

Katheter-assoziierte Harnwegsinfektionen (CAUTI)

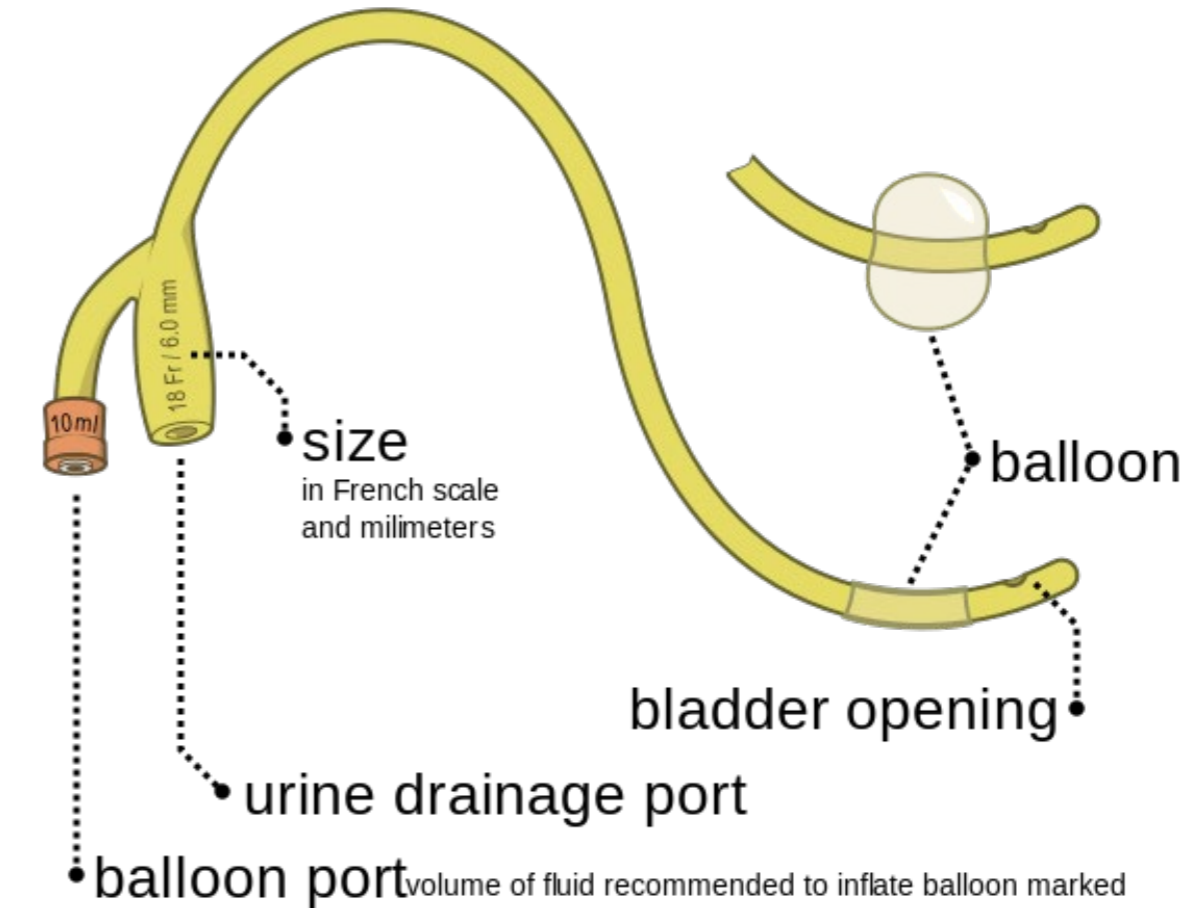
Hintergrund

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Fachlicher Leiter CAUTI Surveillance, Swissnoso

Epidemiologie: Statistik

- bis zu 15% aller hospitalisierten Patienten erhalten DK
- Erwachsene in CH: jährlich ~ 180'000 Dauerkatheter
- Infektionsrate mit 0.2-4.8 CA-UTI/ 1'000 Kathetertage

=> DK 5 Tage: 2'250 CA-UTI (6/d)



ICHE 2014;35(5):464-79.

