



**KNHSS**

Kuwait National Healthcare - associated  
Infections Surveillance System



وزارة الصحة  
MINISTRY OF HEALTH

Hospital : .....

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**URINARY CATHETER BUNDLE**

Patient name..... File number..... Date of admission to location:...../...../..... Date of discharge from location:...../...../.....

Date of insertion:...../...../..... Date of removal:...../...../..... Location :  ICU.....  Others.....

**1. Catheter inserted for a clinically appropriate reason (tick one)**

- Perioperative use for selected surgical procedures (see instructions)
- Urine output monitoring in critically ill patients
- Management of acute urinary retention, neurogenic bladder and urinary obstruction
- Assistance in pressure ulcer healing for incontinent patients
- Patient requires prolonged immobilization (e.g. potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures).
- Comfort during end of life care.
- Other appropriate indication as agreed by the facility, specify..... (see instructions)

**2. Urinary catheters inserted using aseptic technique**

- Hand hygiene immediately prior to insertion
- During insertion use the following:
  - Gloves, a drape and sponges
  - Sterile or antiseptic solution for cleaning the urethral meatus
  - Single use packet of sterile lubricant jelly for insertion
- Use as small a catheter as possible that is consistent with proper drainage, to minimize urethral trauma.

**3. Urinary catheters maintained based on recommended guidelines**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
▪ Sterile continuously closed drainage system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Catheter properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Collection bag below the level of the bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Unobstructed urine flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Regular emptying of collection bag < 2/3 full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Daily review of urinary catheter necessity and remove promptly</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician / Intensivist Signature

Nurse Signature

Date

## Instructions for filling the form

- Upon request for insertion of indwelling urinary catheter, put the form of Urinary Catheter Bundle into the patient File.
  - Fill all patient information. Regarding the location, tick the appropriate location and specify specialty in the space provided.
  - At insertion time, the assigned nurse with the help of physician will fill elements 1 & 2 of the bundle.
  - Element 1 is Catheter inserted for a clinically appropriate reason: Consider the following:
    - (A) Perioperative use for selected surgical procedures as follows:
      - Patients undergoing urologic surgery or other surgery on contiguous structures of the genitourinary tract.
      - Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in recovery room).
      - Patients anticipated to receive large volume infusions or diuretics during surgery.
      - Need for intraoperative monitoring of urinary output.
    - (B) If there is other appropriate indication as agreed by the facility, please specify it in the form
- Examples of inappropriate uses of indwelling catheters:
- As a substitute for nursing care of the patient or resident with incontinence.
  - As a means of obtaining urine for culture or other diagnostic tests when the patient can voluntarily void.
  - For prolonged postoperative duration without appropriate indications (e.g. structural repair of urethra or contiguous structures, prolonged effect of epidural anaesthesia, etc.)
- Daily during the morning main round, the assigned nurse with the help of physician/ intensivist should fill elements 3 & 4.
  - If the element was done, tick it. ✓
  - If the element is not fully implemented, leave the corresponding space blank (e.g. in element 2 during insertion use the following: gloves, a drape and sponges if any not used, leave the corresponding space blank as not performed).
  - If the patient has the urinary catheter for more than 14 days the following should be done:
    1. Another page of the form is required to be filled.
    2. Fill the top part of form (page 2 .... of .....) which indicates that more than one page for the same urinary catheter.
    3. Fill all patient information.
    4. Proceed directly to elements 3 and 4.
  - If the urinary catheter is removed and a new one inserted, fill another new form with the patient details. Start from (Page...1 of .....).