Patient Name:..... Client ID in HESN.....

Section 4: Urinary Catheter Bundle Daily Review

Date	Daily Bundle Review 1	2	3	4	5	6	Unit	Device necessity	Signs and Symptoms	Sample taken + Type of Sample	Date and time of sample taken	Removed	Reason of removal	infection within 2 calender days	End Surveillance	Reason for ending surveillance

Note: fill (Device necessity,Signs & symptoms, Sample taken, Removed, Infection in day 2, End surveillance) columns with either YES or NO

Reasons for removal: (Infection, Recovery, Death, Discharged, Other)

Reasons for ending surveillance : (Moved to Non-Surveillance Unit + 2 CD, 2CD post removal of all divices, Discharged from Hospital, Transferred to another hospital, Death, Other)

Daily Bundle Review Elements (With Indicies), Answer each one with Yes, No, ND, NA)

1- Maintain Catheters Based on Recommended Guidelines	2- Maintain a sterile , continuously closed drainage system	3- Keep catheter properly secured to prevent movement and urethral traction
4- keep collection bag below the level of the bladder at all times	5- Maintain unobstructed urine flow	6- Empty collection bag regularly , using a separate collection container for each patient and a void allowing the draining spigot to touch the collection container