

Long-Term Care: Indwelling Urinary Catheter (IUC) Maintenance Checklist

Resident Name:	Reviewers Name:			
Date Reviewed:	Floor, Wing, or Unit:			
Date of insertion:				
IUC BEST PRACTICE ELEMENTS	Yes	No	Not Applicable	COMMENTS
The need for the catheter is assessed daily.				
IUC INSERTION				
The resident meets the facility policy regarding the appropriate reason for insertion.				
Assemble and verify supplies are in the resident room prior to starting the insertion procedure.				
Perform hand hygiene before donning gloves and gown to handle the catheter and provide care.				
An insertion checklist is utilized.				
A second individual is utilized to position the resident and avoid cross-contamination at the time of insertion.				
The medical record documents the resident's education, including the reason for the IUC and their role in preventing infection.				
The resident's plan of care addresses the IUC.				
MAINTENANCE OF IUC				
The sterile continuously closed drainage system is intact.				
A catheter securement device is in place and the IUC is inserted into the device.				
The IUC and urine collection tubing are free of obstruction and kinks to maintain an unobstructed urine flow.				
Staff practices Enhanced Barrier Precautions for catheter contact and maintenance.				
The resident denies pain or discomfort due to IUC.				
The meatus is free from redness, irritation, and drainage.				
The catheter is free from encrusted material and drainage where it enters the meatus.				
The drainage bag is below the level of the bladder at all times.				
The drainage bag is not on the floor.				
A catheter bag dignity cover is in place.				
If a leg bag urine collection device is utilized, it is cleaned and stored per policy and manufacturer's guidance.				
The resident's dedicated urine collection device has a resident identifier and is stored to avoid cross-contamination.				
HCP avoids splashing and prevents contact of the drainage spigot with the nonsterile collecting container when emptying the drainage bag.				
The IUC and drainage bag are only exchanged if indicated by clinical criteria, not on a fixed interval.				
IUC SPECIMEN COLLECTION				
The resident meets the facility policy regarding the appropriate reason for urine collection.				
Assemble and verify all supplies are in the resident room prior to starting the collection procedure.				
Staff practices Enhanced Barrier Precautions for catheter contact and maintenance.				
Only fresh urine is collected.				
An antiseptic is used on the needleless sample port prior to access.				
A sterile safety device syringe or cannula adapter is used to collect the sample.				
The catheter is exchanged before obtaining the urine culture if a UTI is suspected and the IUC has been in place for more than two weeks.				
The urine culture samples not immediately delivered to the laboratory are stored in a specimen refrigerator.				