

**URINE SPECIMEN COLLECTION AND STORAGE AUDIT TOOL
FOR INFECTION PREVENTION & CONTROL**

Instructions:

DATE (WK): _____

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

	Res/Rm Date							
Clean Catch Sampling								
a. Resident assisted by staff								
b. Procedure explained to resident								
c. Staff/resident perform hand hygiene, staff don gloves								
d. Females- Labia separated and inner labial folds wiped front to back in a single motion with towelette. Labia kept separated. Males- If uncircumcised, foreskin retracted. End of penis wiped with towelette.								
e. Staff held cup and collected mid-stream urine.								
f. Specimens labeled/packaged according to policy								
In-And Out Catheter Sampling								
a. Procedure explained to resident								
b. Hand hygiene performed, gloves donned								
c. Urinary meatus cleansed with towelette: Females- Labia separated and inner labial folds wiped front to back in a single motion with towelette. Labia kept separated. Males- If uncircumcised, foreskin retracted. End of penis wiped in a single motion with 2 towelettes.								
d. Catheter lubricated and directed towards cleansed area								
e. Staff collected mid or low flow urine, keeping fingers away from urine container rim and inner surfaces								
f. Specimens labeled/packaged according to policy								
Indwelling Catheter Sampling								
a. Procedure explained to resident								
b. Hand hygiene performed, gloves donned								
c. Tubing pinched below the aspiration port to create a temporary reservoir of urine								
d. Tubing elevated slightly allowing urine to pool at the aspiration port								
e. Catheter end swabbed at the planned puncture site with 70% isopropyl alcohol								
f. Needle inserted into port and urine withdrawn								
g. Specimens labeled/packaged according to policy.								
Total Yes (Y) Responses								

Grand Total of Audit: _____ Total Resident Rooms Reviewed: _____ *Average: _____

DATE: _____ SIGNATURE: _____