

INDWELLING URINARY CATHETERIZATION PERFORMANCE CHECKLIST

**FOR FEMALES**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

UNIT: \_\_\_\_\_

The above named health care provider:

- HAS MET all performance criteria (critical behaviors) identified below;
- HAS NOT MET the performance criteria (critical behaviors) identified below with a checkmark (✓) in “NOT MET” box. **Refer to action plan.**

As of \_\_\_\_\_, validated by: \_\_\_\_\_  
 (Date) (Signature of evaluator)

\_\_\_\_\_  
 (Printed name)

CRITICAL BEHAVIORS	MET	NOT MET	COMMENTS
1. Assemble needed equipment for peri-bath and indwelling catheterization.			Use the smallest catheter as possible.
2. Explain the purpose and necessity of the procedure to the resident.			Introduce self. Maintain resident privacy. Keep resident warm.
3. Perform hand hygiene, don gloves. Perform peri-bath and discard disposable equipment.			Cleanse peri area with soap and water. Wipe basin with disinfectant wipe after use.
4. Hand Hygiene. Follow Standard Precautions.			
5. Position resident.			
6. Open catheterization tray (maintain content sterility). Use wrapper to make sterile field.			Open edges away.
7. Place plastic-lined sheet under buttocks			Fold corners of sheet over hands to do this.
8. Don sterile gloves.			
9. Place fenestrated drape over perineum.			Do not contaminate gloves.
10. Arrange tray contents for use: a. Pour iodine solution over cotton balls b. Lift top tray and place onto sterile field c. Dispense lubricant onto tray d. Remove plastic shield from indwelling catheter and lubricate end of catheter			No balloon check necessary before insertion.
11. Cleanse urethral meatus: a. Less-dominant hand: separate labia and apply gentle traction upward. b. Dominant hand: grasp iodine saturated cotton ball with forceps. Wipe top to bottom of center, then out using a new cotton ball with each wipe.			Must keep less-dominant hand in place for entire procedure and keep labia separated at all times.
<i>Checklist continued on the next page...</i>			

CRITICAL BEHAVIORS	MET	NOT MET	COMMENTS
12. Continue using less dominant hand to separate labia.			Have resident take slow, deep breaths to focus the mind and relax musculature.
13. Pick up catheter with dominant hand approximately 2-3 inches from catheter tip. Place distal end in sterile tray.			
14. Gently insert the catheter into the meatus and advance until you see urine flow, and then advance another ½ - 1 inch.			If the catheter is inserted into the vagina leave catheter in vagina and repeat steps 3-12. Remove catheter from vagina after proper placement of urethral catheter.
15. Release labia and hold catheter in place while dominant hand inflates balloon with 10ml sterile water into balloon port.			
16. Gently pull back catheter to position balloon at neck of bladder.			Stop once any resistance is felt.
17. Place indwelling catheter bag below the level of the bladder.			Do not curl tubing. Keep straight at all times.
18. Secure catheter with securement device.			If necessary, clip skin hair for adhesion. Allow sufficient time for alcohol prep and skin protectant to dry. Secure catheter with securement device, but not too tight.
19. Document date on securement device.			Must be replaced every 7 days.
20. Discard disposable equipment in Infectious Waste Trash.			
21. Document intervention.			Document size, resident tolerance, and description of urine. Document indwelling urinary catheter necessity on review form.

**ACTION PLAN**

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Date Action plan to be completed by: \_\_\_\_\_

Date Revalidation to be completed by: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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