

# Care homes with nursing

## Urinary catheter weekly check list

**Please tick the boxes if the care needs have been met.** Speak to the resident's GP if the resident has symptoms of a catheter associated UTI (CAUTI): Symptoms include fever, rigors – shivering and shaking, new onset or worsening confusion / delirium, malaise / lethargy (with no other identified cause), back pain, pelvic discomfort / pain and acute haematuria. **Do not** dip stick test the urine and only obtain a CSU if a CAUTI has been diagnosed – obtain CSU before commencing antibiotics.

Resident's name:		Care staff to do and sign check list weekly and senior staff to counter sign							DOB:
Daily care needs		Date:							Comments
1	Has hand decontamination been done (and personal protective equipment worn) before and after each episode of catheter care?								
2	Has the resident been encourage to drink a minimum of 1500mls of fluid (unless on a fluid restriction)?								
3	Has the catheter entrance site been cleaned daily and also when soiled?								
4	Has a fixation product been used, correctly fitted and is not stretching, kinking or squashing the catheter?								
5	Has the leg bag been positioned so it will be below the level of the bladder (when sitting and standing)?								
6	Has the leg bag been supported by either 2 elastic straps or an elastic sleeve?								
7	When back in bed, has a single use night bag been attached to the leg bag, positioned below the level of the bladder and off the floor (on a floor / bed stand)?								
8	If the resident is on continued bed rest, has a 7 day, 2 litre drainage bag been attached, positioned below the level of the bladder and off the floor (on a floor / bed stand)?								
9	Have drainage bags been emptied before getting full (no more than two thirds full)?								
10	Has a closed system been maintained when not changing or emptying the drainage bags?								
Initials: Care staff									
Initials: Qualified / senior staff member									

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