

# Urinary Catheter Care Bundle

All invasive devices are a risk of infection.  
Continually review the need for any invasive device and remove if Possible.  
Record invasive device, date inserted and by whom

**PATIENT DETAILS**

NHS Number.....

Surname.....

First Names.....

D.O.B.....

(Fix label here or complete)

Patient consent to hold Details on Invasive Device database (tick)

Date and time form commenced

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Record insertion details and continuing care over page

## Screening & management of MRSA for patients with a urinary catheter

SCREENING AND MANAGEMENT OF MRSA (adapted from Saving Lives & Essential Steps) Meticillin-resistant Staphylococcus Aureus = MRSA										
	Today's date	→								
	Staff initials	→								
	Date of last screening indicate if positive = P	→								
Observations-clearly mark in box										
1	Indicate consideration given to :- <b>MRSA screening document.</b> <b>MRSA guide for primary healthcare teams</b> <b>Inter-Healthcare Infection Control Transfer Form (if transferred)</b>									
<b>Standard decolonisation treatment</b>										
2	Octenisan body wash as per decolonisation policy including hair wash If nasal colonisation 2% Bactroban as per policy.									
<b>Hand hygiene</b>										
3	Decontaminate hands before and after each patient contact ensure correct hand hygiene procedure in line with five moments for hand hygiene. (WHO 2009)									
<b>Personal Protective Equipment (PPE)</b>										
4	Always use disposable gloves and apron when handling body fluids and when caring for patients infected / colonised with MRSA									

SAMPLE - NOT TO BE USED

# Catheter Insertion (use stickers available on Catheter wrapping)

1	Place insertion sticker here	Date inserted ----- Sign ----- Date removed ----- Sign -----	2	Place insertion sticker here	Date inserted ----- Sign ----- Date removed ----- Sign -----
	Residual Volume -----			Residual Volume -----	
3	Place insertion sticker here	Date inserted ----- Sign ----- Date removed ----- Sign -----	4	Place insertion sticker here	Date inserted ----- Sign ----- Date removed ----- Sign -----
	Residual Volume -----			Residual Volume -----	
5	Place insertion sticker here	Date inserted ----- Sign ----- Date removed ----- Sign -----	6	Place insertion sticker here	Date inserted ----- Sign ----- Date removed ----- Sign -----
	Residual Volume -----			Residual Volume -----	
7	Place insertion sticker here	Date inserted ----- Sign ----- Date removed ----- Sign -----	8	Place insertion sticker here	Date inserted ----- Sign ----- Date removed ----- Sign -----
	Residual Volume -----			Residual Volume -----	

SAMPLE - DO NOT USE

INSERTION OF URINARY CATHETER	1	2	3	4	5	6	7	8
<b>Assessment of clinical need undertaken and documented, including use of alternative options</b>								
Consent obtained? Y/N								
Choice of urinary catheter assessed?								
Hands decontaminated before and after procedure								
Personal protective equipment worn throughout?								
Recognised aseptic non touch technique used?								
Sterile lubricant used?								
Sterile closed drainage system used?								
Site decontaminated with sterile normal saline / water?								
Dispose of waste and sharps appropriately								
Was the insertion successful mark Y=yes or N=no								

**INDWELLING URINARY CATHETER ONGOING CARE Page 1 (adapted from Urinary Catheter Care Bundle doh2010)**

	<b>PPE= Personal Protective Equipment</b>	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
	Ongoing care record on every visit																	

**Continuing clinical indication Observations-clearly mark in box**

1	Is the catheter still required? <b>If not, indicate removed (R)</b>																	
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**Preventing the spread of infection**

2	Decontaminate hands before and after each patient contact. Use correct hand hygiene procedure, and ensure PPE worn																	
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**Catheter hygiene**

3	Clean catheter site at each visit or teach patient and carer appropriate daily catheter hygiene.																	
3A	Indicate if carer is undertaking regular catheter hygiene																	

**Sampling**

4	Perform any sampling aseptically via the needle free catheter sample port (if available) after cleaning using 2% alcoholic chlorhexidine. Ensure appropriate disposal of sharps.																	
4A	Results of sampling checked via reporting system :- If patient symptoms & results indicate Catheter associated Urinary Tract Infection (CAUTI) initiate treatment & report using DATIX system. Infection Prevention category. 023 Sub Category. 023003 CAUTI In line with High Impact Action 8 'Protection from Infection'																	

**Draining bag position**

5	Above floor but below bladder to assist drainage and prevent contamination. Sterile, closed drainage system must always be used																	
5a	Leg drainage bag to be changed weekly using clean non-touch technique																	

**Catheter manipulation**

6	Ensure Personal Protective Equipment worn during any catheter manipulation, and ensure correct hand decontamination.																	
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**Catheter irrigation instillation**

7	Ensure instillation of appropriate fluid coincides with catheter or bag change to reduce infection risk. Ensure Royal Marsden guidelines adhered to.																	
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SAMPLE - DO NOT USE

PPE= Personal Protective Equipment		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Ongoing care record on every visit																	
<b>Continuing clinical indication</b>		<b>Observations-clearly mark in box</b>															
1	Is the catheter still required? <b>If not, indicate removed (R)</b>																
<b>Preventing the spread of infection</b>																	
2	Decontaminate hands before and after each patient contact. Use correct hand hygiene procedure, and ensure PPE worn																
<b>Catheter hygiene</b>																	
3	Clean catheter site at each visit or teach patient and carer appropriate daily catheter hygiene.																
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