

Long-Term Care: Indwelling Urinary Catheter Insertion Checklist

Instructions for use

Purpose:

Use of a standardized urinary catheter insertion 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, bacteria 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) associated with urinary catheter insertion depends on aseptic technique during catheterization and on host susceptibility. Poor insertion technique can lead to the risk of cross transmission of microorganisms from the healthcare worker's hands and/or the equipment to susceptible resident.

When applicable:

Anytime a new indwelling urinary catheter is inserted. The results provide the facility team with information on progress and barriers related to the process measures in the quarterly Team Communication Guide

Completed document:

Can be forwarded to the quality improvement team for review and potential improvement opportunities.

For all indwelling urinary catheter procedures:

- **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 urinary catheter is being inserted
- **Inserting Clinician:**
 - Complete fields for inserting clinicians name, full signature and title
- **Technique Reviewer:**
 - Complete fields for name of staff member present during insertion to ensure that correct procedural steps and aseptic technique are performed.
 - This person may also be assigned the task of completing the insertion checklist during the procedure.
- **Prior to Catheter insertion/ During Insertion/ After Insertion:**
 - Check the box next to each step when completed.
 - Use the comment section to list breaks in technique, if applicable, and the corrective action.
 - Check that the catheter is inserted based on the CDC appropriate indications for indwelling catheter use (Table 2 below)

Table 2.
A. Examples of Appropriate Indications for Indwelling Urethral Catheter Use ¹⁻⁴
Patient has acute urinary retention or bladder outlet obstruction
Need for accurate measurements of urinary output in critically ill patients
Perioperative use for selected surgical procedures: <ul style="list-style-type: none"> ▪ Patients undergoing urologic surgery or other surgery on contiguous structures of the genitourinary tract ▪ Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU) ▪ Patients anticipated to receive large-volume infusions or diuretics during surgery ▪ Need for intraoperative monitoring of urinary output
To assist in healing of open sacral or perineal wounds in incontinent patients
Patient requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)
To improve comfort for end of life care if needed
B. Examples of Inappropriate Uses of Indwelling Catheters
As a substitute for nursing care of the patient or resident with incontinence
As a means of obtaining urine for culture or other diagnostic tests when the patient can voluntarily void
For prolonged postoperative duration without appropriate indications (e.g., structural repair of urethra or contiguous structures, prolonged effect of epidural anaesthesia, etc.)
Note: These indications are based primarily on expert consensus.

Source: Gould CV, Umscheid CA, Agarwal RK GUIDELINE FOR PREVENTION OF CATHETER-ASSOCIATED URINARY TRACT INFECTIONS 2009

References

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2. Gould CV, Umscheid, CA, Agarwal RK, et al. GUIDELINE FOR PREVENTION OF CATHETER-ASSOCIATED URINARY TRACT INFECTIONS .2009 Healthcare Infection Control Practices Advisory Committee (HICPAC) (online) <http://www.cdc.gov/hicpac/pdf/cauti/cautiguide2009final.pdf>
3. APIC CAUTI elimination guide. http://www.apic.org/Resource/_EliminationGuideForm/c0790db8-2aca-4179-a7ae-676c27592de2/File/APIC-CAUTI-Guide.pdf
4. Lippincott’s visual encyclopedia of clinical skills. 2009. PP. 257-260.
5. Lo E et al. Strategies to prevent catheter-associated urinary tract infections in acute care hospitals: 2014 update. ICHE. Vol. 35, No. 5. Pp. 464-479.
6. Taylor’s Clinical Nursing Skills. Third edition. 2011. Pamela Lynn. Lippincott Williams & Wilkins. PP. 617-632.