# REDUCING CATHETER ASSOCIATED URINARY TRACT INFECTIONS

## ROUTINE CATHETER CARE AUDIT

Use this worksheet to audit whether routine urinary catheter care practices are being undertaken in the unit.

Audit each patient against all seven audit statements and respond with either YES, NO or NOT APPLICABLE. This sheet can be used to record audit responses for up to 10 patients.

<table>
<thead>
<tr>
<th>PATIENT MRN</th>
<th>Example</th>
<th>MRN 1</th>
<th>MRN 2</th>
<th>MRN 3</th>
<th>MRN 4</th>
<th>MRN 5</th>
<th>MRN 6</th>
<th>MRN 7</th>
<th>MRN 8</th>
<th>MRN 9</th>
<th>MRN 10</th>
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</thead>
<tbody>
<tr>
<td>0026852</td>
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</tbody>
</table>

1. The need for catheterisation has been assessed and documented in the patient’s healthcare record in the past 24 hours
   - YES (Y) / NO (N) / NOT APPLICABLE (N/A)

2. The catheter is correctly secured to the patient
   - YES (Y) / NO (N) / NOT APPLICABLE (N/A)

3. The catheter bag is positioned below the level of the bladder
   - YES (Y) / NO (N) / NOT APPLICABLE (N/A)

4. The catheter bag is positioned off the floor
   - YES (Y) / NO (N) / NOT APPLICABLE (N/A)

5. Pericare has been documented in the patient’s healthcare record in the last 24 hours
   - YES (Y) / NO (N) / NOT APPLICABLE (N/A)

6. If there is catheter bag, the urine is flowing through the catheter without any blockages
   - YES (Y) / NO (N) / NOT APPLICABLE (N/A)

7. The patient has been provided with information on catheter care and infection prevention
   - YES (Y) / NO (N) / NOT APPLICABLE (N/A)

## Comments

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Auditor name: ________________________________  Auditor signature: ________________________________