Background: Catheter associated urinary tract infections constitute 40%-50% of all hospital infections. Due to these infections there is increase in the hospital stay of the patient along with increase in the use of higher antibiotics. The overall cost of health care also increases. Multiple risk factors can affect the occurrence of CAUTI. These include quality of aseptic technique, duration of catheterization, appropriate hand hygiene and care of catheter. Chlorhexidine gluconate (CHG) has been available as a topical antiseptic for over 50 years, having broad clinical application throughout the health care environment. It is a broad spectrum of antimicrobial solution and also a bactericidal, sporicidal, fungicidal, virucidal. Aim: The main aim of the current study was to assess the effectiveness of the Nursing care bundle on CAUTI among patients with indwelling catheter in selected wards in MGMCRI, Puducherry and to implement this bundle in health care settings.

Materials and Methods: Quantitative research approach was used for this study. The true experimental, Post-test only design was used for this study. Purposive random sampling technique was used to select 60 samples (case n-30, control n-30). Nursing care bundle which includes perfect hand washing, CHG based catheter care, 3% H2O2 in drainage bags, proper placement and draining was given for a case group and normal routine nursing care was given for control group for a week. The data pertaining to demographic variable was collected using structured questionnaire and NHSN tool for CAUTI to assess the symptoms of UTI along with urine color, albumin level, PH & colony growth by using urine culture and urine routine.

Results: The obtained p-value is <0.000** which is highly statistically significant at p<0.00. The result shows that nursing care bundle is highly effective. Hence h1 hypothesis was accepted.

Conclusion: Regular practice of this Nursing care bundle in all wards and critical care units can prevent the catheter associated urinary tract infection among patients with indwelling catheter.