

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

Resident Name (print) _____ Med Rec# _____ Unit/Floor _____

Reviewers Name _____ Date Reviewed _____

Date of insertion (if known) _____ Inserted by _____

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| I. ROUTINELY ASSESS IUC APPROPRIATENESS | ✓ | COMMENTS |
| 1. Is the need for the catheter assessed on a routine basis (e.g., daily, weekly, monthly)? Date Last assessed: ___/___/_____ | | Note frequency: |
| II. BEFORE IUC MAINTENANCE | ✓ | COMMENTS |
| 1. Identify the resident per facility policy. Explain the procedure to the resident. | | |
| 2. Assemble and verify supplies (e.g., wash cloth, soap, basin, clean gloves and consider wearing a gown to protect clothing from contamination or multidrug-resistant organisms (MDROs). | | |
| 3. Perform hand hygiene using an alcohol-based sanitizer or soap and water immediately before donning gloves to handle catheter and provide care. | | |
| III. MAINTENANCE OF IUC | ✓ | COMMENTS |
| 1. Ensure the order for the catheter and balloon size matches the inserted IUC. | | |

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| <p>2. A sterile continuously closed drainage system is intact.</p> | | |
| <p>3. A catheter securement device is in place to prevent catheter movement and urethral traction. Ensure the IUC is inserted into the device.</p> | | |
| <p>4. The IUC and urine collecting tubing is free of obstruction and kinks to maintain an unobstructed urine flow.</p> | | |
| <p>5. Staff practices standard precautions, performs hand hygiene, and wears clean gloves when handling the catheter, tubing, and drainage bag; wearing a gown can also be used to reduce MDRO contamination on clothing.</p> | | |
| <p>6. Assess the resident for any pain or discomfort.</p> | | |
| <p>7. Inspect the meatus for redness, irritation, and drainage.</p> | | |
| <p>8. Assess the catheter where it enters the meatus for encrusted material and drainage.</p> | | |
| <p>9. Clean the meatus with soap and water during daily bathing (do not clean with antiseptics). Remove any encrusted materials on the tubing. Ensure the tubing does not go in and out of the urethra during cleaning.</p> | | |
| <p>10. Ensure that the drainage bag is secured below the level of the bladder at all times and not resting on the floor. Place a cover over the drainage bag to maintain resident dignity.</p> | | |
| <p>11. Assess, if applicable, if the leg bag urine collection device is cleaned/disinfected and stored per policy and manufacturer's guidance.</p> | | |

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| <p>12. Use a dedicated urine collection device with a resident identifier and date. Avoid splashing, and prevent contact of the drainage spigot with the nonsterile collecting container when emptying the drainage bag.</p> | |
| <p>13. Change the IUC and drainage bag only if indicated by clinical criteria (e.g., infection, obstruction, or when the closed system is compromised or potentially contaminated).</p> | |
| <p>14. Use an IUC insertion checklist if changing the catheter. Consider having assistance during the procedure to help position resident and decrease risk of IUC contamination.</p> | |
| <p>15. Residents who are independent with catheter care are educated and competent with aseptic technique.</p> | |
| <p>IV. SPECIMEN COLLECTION (IF APPLICABLE)</p> | <p>✓ COMMENTS</p> |
| <p>1. Per laboratory policy, collect a dedicated volume of fresh urine for urinalysis and/or culture by disinfecting the needleless sample port and aspirating using a sterile safety device syringe or cannula adapter.</p> | |
| <p>2. If CAUTI is suspected and the IUC has been in place for more than 2 weeks, replace the catheter before obtaining the urine culture.</p> | |
| <p>3. Urine culture samples must be processed by the lab within 2 hours, stored in a specimen refrigerator, or collected in a urine specimen container with preservative.</p> | |
| <p>4. Collect large volumes of urine for special analyses aseptically from the drainage bag.</p> | |