<http://www.bfs.admin.ch/bfs/portal/de/index/themen/14/04/01/key/inanspruchnahme.html>.

CAUTI PPS

- PPS 2017

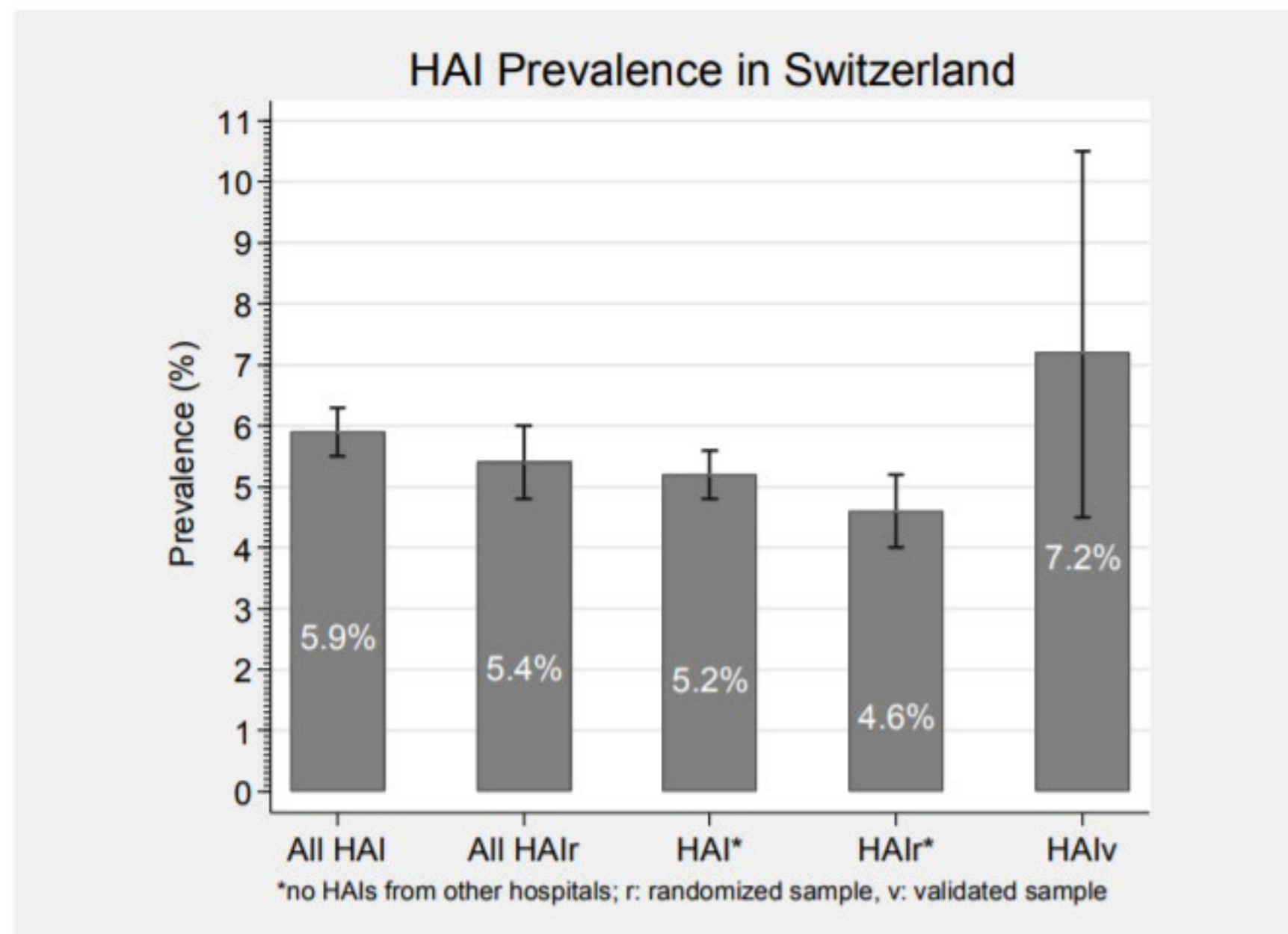
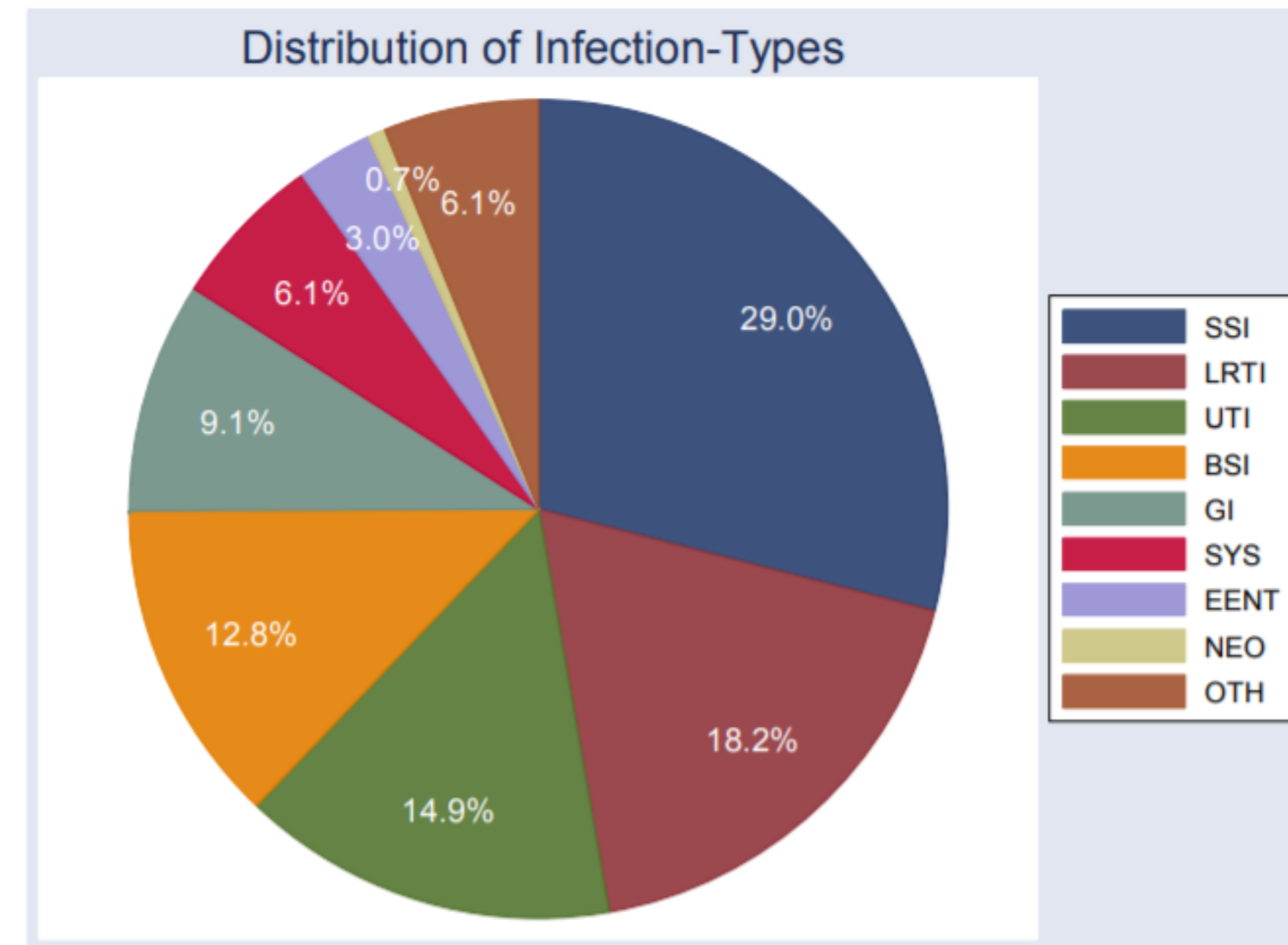


