepted method to determine whether to catheterize is an ultrasound bladder scanning test.

Prevention

The use of VitaScan LT bladder scanner will:

- Help prevent unnecessary catheterization
- Help reduce rates of nosocomial UTIs
- Is noninvasive, quick, and easy to use
- Improve efficiency, reduce costs, and save staff time