

RISK FACTORS FOR NON-CATHETER RELATED UTIS

RISK FACTOR	MANIFESTATION	INTERVENTIONS
Elderly female	<p>Aging changes:</p> <ul style="list-style-type: none"> • Decreased amounts of Estrogen- causing change in pH of vaginal flora, reducing vascularity, and atrophy of mucosa creating environment for bacteria colonization • Reduced bladder elasticity, muscle tone, capacity • Decreased or delayed perception of voiding signal 	<ul style="list-style-type: none"> • Educate patient and caregivers of normal aging changes and impact on urinary status • Goal is prevention of UTIs
Incontinence	<ul style="list-style-type: none"> • Bladder may not be completely emptied, creating environment for bacteria growth • Urine not removed from perineum, susceptible for bacteria growth 	<ul style="list-style-type: none"> • Timed voiding trial • If using protective underwear, teach re: frequent change when wet, and performing skin care with each change • Eval for WOCN consult
Inability to maintain perineal hygiene	<ul style="list-style-type: none"> • UTIs related to E. coli bacteria from rectum due to this bacteria entering urethra 	<ul style="list-style-type: none"> • Evaluate ability to perform adequate personal care • Consider referral for HHA, OT eval
Constipation	<ul style="list-style-type: none"> • Severe constipation with stool in the colon can obstruct outflow from the urinary tract • Indicative of dehydration 	<ul style="list-style-type: none"> • Establish bowel regimen
Dehydration	<ul style="list-style-type: none"> • Factor in constipation • Limits urine production, creates concentrated urine, which promotes bacterial growth 	<ul style="list-style-type: none"> • Encourage fluids, although there may be patient reluctance due to need to increase bathroom trips
Diagnosis of Diabetes	<ul style="list-style-type: none"> • High glucose urine content and defective immune system are factors. Vaginal candidiasis and vascular disease play a role in recurrent infections 	<ul style="list-style-type: none"> • Educate patient that DM is a factor in developing UTIs • Maintain glucose control • Promote daily perineal hygiene and toilet hygiene
Decreased Mobility/Immobility	<ul style="list-style-type: none"> • Impacts ability to self toilet • Factor for incontinence • May interfere with adequate perineal hygiene 	<ul style="list-style-type: none"> • Observe patient ambulating to bathroom/commode • Consider PT eval for strengthening/safety • Consider OT eval for personal care needs • May require bedside commode, raised toilet seat etc.
Inability to recognize symptoms of UTI	<ul style="list-style-type: none"> • Patient may not present with fever • Due to use of daily analgesics may not experience dysuria • Due to use of diuretics may not identify frequency as a new symptom • May present with generalized symptoms, “feeling out of sorts”. 	<ul style="list-style-type: none"> • Recognize that mental status changes may be a reliable indicator of a UTI • Obtain urine sample for UA and C&S

Sources:

American Professionals in Infection Control and Epidemiology (APIC). APIC Guide to the Elimination of Catheter Associated UTIs (CAUTIs). 2008

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