Figure 33: Distribution of HAI types (835 HAIs)



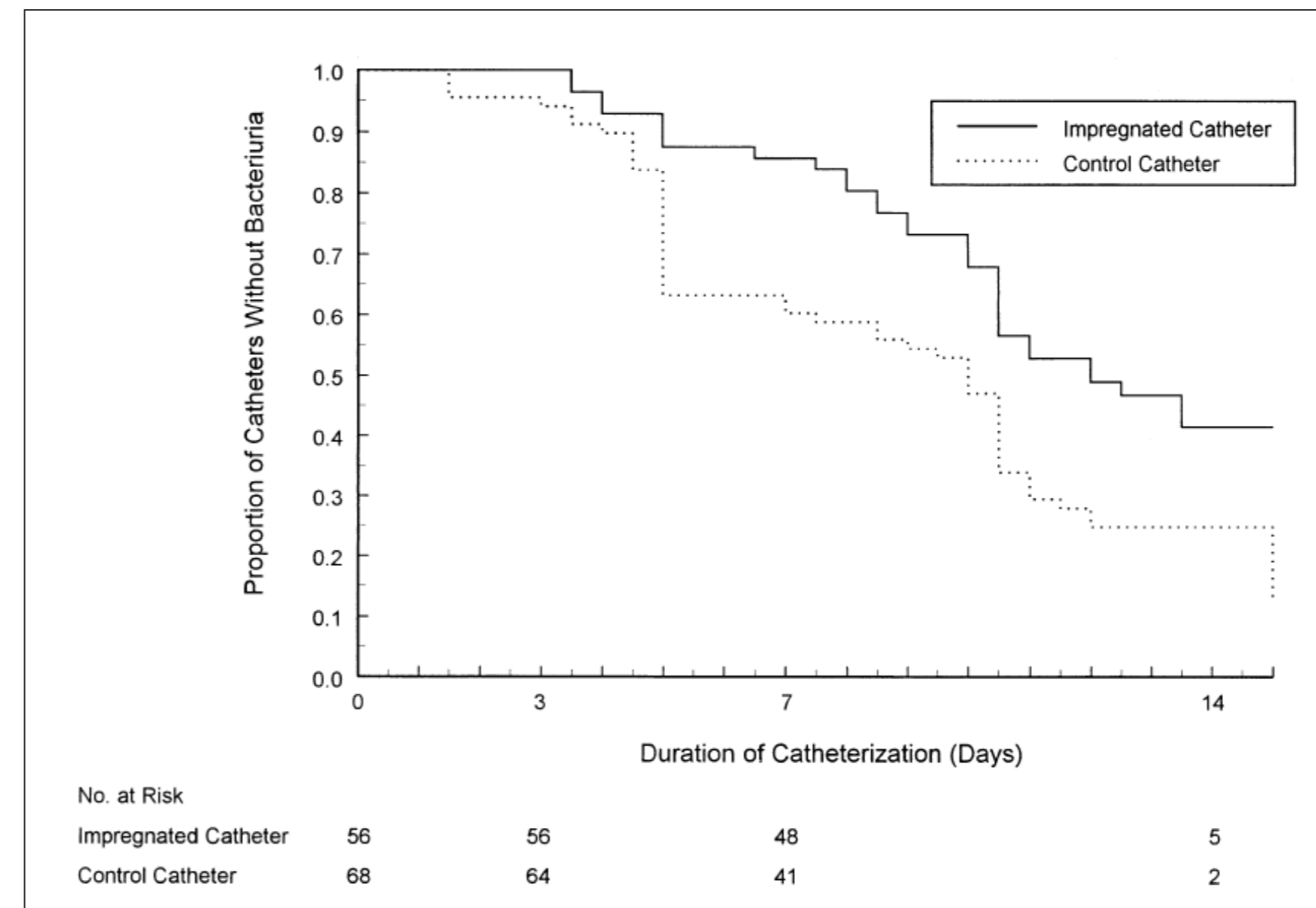
SSI: surgical site infection; LRTI: lower respiratory tract infection; UTI: urinary tract infection; BSI: bloodstream infection; GI: gastrointestinal infection; SYS: systemic infection; EENT: eye; ear; nose; throat; or mouth infection; NEO: specific neonatal case definitions; OTH: other infection

