

Long-term Care: Daily Urinary Catheter Maintenance Checklist¹

Resident Name (print) _____ Med Rec # _____ Unit _____ Date/Time _____

Date of insertion (if known): _____

Inserted by whom: _____ Floor/Unit: _____

I. ROUTINELY ASSESS INDWELLING URINARY CATHETER APPROPRIATENESS/NEED	✓	COMMENTS
1. Is the need for the catheter assessed on a routine basis (e.g., weekly, monthly, etc.?) Date Last assessed: ___/___/_____		Note Frequency: _____
II. BEFORE CATHETER 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 multi-drug 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 INDWELLING CATHETER	✓	COMMENTS
1. Ensure the order for the catheter and balloon size matches the inserted catheter.		
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 catheter is inserted into the device.		
4. The catheter 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; the wearing a gown can also be used to reduce MDRO clothing contamination.		
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 collecting 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.		
12. Use a dedicated urine collection device with a resident identifier and date. Avoid splashing, and prevent contact of the drainage spigot with the non-sterile collecting container when emptying the drainage bag.		

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13. Change the catheter and drainage bag only if indicated by clinical criteria (e.g., infection, obstruction, when the closed system is compromised or potentially contaminated).		
14. Use a catheter insertion checklist if changing the catheter. Consider having an assistant during the procedure to help position resident and decrease risk of catheter 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, replace the catheter if it's been in place more than 2 weeks to obtain the urine culture from the newly inserted catheter.		
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.		

Reviewers Name: _____

Date Reviewed: _____