Incidence of Urinary Tract Infection (UTI)

- Approximately 5% of all patients admitted to U.S. hospitals acquire infections during their stay.  

- As many as one million patients a year suffer from hospital-acquired urinary tract infections. Unresolved nosocomial UTIs may account for as many as 56,000 deaths per year.  

- Urinary tract infections (UTI) account for approximately 40% of all hospital-acquired infections.  

- In 2002, the CDC estimated that the most common Hospital-Acquired Infections (HAI) were urinary tract infections (UTIs), accounting for 36% of all nosocomial infections. That year, more than 13,000 deaths were attributed to hospital-acquired urinary tract infection.  

- Up to 25% of hospitalized patients have a urinary catheter placed during their stay. The use of indwelling urinary catheters accounts for 80% of nosocomial UTIs.  

- UTI affects between 15% and 50% of residents in Long-Term Care facilities.  

- Females under age fifty and elderly male patients are the patient populations most likely to acquire nosocomial UTI. The populations most in danger of developing serious complications from UTI include diabetics and elderly patients experiencing lengthy hospitalization.  

Causes of UTI

- Genitourinary catheterization is responsible for as much as 80 percent of all hospital-acquired UTI.
To access updated information, visit http://www.seekwellness.com/v-ce/free-infection-prevention-kit.html

- Up to 25% of hospitalized patients experience urinary catheterization during their stay. The average rate of urinary tract infection among these patients is 5% per day. After a month of catheterization, nearly all will have acquired a catheter-related infection.
  (Source: Sanjay Saint, MD, MPH and Benjamin A. Lipsky, MD. "Preventing Catheter-Related Bacteriuria: Should We? Can We? How?" Archives of Internal Medicine. 159 (26 April 1999): 800-808.)

- E. coli is the organism that most commonly causes UTI among both hospitalized patients and residents in Extended Care facilities.

Complications Related to UTI

- In Acute Care, patients who develop a nosocomial UTI have their hospital stay extended by approximately 3 days and are nearly 3 times more likely to die during hospitalization than patients without such an infection.
  (Source: Sanjay Saint, MD, MPH and Benjamin A. Lipsky, MD. "Preventing Catheter-Related Bacteriuria: Should We? Can We? How?" Archives of Internal Medicine. 159 (26 April 1999): 800-808.)

- 90% of elderly nursing home residents with UTI will develop associated pyuria, which can lead to upper tract infection of the kidney.

Cost of UTI

- After October 1, 2008, hospitals will not be paid for catheter-associated UTIs not present at time of patient admission.

- Cost estimates for UTIs range from $589 to $4693.23 per case.

- "...nosocomial UTIs prolong hospitalization by an average of 2.5 days. With the average total hospital cost running approximately $750/day, the additional total bill for a hospital-acquired urinary tract infection would be approximately $1,875. Using even the conservative estimate of one million nosocomial UTIs a year in this country, the total cost to our society could be approaching $2 billion."
  (Source: Clair E. Cox, MD. "Nosocomial Urinary Tract Infections." Urology. 32 (September 1988) 3: 210-214.)
BladderScan®, Catheterization and UTI

- Portable bladder ultrasound devices can assess bladder volumes accurately and reliably – and many catheterizations can be avoided. Two research units found that use of BladderScan® instruments reduced catheter-related UTIs from 87% to 38% in one unit and 81% to 50% in another unit over a 12-month period. The hospital had an overall 50% decrease in UTIs.

- The incidence of UTI has been clinically demonstrated to decrease by 50% following the implementation of the BladderScan® to determine bladder volume in place of intermittent urethral catheterization.
  (Source: Denise Ann Moore and Kathleen Edwards. "Using a Portable BladderScan® to Reduce the Incidence of Nosocomial Urinary Tract Infections." MEDSURG Nursing. 6 (February 1997) 1: 39-43.)

- Ultrasound determination of bladder volume with the BladderScan® has been shown to change nursing practice in 51% of cases. The most common change in practice (32%) is that nurses do not catheterize the patient.

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