



AHRQ Safety Program for Long-Term Care: HAIs/CAUTI

Appendix H.

Indwelling Urinary Catheter Maintenance Checklist

Instructions for Use

Purpose

Use of a standardized indwelling urinary catheter (IUC) maintenance checklist can ensure that residents are protected through application of nationally recognized evidence-based practices during this invasive procedure to reduce the risk of cross infection.

Rationale

The development of biofilms, colonization, asymptomatic bacteriuria, and symptomatic urinary tract infections are common to urinary catheter use. The risk of acquiring a catheter-associated urinary tract infection (CAUTI) due to urinary catheter insertion depends on aseptic technique during catheterization, duration of catheter use, the quality of catheter care, and host susceptibility.

When Applicable

To be completed at least once a month on all residents with a urinary catheter. The results provide the facility team with information on progress and barriers related to the catheter maintenance process measures.

Next Steps

Completed checklist can be forwarded to the quality improvement team for review and potential improvement opportunities.

For All Indwelling Urinary Catheter Maintenance Processes—

- **Resident Name.** Identify the resident by completing the fields for resident full name, medical record number, unit/room, and the date and time that the IUC is being checked.
- **Date of Insertion.** Insert the date the last IUC was inserted.
- **Inserting Clinician.** Insert the name and title of the clinician who inserted the last IUC.
- **Reviewer Name.** Insert the name and title of the staff member who is assuring that the correct procedural steps and aseptic technique are performed.
- **Routinely Assess IUC Appropriateness/Need.** Document the frequency with which the need for the catheter is assessed.¹
- **Before IUC Maintenance**
 - Check the box next to each step when completed.
 - Use the comment section to list breaks in technique and corrective action.
- **Specimen Collection**
 - If necessary, follow the steps to obtain a specimen for urine collection from a resident with an IUC.

References

1. Gould CV, Umscheid CA, Agarwal RK, et al. Guideline for prevention of catheter-associated urinary tract infections 2009. *Infect Control Hosp Epidemiol.* 2010 Apr;31(4):319-26. PMID: 20156062.



Additional Resources

Association for Professionals in Infection Control and Epidemiology. Guide to the Elimination of Catheter-Associated Urinary Tract Infections (CAUTIs). 2008.

http://www.apic.org/Resource_/EliminationGuideForm/c0790db8-2aca-4179-a7ae-676c27592de2/File/APIC-CAUTI-Guide.pdf.

Centers for Medicare & Medicaid Services. State Operations Manual. Appendix PP Revisions to Appendix PP—Section 483.25(d)-Urinary Incontinence, Tags F315 and F316. June 28, 2005. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R8SOM.pdf>.

Lippincott's Visual Encyclopedia of Clinical Skills. 2009. LWW; 257-60.

Lo E, Nicolle LE, Coffin SE, et al. Strategies to prevent catheter-associated urinary tract infections in acute care hospitals: 2014 update. *Infect Control Hosp Epidemiol* 2014 May; 35(5):464-79. PMID: 24709715.

Lynn P. Taylor's Clinical Nursing Skills. Third edition. 2011. Lippincott Williams & Wilkins; 617-32.

Long-Term Care: Indwelling Urinary Catheter (IUC) Maintenance Checklist

Resident Name (print) _____ Med Rec# _____ Unit/Floor _____

Reviewers Name _____ Date Reviewed _____

Date of insertion (if known) _____ Inserted by _____

I. ROUTINELY ASSESS IUC APPROPRIATENESS	✓	COMMENTS
1. Is the need for the catheter assessed on a routine basis (e.g., daily, weekly, monthly)? Date Last assessed: ___/___/____		Note frequency:
II. BEFORE IUC MAINTENANCE	✓	COMMENTS
1. Identify the resident per facility policy. Explain the procedure to the resident.		
2. Assemble and verify supplies (e.g., wash cloth, soap, basin, clean gloves and consider wearing a gown to protect clothing from contamination or multidrug-resistant organisms (MDROs).		
3. Perform hand hygiene using an alcohol-based sanitizer or soap and water immediately before donning gloves to handle catheter and provide care.		
III. MAINTENANCE OF IUC	✓	COMMENTS
1. Ensure the order for the catheter and balloon size matches the inserted IUC.		
2. A sterile continuously closed drainage system is intact.		
3. A catheter securement device is in place to prevent catheter movement and urethral traction. Ensure the IUC is inserted into the device.		
4. The IUC and urine collecting tubing is free of obstruction and kinks to maintain an unobstructed urine flow.		
5. Staff practices standard precautions, performs hand hygiene, and wears clean gloves when handling the catheter, tubing, and drainage bag; wearing a gown can also be used to reduce MDRO contamination on clothing.		
6. Assess the resident for any pain or discomfort.		
7. Inspect the meatus for redness, irritation, and drainage.		

8. Assess the catheter where it enters the meatus for encrusted material and drainage.		
9. Clean the meatus with soap and water during daily bathing (do not clean with antiseptics). Remove any encrusted materials on the tubing. Ensure the tubing does not go in and out of the urethra during cleaning.		
10. Ensure that the drainage bag is secured below the level of the bladder at all times and not resting on the floor. Place a cover over the drainage bag to maintain resident dignity.		
11. Assess, if applicable, if the leg bag urine collection device is cleaned/disinfected and stored per policy and manufacturer's guidance.		
12. Use a dedicated urine collection device with a resident identifier and date. Avoid splashing, and prevent contact of the drainage spigot with the nonsterile collecting container when emptying the drainage bag.		
13. Change the IUC and drainage bag only if indicated by clinical criteria (e.g., infection, obstruction, or when the closed system is compromised or potentially contaminated).		
14. Use an IUC insertion checklist if changing the catheter. Consider having assistance during the procedure to help position resident and decrease risk of IUC contamination.		
15. Residents who are independent with catheter care are educated and competent with aseptic technique.		
IV. SPECIMEN COLLECTION (IF APPLICABLE)	✓	COMMENTS
1. Per laboratory policy, collect a dedicated volume of fresh urine for urinalysis and/or culture by disinfecting the needleless sample port and aspirating using a sterile safety device syringe or cannula adapter.		
2. If CAUTI is suspected and the IUC has been in place for more than 2 weeks, replace the catheter before obtaining the urine culture.		
3. Urine culture samples must be processed by the lab within 2 hours, stored in a specimen refrigerator, or collected in a urine specimen container with preservative.		
4. Collect large volumes of urine for special analyses aseptically from the drainage bag.		