UNIT NAME: _____
DATE: _____

CAUTI PROJECT:
CATHETER APPROPRIATENESS DATA COLLECTION

DATA COLLECTOR: _____
PATIENT COUNT: ____

Patient Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Is Catheter Present? (Yes or No)															
If yes, where was Catheter placed? (On the Unit, Off the Unit, Unknown)															
Why was Catheter Placed? (Check the MAIN reason for the catheter)															
APPROPRIATE Indications															
Accurate measurement of urinary output in critically ill patient															
Acute urinary retention or obstruction															
Assist healing of perineal or sacral wound in an incontinent patient															
Chronic indwelling catheter on admission															
Hospice/comfort /palliative care															
Hospital approved indication															
Perioperative use in selected surgeries															
Required immobilization, for trauma or surgery															
If none of the above reasons apply, why is the catheter placed? (choose one from the list below):															
INAPPROPRIATE Indications															
Incontinence WITHOUT a sacral or perineal pressure sore															
Other reason (ICU transfer, morbid obesity, immobility, confusion/dementia, patient request)															
Prolonged post-operative use															
Urinary Output Monitoring OUTSIDE the ICU															
Does Catheter Have an Appropriate Indication? (answer Yes or No)															
OPTIONAL: ACTION TAKEN															
If catheter does NOT have an appropriate indication, what action was taken? (check box)															
Nurse removed catheter today															
Staff contacted dr; dr. ordered removal															
Staff contacted dr; dr. did NOT order removal															
No action taken															