

875. Prospective Monitoring of Indwelling Urinary Catheters in Hospitalized Patients

Bona Yoon, MPH; Lena Furmark, MD; Samantha McIntosh, MD; [Angelike P. Liappis](#), MD; Veterans Affairs Medical Center, Washington, DC

Session: 111. Device-Associated HAIs
Friday, October 10, 2014: 12:30 PM

Background. Indwelling urinary catheters (IUCs) in hospitalized patients can lead to catheter-associated urinary tract infections (CA-UTIs) or be placed in those with UTIs. Not infrequently, broad spectrum gram negative (BS-GN) coverage is used as empiric treatment when providers lack data available to make treatment choices.

Methods. We prospectively followed IUCs in medical inpatients: those inserted at admission (ADM), during the hospital stay (HS) and those with chronic IUCs. EMR allowed retrospective review of outcomes, UTI-related provider documentation, urine studies including cultures (ucx) and treatment decisions.

Results. In 2yrs, 549 IUCs were followed; 55% placed during HS, 41% at ADM and 4% were chronic. Our cohort was predominantly male (98%) with mean age

73.2 ± 12.5 yrs; IUC indications were genito-urinary obstruction (41%), tracking ins/outs (26%), decubiti (5%) with 18% inserted while critically-ill. The 28d mortality was 21% and 12% died during hospitalization. Median IUC duration 5d (1-60d) and mean insertion time from admission of 5.5 ± 13.3 d (1-117d). Compared to ADM IUCs, chronic and HS IUCs were in longer (+12.1d and +4.7d, <0.001). Providers treated over a third of patients with IUCs for UTI (184/549, 34%). Provider documentation allowed CDC CAUTI definition in 16% and a quarter of ucxs were unevaluable. Empiric BS-GN coverage was initiated in a third of UTIs; 10% of cxs demonstrating ESBL/MDR GNs. Our EMR adjudication disagreed with providers in over 40% of treated UTIs.

Conclusion. Patients admitted with IUCs are a potentially vulnerable group. Age, debilitation and overlapping illness understandably contribute to a providers willingness to treat empirically. Frequently opting for BS coverage, a provider's decisions may be hampered by inability to remove IUC, unclear symptomatology and/or contaminated cultures. IUCs are an important target for antimicrobial stewardship.

Disclosures. All authors: No reported disclosures.