

CAUTI Insertion and Maintenance Bundles

Ensure Alternatives to Indwelling Urinary Catheterisation have been considered.

Indwelling Urinary Catheter Insertion Bundle: Date.....Time..... Gauge.....mls water in balloon (N.B. use smallest gauge and recommend 10mls water in balloon unless clinically indicated) Alternatives to urethral catheterisation considered & clinical reason documented Yes..... No..... Aseptic technique performed at insertion Yes..... No..... Catheter of smallest gauge & balloon filled to recommended level Yes..... No..... Urethral meatus cleaned with sterile saline & sterile lubricant used Yes..... No..... Aseptic technique maintained when connecting catheter to closed drainage system Yes..... No..... Signed..... Date for removal.....	Patient Label:
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<i>Please insert Yes (Y) or No (N) and any comments or deviations in each box daily</i>	DAILY Catheter Day:.....	DAILY Catheter Day:.....	DAILY Catheter Day:.....	DAILY Catheter Day:.....	DAILY Catheter Day:.....	DAILY Catheter Day:.....	DAILY Catheter Day:.....	DAILY Catheter Day:.....	Comments
1. Does patient still require Indwelling Urinary Catheter? (State reason)									
2. Is the urinary catheter continuously connected to drainage system and changed in line with manufacturer's recommendations?									
3. Meatal Hygiene been performed?									
4. Is the drainage bag emptied when clinically indicated using a clean disposable container for each patient?									
5. Is hand hygiene performed immediately prior to access or manipulation of the indwelling urinary catheter?									
6. Is the drainage system kept below bladder level and tap not in contact with any surface e.g. floor?									
Signature on completion (Initials)									

Does Patient fulfil criteria below? CAUTI as defined by: Urinary Catheter in situ or removed within previous 48 hours and diagnosis of CAUTI documented in the medical notes and an antibiotic has been prescribed on the medication chart to treat a CAUTI	If YES: Record as Outcome Measure on Incident Management System (or equivalent)	Completed:..... Initials:.....	Date Indwelling Urinary Catheter Removed:..... Initials:.....
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