URINARY CATHETER BUNDLE CARECHECKLIST

Affix Patient Identification Label

A.	URINARY CATHETER INSERTION CHECKLIST		DONE	NOT DONE(Reason)
	1.	Meticulous hand hygiene performed before and after procedure with the use of necessary PPE and single packet of lubricant jelly.		
	2.	Allow urine to drain before the catheter balloon is inflated.		

URINARY CATHETER BUNDLE CARECHECKLIST

	3.	Purpose of Insertion:																																	
		Size:																																	
B.	**Components of Bundle Care**	***Date***																																	
		Shift	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**
1. Daily Review of catheter necessity and prompt																																			
2. Catheter securement in place																																			

Date & Time of Insertion: Inserted by:

Type: Straight ☐ Foley ☐ **Type of Catheter**: ☐ Silicon ☐ Normal catheter

URINARY CATHETER BUNDLE CARECHECKLIST

3. Maintain close drainage system removal when not needed																																	
4. Maintain unobstructed flow, keep collection bag below the level of the bladder and off the floor																																	
5. Daily cleansing of meatal surface with soap and water																																	

URINARY CATHETER BUNDLE CARECHECKLIST

6. Provide individual clean collection container at the bedside																																
Nurse's Signature & ID No																																

C. **Removal:** Date of Discharge: _____ Action prior to discharge: Catheter removed □ Catheter left in situ □ Rationale: _____

Date & time of Removal: _____ Removed by: _____

If any of the above component(s) was/were not performed, please explain why.