

## Sample care bundle for management of indwelling urinary catheters

This sample care bundle has been adapted from the CAUTI bundle produced by Health Protection Scotland. We gratefully acknowledge their permission to use their document. Facilities should review and adapt, if necessary for local use.

### Catheter-associated Urinary Tract Infection Care Bundle

**Aim: To Reduce the Incidence of Urinary Catheter-associated Infection**  
**Remove catheters as soon as possible**  
**Care for catheters individually**

Bundle component	Criteria for compliance with bundle
Check the clinical indication why the urinary catheter is <i>in situ</i> – is it still required?	<ul style="list-style-type: none"><li>• ALL urinary catheters are indicated.</li><li>• If there is no clinical indication then the catheter should be removed.</li></ul>
Check the catheter has been continuously connected to the drainage system.	<ul style="list-style-type: none"><li>• Urinary catheters must be continuously connected to the drainage bag.</li></ul>
The patient is aware of his/her role in minimising the risk of developing a urinary tract infection or ensure routine daily meatal hygiene is performed.	<ul style="list-style-type: none"><li>• Patients are involved in their urinary catheter care and educated as to how they can minimise complications.</li><li>• Routine daily meatal hygiene is performed.</li></ul>
Regularly empty urinary drainage bags as separate procedures, each into a clean container.	<ul style="list-style-type: none"><li>• The urinary catheter bag should be emptied regularly, as a separate procedure, into a clean container.</li><li>• The use of 'separately' here implies that the same container has not been used to empty more than one catheter bag - without appropriate decontamination of the container, change of personal protective equipment and performing hand hygiene.</li><li>• If the container is for single use it must not be reused – with or without decontamination.</li></ul>
Perform hand hygiene and wear gloves and apron prior to each catheter care procedure; on procedure completion, remove gloves and apron and perform hand hygiene again.	<p>Decontaminate hands (soap and water or alcohol hand rub/gel).</p> <ul style="list-style-type: none"><li>• Before accessing the catheter drainage system.</li><li>• After glove removal following access to the catheter drainage system.</li><li>• On removal of gloves.</li></ul>

