

Questionnaire on urinary catheter care policy

Date: _____ Hospital: _____ Name/Rank: _____/_____

Department: _____

*Ward(s): _____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____

Please complete **ONE form if there is/are other ward(s) in your hospital follow the same policy*

Please “✓” in the appropriate column

Standard Criteria (Departmental/Ward Level)	Yes	No
1. <u>Written Standard Operating Procedures (SOP) on urinary catheter care</u>		
2. <u>Routine surveillance system to monitor CAUTI rate</u>		
3. Necessity for urinary catheter		
a. Written policy on indication of urinary catheter		
b. Indication for insertion of urinary catheter must be documented in patients' record		
c. Daily review the indication for urinary catheter		
d. Written policy to document the date for planned removal of the catheter		
4. Use of reminder system		
a. Stop-order (prewritten order to remove the catheter on a designated date)		
b. Electronic reminder		
c. Nurse reminder (e.g. ward log-book, board, Kardex, etc.)		
5. Urinary catheterization		
a. Perform hand hygiene before and after urinary catheter care		
b. Wear sterile gloves for catheter insertion		
c. Use antiseptic solution to clean the peri-urethral skin before insertion. If yes, which antiseptic: <input type="checkbox"/> Chlorhexidine Gluconate (_____%) <input type="checkbox"/> Chlorhexidine 0.015% with Cetrimide 0.15% (Tisept) <input type="checkbox"/> Others (please specify): _____		
6. Use of bedside ultrasound scan to screen for post-voiding residual urine		
7. Use of designated (individual) urine collecting container to empty collecting bag for each patient		

(Please turn over)Standard Criteria (Departmental/Ward Level)	Yes	No
<p>8. Disinfect the outlet of the drainage bag before and after each opening. If yes, which disinfectant: <input type="checkbox"/> Alcohol swab <input type="checkbox"/> Others (please specify): _____</p>		
<p>9. Disinfect the catheter-tubing junction before disconnecting the drainage system for change of urinary bag. If yes, which disinfectant: <input type="checkbox"/> Alcohol swab <input type="checkbox"/> Others (please specify): _____</p>		
<p>10. Routine daily cleansing of the meatal area. If yes, which cleansing agent: <input type="checkbox"/> Soap and water <input type="checkbox"/> Bathing foam/ wipes <input type="checkbox"/> Normal saline <input type="checkbox"/> Chlorhexidine Gluconate (_____%) <input type="checkbox"/> Chlorhexidine 0.015% with Cetrimide 0.15% (Tisept) <input type="checkbox"/> Others (please specify): _____</p>		
11. Collection of urine samples for culture		
<p>a. In patients with long-term urinary catheters (>30 days) suspected to have a CAUTI, urine specimen for culture is obtained from a newly inserted urinary catheter</p>		
<p>b. What are the sampling sites <u>for urine culture</u>? (can choose more than one) <input type="checkbox"/> Sampling port <input type="checkbox"/> Distal end of the urinary catheter (with the closed drainage system intact) <input type="checkbox"/> Distal end of the urinary catheter (disconnecting the drainage bag from the catheter) <input type="checkbox"/> Drainage bag <input type="checkbox"/> Others (please specify): _____</p>		
<p>c. Disinfect the sampling site of the urinary catheter If yes, which disinfectant: <input type="checkbox"/> Alcohol swab <input type="checkbox"/> Others (please specify): _____</p>		
<p>12. Use of antibiotics for asymptomatic catheter-associated bacteriuria <input type="checkbox"/> No If yes, what are the indications for such use? (can choose more than one) <input type="checkbox"/> Pregnant women <input type="checkbox"/> Before urological surgery <input type="checkbox"/> Others (please specify): _____</p>		