

Saint Joseph Villa
Quality Improvement - Nursing
Indwelling Urethral Catheter

Mo/Yr _____

Unit _____

| | Res/Rm |
|---|--------|--------|--------|--------|--------|--------|--------|--------|
| The physician order contains the reason for the catheter, the size of catheter, and to change catheter prn blockage or leakage. | | | | | | | | |
| The reason for indwelling catheter and its continued use is documented in the care plan by the ICP team in the care conference note. | | | | | | | | |
| The Interdisciplinary Care Plan includes specific documentation concerning: <ul style="list-style-type: none"> a. measures to prevent UTI/other complications. b. catheter care. c. positioning of catheter. d. maintenance of adequate hydration. e. measures being taken to restore normal urinary function. | | | | | | | | |
| Nursing documentation addresses the resident's tolerance of indwelling catheter. | | | | | | | | |
| If UTI is present, nursing documentation shows the resident's response to treatment. | | | | | | | | |
| Presence of indwelling catheter and precautions taken during care are included on the CNA assignment sheet. | | | | | | | | |
| Tubing and bag are properly positioned: <ul style="list-style-type: none"> a. catheter anchored to prevent pulling; b. drainage bag below level of bladder; c. tubing free from kinks; d. resident not lying on catheter or tubing; e. drainage bag not touching floor. | | | | | | | | |
| Personnel wash hands before and after providing perineal care, catheter care, and touching the tubing and collection bag. | | | | | | | | |
| The urine collection bag is changed as indicated (leakage, sediment, odor, etc.). | | | | | | | | |
| The urine collection bag is labeled with the date and initials of nurse. | | | | | | | | |
| The graduated urine container is clean. | | | | | | | | |
| The graduated urine container is changed as indicated (sediment, odor, etc.). | | | | | | | | |
| The graduated urine container is labeled with the date and the name of the resident. | | | | | | | | |

Sample = All residents with an indwelling urethral catheters during the month audited.
Y = Yes N = No (All "N " responses must be addressed in the reverse side of this form.)

Date _____
9/2009

Signature _____

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