Tests, treatments and procedures at risk of inappropriateness in Italy

that Health Professionals and Patients should talk about.

Five Recommendations from the Italian Association of Urology Nurses – AIURO (FNOPI Professional Society)

1	**Don't use the bladder catheterization if not expressly recommended. If necessary, follow the guidelines as far as the choice of the devices, the insertion procedure, the management, the early removal and patient education are concerned.**
	The practice of bladder catheterization appears to be, long since, among the most prevalent in health facilities - including private hospitals and home care - thus resulting in a procedure with a significant transversal scope. An improper indication and subsequent management of bladder catheterization can determine up to 40% of infections related to care practices, resulting in increased morbidity and costs. From this data comes the need to standardize the knowledge and skills of all workers involved in the process of bladder catheterization, especially in order to prevent the care-related infections associated with this practice.
2	**Don't practice bladder catheterization with 2-ways latex catheters; caliber of less than 22 ch for men and 20 ch for women; in patients with suspected or confirmed diagnosis of macrohematuria.**
	An improper indication and subsequent management of bladder catheterization can determine up to 40% of infections related to care practices, resulting in increased morbidity and costs. In case of macrohematuria it is indicated to use catheters that have as minimum requisites the indicated size and are 3-ways silicone devices. From this data comes the need of standardizing the knowledge and skills of all professionals who have to perform the procedure of bladder catheterization, especially in order to prevent CAUTI (Catheter Associated Urinary Tract Infections). In patient with suspected or confirmed macrohematuria, the correct choice of the device allows for an effective management of the care process, significantly reducing the occurrence of catheter obstruction, urethral trauma and /or UTI. In case these conditions arise, it is often necessary to repeat the catheterization procedure resulting in the patient's additional exposure to the risks arising from the operation.
3	**Don't carry out the assessment of pain without using standardized scales in the immediate post-operative period.**
	In many surgeries the administration of post-operative analgesic therapy is a standard practice. However, the pain previously perceived by the patient it is not always rated. If there is a prescription for a pain killer treatment "under condition", i.e. with the possibility of opting for different active ingredients prescribed by shared interdisciplinary protocols, the choice should be guided by a systematic assessment of pain as a symptom. The use of standardized scales (eg. Numerical Rating Scale and Visual Analogue Scale), allows to standardize the behaviors in this regard and encourages the choice of the treatment most suitable to the situation and the patient. Where possible, the preoperative patient education is also important, as well as the assessment of pain before surgery.
4	**Unless there is any complication, don't renew the dressing of the surgical site in the first 48 hours after surgery.**
	The dressing of the surgical wound is always source of debate for what concerns: methods, materials and frequency of renewal. Currently, replacing the dressings positioned in the operating room during the first day, i.e. before 24 hours from placement, is routinely. Leaving the dressing in place for 48 hours after surgery is the gold standard to limit infection and complications of the surgical site and to promote the natural tissue regeneration.
5	**Don't renew the advanced dressings placed on complicated and/or infected surgical site with different timing than indicated by the guidelines and the product specifications.**
	The increasingly widespread use of "advanced dressings", i.e. of devices for the treatment of surgical wounds made up of biocompatible materials enhancing their healing, is the result of ongoing pharmacological, epidemiological and infectious diseases research. In order to ensure an appropriate patient care, it is necessary that nurses know the different types of products, both for choosing the most suitable one and to schedule how and when to replace it. It is therefore necessary to neglect the philosophy of "daily medication" to grant a direct control of a complex surgical wound, and rather opt for renewal criteria guided by the clinical judgment of the practitioner and taking into account the characteristics of the product itself. It is also important to share information with other professionals using a language universally shared and preferably accompanied by iconography.

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

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How this list was created

A.I.U.R.O. (Association of Urology Nurses), considering the recently published studies, their epidemiological and infectivology statistics and its own experience, decided to establish a working group composed mainly of its members. The components, after a critical analysis of the available scientific evidence and information and the consultation of updated guidelines in the field, developed these recommendations. The methodological approach was organized by the Academy of Nursing Sciences (ASI).

Sources

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Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign **"Doing more does not mean doing better- Choosing Wisely Italy"** in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it

A.I.U.R.O was founded in Turin in 1995 by a group of nurses working in Urology departments, sensitive to professional training and specialized aspects. Originally affiliated to AURO (Association of Hospital Urologists), separated in 2000, becoming an autonomous and independent body. In 1997, the association was officially recognized by the Italian Ministry of Health. Since the beginning, the collaboration with companies and professionals at national, international and Europen level played an important role. Thanks to the Association's relevance, since 2001 a successful collaboration with an NGO is ongoing to sustain an EU health project in developing countries. We're particularly proud of our participation in the founding of GPAIN (Permanent Group of National Nursing Associations).
Among the association's objectives there is the promotion of research and nursing culture in the field of urology, in collaboration with the National Federation of Registered Nurses' Colleges and other professional associations, thus enhancing the nursing activities in hospital urological departments by means of technical and scientific information sharing among professionals, also internationally. www.aiuro.org