

Long-Term Care: Indwelling Urinary Catheter Maintenance Checklist

Instructions for use

Purpose:

Use of a standardized urinary catheter maintenance checklist can ensure that residents are protected through application of nationally recognized evidence-based practices during this invasive procedures 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 CAUTI associated with urinary catheter insertion depends on aseptic technique during catheterization manipulation, 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 process measures in the quarterly Team Communication Guide

Completed Document:

Can be forwarded to the Quality Improvement Team for opportunities for improvement.

For all indwelling urinary catheter maintenance processes:

- **Resident Name :**
 - Insert the resident full name, medical record number, unit/ room, and the date and time that the urinary catheter is being inserted
- **Date of Insertion:**
 - Insert the date the last indwelling urinary catheter was inserted
- **Inserting Clinician:**
 - Insert the name and title of the clinician who inserted the last indwelling urinary catheter
- **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 indwelling urinary catheter appropriateness / need**
 - Insert the frequency with which the need for the catheter is assessed. Need should be based on the CDC appropriate indications for indwelling catheter use (Table 2 below)
- **Before Catheter maintenance/ maintenance of indwelling catheter**
 - Check the box next to each step when completed.
 - Use the comment section to list breaks in technique, corrective action.
- **Specimen Collection**
 - Check the box next to the step taken when obtaining a specimen for urine collection from a resident with a urinary catheter

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 :

1. Centers for Medicare and Medicaid Services (CMS). Revisions to appendix PP—Section 483.25(d)-Urinary Incontinence, Tags F315 and F316. 2005 June 28. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R8SOM.pdf>
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/cautiguideline2009final.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.