Catheter Audit tool

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|  | * The purpose of the audit tool is to ensure that staff are promoting asepsis of key parts with an appropriate aseptic technique.   **Key Points**   * All columns should be completed. * In the event of non-compliance, action plans should be produced and reviewed regularly. * Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections. * During clinical situations, where possible, staff should be observed undertaking 'key moments' |

**Definition of asepsis**

Free from pathogenic and microorganisms. (Merriam- Webster, (2010)

**Definition of aseptic technique**

The process for keeping away disease producing microorganisms (APIC, (2009)

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| **Week commencing: Resident Name:** | | | | | | | | | | | | |
| **Date**  **and initials of staff member completing** | **Indication-**  **H**aematuria  **O**bstruction  **U**rology  **D**ecubitussacral ulcer  **I**nput/output  **N**ot for Resus  **I**mmobility | **Hands washed and gloves worn- Y/N** | **Meatal cleansing performed- Y/N** | **Urine emptied into a clean container (asepsis) - Y/N** | **Is the catheter secure and drainage bag/ flip flow valve positioned correctly- Y/N** | **Did the sterile connection remain intact (drainage bag or flip flow valve)- Y/N** | **Was the leg bag changed? (asepsis)**  **Y/N** | **Was a urine sample obtained \* (asepsis) Y/N** | **Was hydration encouraged?**  **Y/N** | **Are there any concerns with constipation? (if yes please implement Bristol stool chart)**  **Y/N** | **TWOC date:** | **Any other comments/observations/ concerns or escalation?** |
| Mon: |  |  |  |  |  |  |  |  |  |  |  |  |
| Tues: |  |  |  |  |  |  |  |  |  |  |  |  |
| Wed: |  |  |  |  |  |  |  |  |  |  |  |  |
| Thurs: |  |  |  |  |  |  |  |  |  |  |  |  |
| Friday: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sat: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sun: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Catheter change date:** | | | | | | | | | | | | |

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**Urine samples\* (NICE guidance states that urinalysis (dipsticks) should not be used for over 65’s or for people with a catheter in situ. If a resident has symptoms of a CAUTI (catheter- associated urinary tract infection) a catheter sample of urine (CSU) should be collected and sent for culture testing.)**

**For nursing residents:**

Registered Nurse only to take catheter urine sample using asepsis technique.

If antibiotics are commenced for UTI, catheter change should be performed by Registered Nurse as soon as possible.

**For residential residents**:

Contact District Nursing Team to arrange for a sample to be taken.

If antibiotics are commenced for UTI, catheter change should be arranged with District Nurses as soon as possible.

***A CSU needs to be completed before commencing antibiotics.***