Diagnosing and treating CAUTI’s in individuals with SCI is complex and evidence is limited.

Clinicians face a lot of pressure when balancing antibiotic stewardship principals against clinical considerations.

**METHODS**
- Two independent coders reviewed transcripts independently using inductive and deductive coding.
- Content and thematic analysis were used to identify themes.
- Iterative meetings allowed the team to build consensus.

**RESULTS**
- Uniqueness of SCI
  - Culture/Symptom Discordance creates diagnostic challenges
  - Clinicians struggle with weighing risk of antibiotic overuse against risks of quick decompensation
  - Patient expectations for antibiotics on demand makes antibiotic stewardship difficult
  - Reluctance to change
    - Patients set in their ways
    - Challenging patient behaviors
    - Liability shielding and legal ramifications due to sparsity of evidence on this issue
- Instrumental Supports
  - Access to infectious disease consults
  - Timely access to urologic procedures (e.g., cystoscopy, renal ultrasound)

**CONCLUSIONS AND FUTURE DIRECTIONS**
- Managing urinary health in those with SCI is complex and evidence surrounding treatment is limited.
- Traditional CAUTI protocols do not adequately address the needs of those with SCI.
- Provider feedback is instrumental when developing clinical guidelines that are contextually appropriate.
- Development of this work and educational resources is ongoing and further work in this area is needed.