

INDWELLING URINARY CATHETER AUDIT TOOL FOR INFECTION PREVENTION & CONTROL

Instructions:

DATE (WK): _____

1. Perform this audit once per week
2. Record resident info/room
3. Check **YES (Y)** or **NO (N)**
4. Tally the responses, then total them together
5. Divide the new total by the number of residents audited

	Res/Rm							
The physician order contains the reason for the catheter, the size of catheter, and to change catheter prn blockage or leakage.								
The reason for indwelling catheter and its continued use is documented in the care plan by the ICP team in the care conference note.								
The Interdisciplinary Care Plan includes specific documentation concerning: <ol style="list-style-type: none"> a. Measures to prevent UTI/other complications b. Catheter care c. Positioning of the catheter d. Maintenance of adequate hydration e. Measures taken to restore normal urinary function 								
Nursing documentation addresses the resident's tolerance of indwelling catheter.								
If UTI is present, nursing documentation shows the resident's response to treatment.								
Presence of indwelling catheter and precautions taken during care are included on the CNA Assignment Sheet.								
Tubing and bag are properly positioned: <ol style="list-style-type: none"> a. Catheter anchored to prevent pulling b. Drainage bag below level of bladder c. Tubing free from kinks d. Resident not lying on catheter or tubing e. Drainage bag not touching floor 								
Personnel wash hands before and after providing perineal care, catheter care, and touching the tubing and collection bag.								
The urine collection bag is changed as indicated (leakage, sediment, odor, etc.).								
The urine collection bag is labeled with the date and initials of the nurse.								
The graduated urine container is clean.								
The graduated urine container is labeled with the date and name of the resident.								
Total Yes (Y) Responses								

Grand Total of Audit: _____ Total Residents Reviewed: _____

*Average: _____

DATE: _____ SIGNATURE: _____

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