## Sample standard operating procedure (SOP) to implement the urinary catheter bundle

Catheter-associated urinary tract infection care bundle – example of an SOP to implement the bundle	
Statement	<ul style="list-style-type: none"> <li>• Urinary catheters are used frequently in healthcare; however, their use can lead to serious life-threatening complications.</li> <li>• Urinary catheters cause urinary tract infections and are a <b>common cause of blood stream infections</b>.</li> <li>• Complications arise directly from their use and in particular if the care is sub-optimal.</li> <li>• The risk of infectious complications increases the longer they are in use.</li> </ul> <p>We have a duty to our patients to optimise urinary catheter care. Monitoring our urinary catheter care will assist in optimising procedures and reducing the risk of urinary tract infection.</p>
Objectives	<ol style="list-style-type: none"> <li>1. To optimise prevention of catheter-associated urinary tract infection (CAUTI) in <b>OUR</b> ward and thereby minimise the risk of secondary bacteraemias.</li> <li>2. To be able to demonstrate quality urinary catheter care in <b>OUR</b> ward.</li> </ol>
Requirements	<p><b>Before the CAUTI bundle procedure can be considered</b></p> <p>Quality improvement must be continuous. This is not a short-term commitment – quality improvement needs to be embedded into your systems – to become part of what you do every day.</p> <p>Relevant clinical teams, director of nursing and nurse team should be involved in designing/ adapting the bundle, deciding how frequently and who will monitor compliance with the CAUTI bundle and how often and how results will be fed back to relevant clinical, nursing and managerial staff: a multidisciplinary prevention of CAUTI care team could be considered.</p>
Procedure	<ol style="list-style-type: none"> <li>1. Perform hand hygiene.</li> <li>2. Collect a bundle form and complete the top boxes: name, location, etc.</li> <li>3. Identify all patients in the ward/clinical area who have a urinary catheter.</li> <li>4. Proceed to the first patient with a urinary catheter (if possible be accompanied by the patient's nurse).</li> <li>5. Introduce yourself to the patient and explain that you are checking all patients with urinary catheters to see if any catheters can be removed.</li> <li>6. To get the bundle data: <ul style="list-style-type: none"> <li>• Perform hand hygiene. Confirm from the patient's documentation that the need for the urinary catheter has been reviewed. (i.e. daily for short-term and on a regular basis for long-term catheters) If the continuing need for the catheter has not been documented, check with the patient's nurse/doctor whether the urinary catheter can be removed.</li> <li>• Ask the patient or a nurse whether the catheter has been disconnected – find out whether the disconnection was appropriate.</li> <li>• Ask the patient if they know what they can do to minimise the risk of infection – if they are not aware, inform the patient how to minimise the infection risks. If the patient cannot perform self-catheter care, confirm with the nurse that daily meatal hygiene has been performed.</li> <li>• Confirm that the urinary catheter bag has been emptied regularly, as a <b>separate procedure</b>, into a clean container. (The use of 'separately' here implies that the same container has not been used to empty more than one catheter bag - without appropriate decontamination of the container, change of personal protective equipment and performing hand hygiene. If the container is for single use it <b>must not be reused</b> – with or without decontamination.)</li> <li>• Confirm with patient/nurses that hand hygiene has been undertaken before and after accessing the urinary catheter drainage system by HCWs wearing plastic aprons and gloves.</li> </ul> </li> <li>1. Perform hand hygiene between patient observations.</li> <li>2. Record actions in the bundle against the appropriate number – make arrangements for removal of urinary catheter if necessary.</li> <li>3. Go to the next patient with a urinary catheter perform hand hygiene and repeat steps 5-9 until all patients with a urinary catheter have been visited.</li> </ol>
After care	<p>Complete form.</p> <p>Discuss results with nurse in charge.</p> <p>Give completed form to: _____</p>

### Sample care bundle data collection form and summary table of results

Bundle Criteria	Use a single column for each catheterised patient. Put a tick ✓ if achieved, or 'x' if not achieved, in each box.			
	Sample	1	2	Total
There is a documented assessment for the urinary catheter (UC) i.e., every day for short-term and on a regular basis for long-term.	✓			
The UC has been continuously connected.	✓			
The patient is aware of his/her role in minimising the risk of developing a urinary tract infection, <b>or</b> daily meatal hygiene has been performed by healthcare staff.*	✓			
Empty UC bag often, as a separate procedure, into a clean container.	X			
Hand hygiene performed before & after procedure and apron + gloves worn during procedure.	✓			
Action: request removal / leave in situ.	<b>Leave in situ</b>			

\* This bundle criteria aims at ensuring the daily hygiene is performed either by the patient, if able or by the nurse if the patient is unable

Example of a Summary Table of UC Maintenance Bundle Results	Total	Comment (if required)
Total number of UCs <i>in situ</i> at start of the Bundle.		
Total number of UCs with a daily documented comment on the continuing need for the UC.		How many UCs can be removed as a consequence of the bundle round:___
Total number of UCs which were continuously connected.		
Total number of patients aware of their role in minimising urinary tract infection, or whose personal meatal hygiene has been maintained by healthcare staff.		
Total number of UCs which have been emptied regularly as separate procedures into clean containers.		
Total number of UCs for which all procedures were performed aseptically (before and after hand hygiene and correct use of PPE).		
<b>All or None Table – Was UC Care Today Optimal</b>		<b>Tick if achieved</b>
100% of UCs <i>in situ</i> are required.		
100% of UCs were continuously connected.		
100% of patients were aware of their role in minimising urinary tract infection/ daily meatal hygiene performed.		
100% of UCs drainage bags were emptied regularly as separate procedures.		
100% of UCs procedures were performed aseptically (before and after hand hygiene and correct use of PPE).		
If all the above were achieved the UCs care was optimal.		

Signature of person completing the urinary catheter bundle: \_\_\_\_\_

Date bundle completed: \_\_\_\_\_