Pathogenese: Kolonisationsrate

- Inzidenz der Urinkolonisation \uparrow ~5% pro Tag
- Warum relevant?

Bis zu 25% der katheterisierten Patienten mit CA-ASB entwickeln CA-SUTI!

Im Umkehrschluss: 75% mit Bakteriurie sind asymptomatisch!



“Natural history of catheter colonization”

Thompson et al. JAMA 1984.; Darouiche et al. Urology 1999.; Saint S, Ann Intern Med 2002.

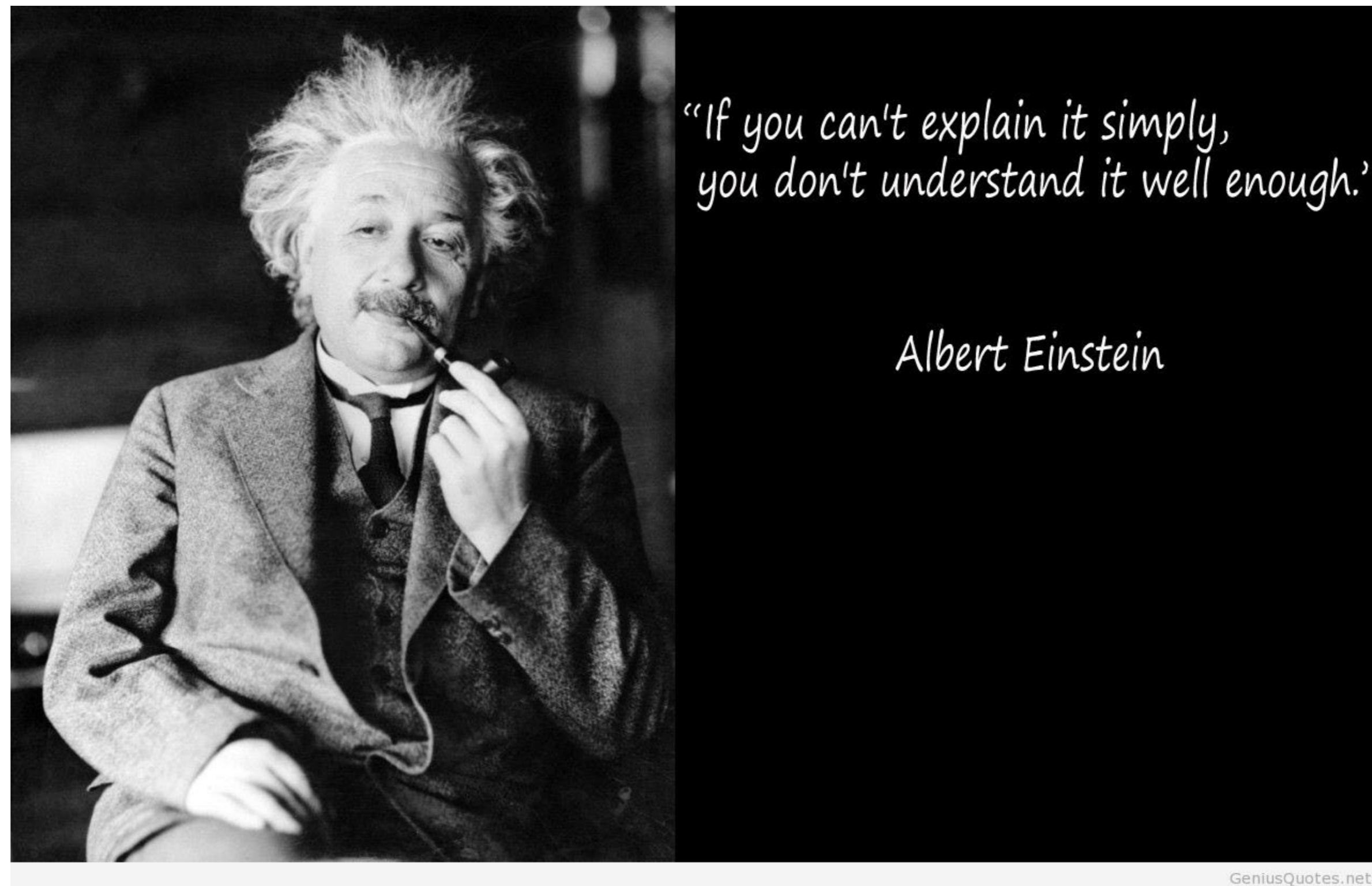
Katheterassoziierte Harnwegsinfektionen – CAUTI: Weitere Komplikationen

