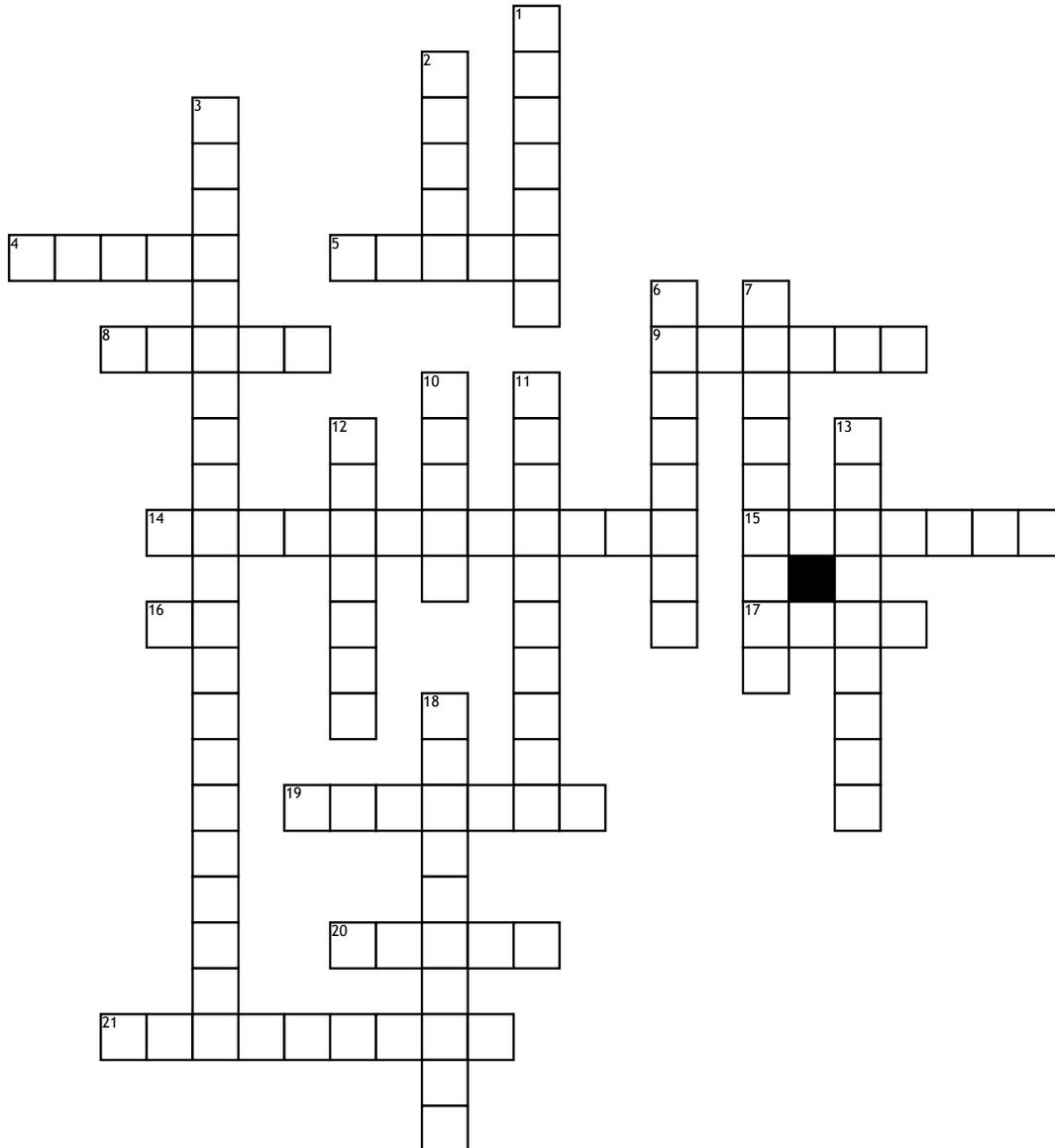


CAUTI Competency



Across

4. This type of preventative education is required for a patient with a catheter.
5. I & O cathing a patient multiple times places the patient at a ____ risk of UTI than placing an indwelling catheter.
8. Foley care must be provided and documented every ____.
9. Full visualization of the ____ is important to decrease contamination and allow for proper assessment.
14. Catheter care should be performed after EVERY occurrence of bowel ____.
15. ____ catheter care should be done with soap and water.
16. When using a coude catheter the tip should be facing ____.

17. The proper way to cleanse the catheter tubing is to hold it securely and cleanse starting at the meatus and moving ____ until all soiling is removed.

19. Each shift, the RN must assess and document on urine color and ____.

20. The nursing procedure manual provides ____ for proper foley care.

21. Retraction of the foreskin on an uncircumcised male during catheter care is important because it allows for assessment of inflammation, encrustations, and ____.

Down

1. If contamination or a break in sterile technique occurs during catheter insertion you should ____ the procedure.

2. The catheter bag should always be ____ the bladder.

3. ____ are the hospital references I should check first.

6. When placing a urinary catheter you should use the ____ size.

7. ____ growth is common where the urinary catheter enters the urethral meatus.

10. When providing foley care for a female the ____ should be retracted.

11. If my patient's catheter cannot be removed for safety reasons (urology placed, for ex), I would collect the urine sample from the ____.

12. The securement device should be placed on the leg in a way that prevents ____.

13. This is required to be given to all patients that have an indwelling catheter.

18. You should consult the LIP within ____ hours to assess if a foley discontinue order should be written.