Using academic writing standards and APA formatting of references, respond toeach of the following learning objectives. Using this document,enter the responses directlynext to the corresponding learning objective in the grid below.Responses should be 150-350 words in length. Scroll down to see assignment rubric for specific details on how the project will be assessed and how the will be points awarded.Save the completed document as the assignment title with your name, and submit to the dropbox.

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Reviewed by Sally Arnold 5/13/21

Learning Objective	Response
1. Describe the incidence and prevalence of catheter associated urinary tract infection (CAUTI).	CAUTI's APA are more prevalent in healthcare settings such as hospitals. They are said to be the most common type of healthcare acquired infections. CAUTI's take the lives of about 13,000 people every year with an estimate of approximately 449,000 diagnosed each year. There is about $340 million spent annually due to CAUTI's with an approximate cost of $750 per individual. 60 words = 150-350 required
2. List factors associated with the development of CAUTI.	CAUTI's are developed when biofilm develops on both the external and internal surfaces of a catheter (Moore & Franklin, 2016). As this biofilm increases and the catheter remains in place, the chances of developing a CAUTI increases. The organisms within this biofilm eventually are not able to be penetrated by antibiotics. These organisms usually start to grow externally and move up the drainage tubing of the catheter and are able to enter the bladder. These organisms are many times resistant to antibiotics and grow at a fast rate along with the biofilm especially with long term catheters (Moore & Franklin, 2016). Long term catheters will continue to produce a large amount of biofilm which can lead to blockage of the catheter and bacteria that will be extremely hard t get rid of (Moore & Frnklin, 2016).

	Although, everyone with an indwelling catheter will have microbial colonization, it is considered asymptomatic bacteriuria if there is no treatment required. In a CAUTI, the individual will develop symptoms and need to have treatment. This is true information, but it doesn't answer the question: what are the risk factors for CAUTI?
3. Discuss nursing evidence-based interventions for CAUTI prevention and management.	There has been much research done on how to eradicate CAUTI's. In order to do this, there would need to be a way to get rid of catheter biofilms. As of now, there has been studies that use various methods that do not seem to reduce CAUTI's. Some of the research has included, flushing catheters with acidic solutions, antibiotic meatal ointments, antibiotic prophylaxis and instilling antibiotics in urinary drainage bags (Moore & Franklin, 2016). Catheters made with different materials also do not seem to help with reducing biofilm. According to Mendez-Probst et al. (2012), there needs to be a better understanding of the formation of biofilm and ways to limit it's occurrence in order to be able to develop products and drugs so that CAUTI's can be avoided. Aseptic technique is the method that is used and accepted for insertion. There has also been studies that reflect no difference in the incidence of bacteria formation with the aseptic technique versus a clean technique. In the event that a CAUTI is developed, the catheter should be removed or replaced and antibiotic treatment started (Chenoweth, et al., 2014). Missing a lot here: what are other interventions?
4. Identify selection criteria for appropriate indwelling catheter size.	Catheters are selected by size and the materials that construct them. An indwelling catheter is usually a size 14-16 Ffrench, which are the preferred sized for long term use (Gray, 2016). There are catheters made from a few different types of materials such as

	latex, polytetrafluoroethylene coating, latex with hydrogel coating, latex with silicone coating, and some that are all silicone (Gray, 2016). Catheters will form biofilm and exhibit crusting. Some material such as the hydrogel and silicone coated catheters are usually recommended for long term use because they seem to cause less inflammation and discomfort when they are used for long periods of time. Some catheters also come coated with silver and antibiotics. Although these catheters may provide some short term protection from bacteriuria and developing a CAUTI, they are not recommended long term (Gray, 2016). It is usually up to the nurse to make the selection of the type and size of catheters being used. Again, missing a lot: differences for women and men? Prostate concerns? Children? Blood clots?
5. Differentiate between a urinary tract infection and colonization.	Urinary tract infections can affect any portion of the urinary system. This can be your kidneys, bladder, ureters and urethra. It is common for the infection to be found in the lower portion which is the bladder and urethra. Infection will cause the bladder wall and urethra to become inflamed (Doughty & Moore, 2016). The bacteria in the urine may cause symptoms such as fever, diarrhea, elevated white blood cell count and much more. At the point where these germs begin to make an individual sick, it is considered to be an infection. In older adults, this may come across as confusion and the classic signs of infection may not be present. On the other hand, colonization involves an elevated bacterial count which is usually more than 100,000 of organisms per mL does not cause any symptoms of sickness. A urine culture will reflect high numbers of bacteria ~~and~~ but due to the lack of symptoms, the individual will be considered colonized. When does a patient need treatment? Do we treat colonization?

References *See the course syllabus for specific requirements on references for all assignments.*	D. Doughty & K. Moore improper format, (2016). Overview of urinary incontinence and voiding dysfunction. In D. Doughty & K. Moore (Eds.), *Wound, Ostomy and Continence Nurses Society™core curriculum: Continence management (pg. 16).* Wolters Kluwer. M. Gray (2016). Neurogenic bladder: Aassessment and management. In D. Doughty & K. Moore (Eds.), *Wound, Ostomy and Continence Nurses Society™core curriculum: Continence management (pg. 103).* Wolters Kluwer. K. Moore & L.Franklin, (2016). Indwelling and intermittent catheterization. In D. Doughty & K. Moore (Eds.), *Wound, Ostomy and Continence Nurses Society™core curriculum: Continence management (pg. 238-239).* Wolters Kluwer. Chenoweth, C. E., Gould, C. V., & Saint, S. (2014). Diagnosis, management, and prevention of catheter-associated urinary tract infections. *Infectious Disease Clinics of North America*, *28*(1), 105–119. https://doi.org/10.1016/j.idc.2013.09.002 Good Each reference needs to have a hanging indentation

Points criteria:

Criteria	Under performance <3 points per criteria	Basic 3 – 3.9 points per criteria	Proficient 4.0 – 4.4 points per criteria	Distinguished 4.5 – 5 points per criteria
Required content objectives	Content objectives are missing or sparsely covered.	Content objectives are not consistently addressed. Demonstrates minimal understanding of content.	Content objectives consistently addressed. Demonstrates understanding of content.	Content objectives consistently addressed. Demonstrates mastery of content.
Academic writing standards	Writing lacks scholarly tone & focus. Sparse content. Multiple grammatical, spelling, & factual errors. Reliance on bullet points rather than effective writing in speaker notes. 4 or more direct quotes per project.	Writing is unclear and/or disorganized. Inconsistent scholarly tone. Inadequate depth of content. Grammatical and spelling errors.No more than 3 direct quote of less than 40 words per project.	Writing demonstrates general exploration of content. Responses are clearly written using scholarly tone. Few grammatical and/or spelling errors.No more than 2 direct quote of less than 40 words per project.	Writing demonstrates comprehensive exploration of content. Responses are clearly written using scholarly tone. Rare grammatical and/or spelling errors.No more than 1 direct quote of less than 40 words per project.
APA formatting	References and citations have multiple errors or are missing.	References and citations have errors.	References and citations have few errors.	References and citations have rare errors.