- Sekundäre Infektionen
 - Prostatitis, Epididymitis, Orchitis
 - Bakteriämien (ca. 3% bei Bakteriurie), Endokarditis
 - septische Arthritis und Osteomyelitis
- Unnötige Behandlung von CA-ASB
 - vermehrte Antibiotikaresistenz (Outbreaks beschrieben) und Clostridium difficile-assoziiertes Diarrhoe
- Nicht-infektiöse Komplikationen:
 - Strikturen, mechanische Traumata und verminderte Mobilität (Delir)

Schaberg DR, et al. *The Journal of infectious diseases* 1976, **133**(3):363-366. Yoon HJ, et al. *American journal of infection control* 2005, **33**(10):595-601.

Wichtigster Risikofaktor für CAUTI

Ein Katheter!



GeniusQuotes.net

SPECIAL ARTICLE

**Are Physicians Aware Of Which of Their Patients
Have Indwelling Urinary Catheters?**

Sanjay Saint, MD, MPH, Jeff Wiese, MD, John K. Amory, MD, Michael L. Bernstein, MD,
Uptal D. Patel, MD, Judith K. Zemencuk, MA, Steven J. Bernstein, MD, MPH,
Benjamin A. Lipsky, MD, Timothy P. Hofer, MD, MS

Table 1. Awareness and Appropriateness of Urinary Catheterization among Inpatients, Stratified by Respondent Training Level

Category	Appropriate versus Inappropriate Urinary Catheters						<i>P</i> Value*
	Observations of Patients with a Catheter (Number)	Observations in Which Provider Was Unaware of Catheter [Number (Percent)]	Observations of Patients with an Appropriate Catheter (Number)	Observations in Which Provider Was Unaware of Appropriate Catheter [Number (Percent)]	Observations of Patients with an Inappropriate Catheter (Number)	Observations in Which Provider Was Unaware of Inappropriate Catheter [Number (Percent)]	
All providers	319	88 (28)	211	44 (21)	108	44 (41)	<0.001
Medical students	39	8 (21)	26	5 (19)	13	3 (23)	0.77
Interns	88	19 (22)	58	9 (16)	30	10 (33)	0.06
Residents	104	28 (27)	70	13 (19)	34	15 (44)	0.006
Attending physicians	88	33 (38)	57	17 (30)	31	16 (52)	0.04
<i>P</i> value†		0.06		0.09		0.29	

* Comparing proportions who were unaware of appropriate versus inappropriate catheters.

† Comparing proportions who were unaware, by level of training.