## REDUCING CATHETER ASSOCIATED URINARY TRACT INFECTIONS

Auditor signature:

## ROUTINE CATHETER CARE AUDIT

Auditor name:

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.

Unit:	PATIENT MRN										
	Example	MRN 1	MRN 2	MRN 3	MRN 4	MRN 5	MRN 6	MRN 7	MRN 8	MRN 9	MRN 10
Audit time:: AM/PM  Audit date://	0026852										
The need for catheterisation has been assessed and documented in the patient's healthcare record in the past 24 hours	N										
2. The catheter is correctly secured to the patient	Υ										
3. The catheter bag is positioned below the level of the bladder	N										
4. The catheter bag is positioned off the floor	N										
5. Pericare has been documented in the patient's healthcare record in the last 24 hours	Υ										
6. If there is catheter bag, the urine is flowing through the catheter without any blockages	N/A										
7. The patient has been provided with information on catheter care and infection prevention	Υ										
Comments											

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