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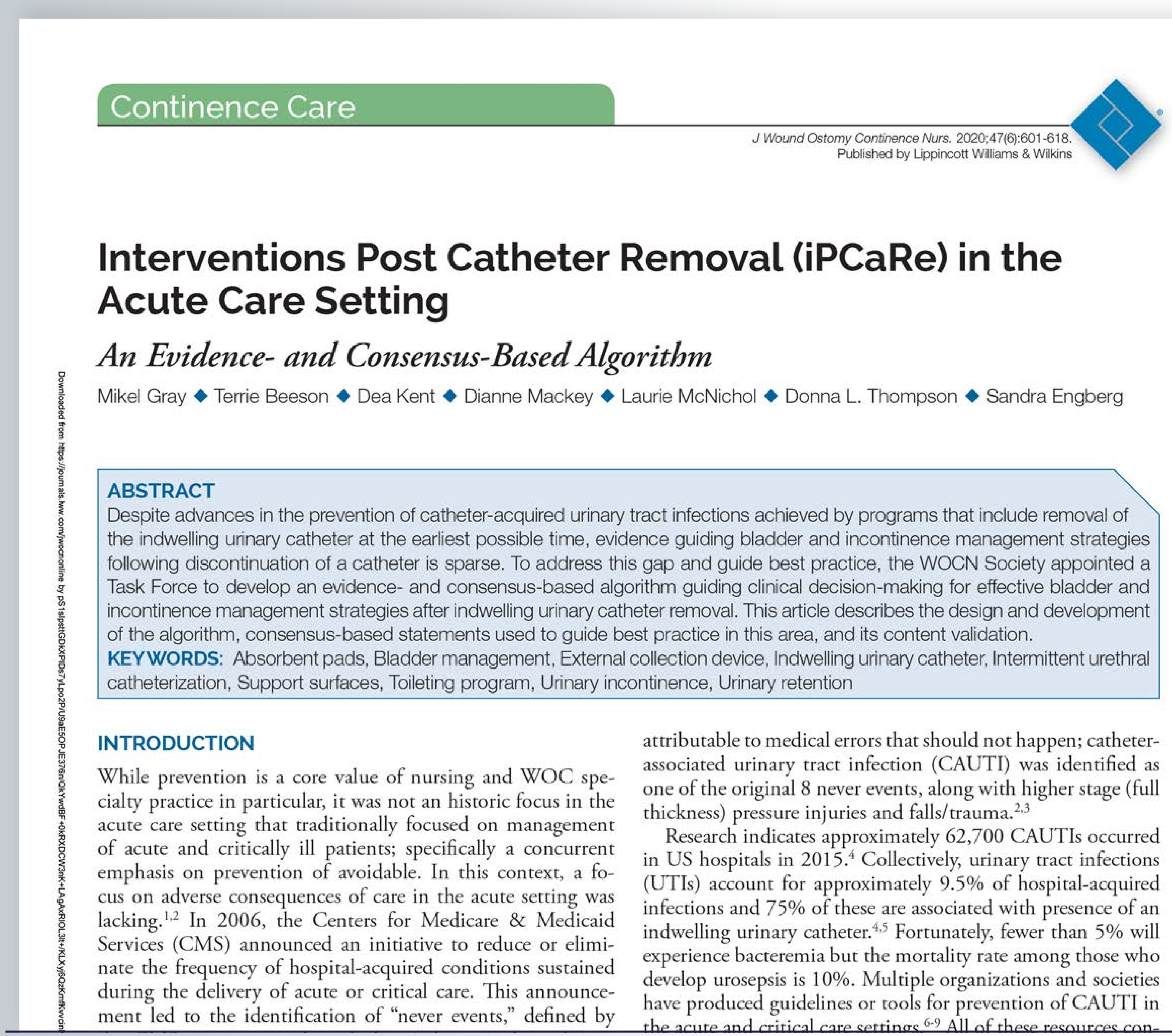
In the iPCaRe evidence and consensus based algorithm which helps caregivers drive interventions post catheter removal, consensus indicates clinicians **"should consider use of an underpad with embedded technology alerting staff to episodes of urinary incontinence."** This can help address the gap caused by pulling catheters as early as possible to prevent CAUTI but not wanting to further irritate skin with exposure to incontinence.



Continence Care

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Interventions Post Catheter Removal (iPCaRe) in the Acute Care Setting

An Evidence- and Consensus-Based Algorithm

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ABSTRACT
Despite advances in the prevention of catheter-acquired urinary tract infections achieved by programs that include removal of the indwelling urinary catheter at the earliest possible time, evidence guiding bladder and incontinence management strategies following discontinuation of a catheter is sparse. To address this gap and guide best practice, the WOCN Society appointed a Task Force to develop an evidence- and consensus-based algorithm guiding clinical decision-making for effective bladder and incontinence management strategies after indwelling urinary catheter removal. This article describes the design and development of the algorithm, consensus-based statements used to guide best practice in this area, and its content validation.
KEYWORDS: Absorbent pads, Bladder management, External collection device, Indwelling urinary catheter, Intermittent urethral catheterization, Support surfaces, Toileting program, Urinary incontinence, Urinary retention

INTRODUCTION

While prevention is a core value of nursing and WOC specialty practice in particular, it was not an historic focus in the acute care setting that traditionally focused on management of acute and critically ill patients; specifically a concurrent emphasis on prevention of avoidable. In this context, a focus on adverse consequences of care in the acute setting was lacking.[1,2] In 2006, the Centers for Medicare & Medicaid Services (CMS) announced an initiative to reduce or eliminate the frequency of hospital-acquired conditions sustained during the delivery of acute or critical care. This announcement led to the identification of "never events," defined by attributable to medical errors that should not happen; catheter-associated urinary tract infection (CAUTI) was identified as one of the original 8 never events, along with higher stage (full thickness) pressure injuries and falls/trauma.[2,3]

Research indicates approximately 62,700 CAUTIs occurred in US hospitals in 2015.[4] Collectively, urinary tract infections (UTIs) account for approximately 9.5% of hospital-acquired infections and 75% of these are associated with presence of an indwelling urinary catheter.[4,5] Fortunately, fewer than 5% will experience bacteremia but the mortality rate among those who develop urosepsis is 10%. Multiple organizations and societies have produced guidelines or tools for prevention of CAUTI in the acute and critical care settings.[6-9] All of these resources con-

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