

Catheter Associated Urinary Tract Infections:

Do you represent a client involved in a case of suspected or confirmed Catheter Associated Urinary Tract Infection (CAUTI)? Did you know that in clinical practice patients can routinely receive this diagnosis in error? And that published guidelines exist with strategies to reduce the risk of acquiring a CAUTI?

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An indwelling urinary catheter is a tube placed into the bladder to drain and collect urine. While a routine part of medical care in certain clinical situations where bladder drainage is necessary, there are significant complications that can develop as a result of placement of an indwelling urinary catheter. One of the most significant of these is infection, also known as a Catheter Associated Urinary Tract Infection (CAUTI).

CAUTI is the most common type of hospital acquired infection, accounting for one million cases each year in the United States. Occasionally they can also lead to infection getting into the blood (bloodstream infection or BSI). Risk factors for the development of a CAUTI have been well described. For example - the longer the catheter is left in place, the greater the risk of developing bacteriuria (bacterial growth in the urine).

Adherence to best practices can reduce the risk of a catheterized patient developing a CAUTI. In fact, Guidelines for the Prevention of CAUTI have been published:

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/cauti-guidelines-H.pdf>

and

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/cauti-itc/modules/implementation/implementing-guide.pdf>

It is important to note that, even when adherence to published guidelines to prevent CAUTI is high, CAUTI can still develop.

While CAUTI is a serious medical condition that can lead to poor patient outcomes if not diagnosed and managed appropriately, Asymptomatic Bacteriuria (ASB) is a common condition that is most often benign and not an indication for treatment, including antibiotics. Guidelines have been published to guide the clinician and healthcare facilities to diagnose these 2 conditions, as well as when it may be prudent to treat ASB. It is very important to distinguish between the two, as treatment is indicated for patients with CAUTI, and usually contraindicated for patients with ASB.

Having been practicing Infectious Diseases clinical medicine for over twenty years, I can say with a high level of confidence that a failure to distinguish between ASB and CAUTI is unfortunately a very common occurrence in medical practice. An incorrect diagnosis increases

the probability that the patient will not receive appropriate therapy and thus increases the risk of a poor outcome.

Do you represent a client involved in a case involving a suspected or confirmed CAUTI? Expert Infectious Diseases Consulting Services PLLC, with over 20 years experience practicing Infectious Diseases, has the expertise to help you navigate the medical complexities involved in making the correct diagnosis and establishing if standard of care was met. To learn more about how Infectious Diseases Expert Consulting Services, PLLC can assist you with medical expert witness services, we encourage you to contact us at (719) 470-2766 or <https://www.idexpertwitness.com> As an expert in Catheter Associated Urinary Tract Infections, Infectious Diseases Expert Consulting Services is ready to provide expert witness service with integrity and the highest ethical standards, for your legal case involving Catheter Associated Urinary Tract Infection.

Other References:

Werneburg. Research and Reports in Urology 2022;14:109-133

Nicolle et al. Clin Inf Dis 2019;68: e83-110