Integrated Trust Policy for Urinary Catheterisation and Catheter Care Management in Adult Patients
Policy Title: Integrated Trust Policy for Urinary Catheterisation and Catheter Care management in Adult patients

Executive Summary: This policy aims to enable urinary catheterisation and subsequent catheter care management to be undertaken by healthcare professionals deemed competent in both the primary and secondary healthcare settings. It is envisaged that this will:
- Reflect evidence based best practice guidance
- Provide staff with a consistent framework and application to practice
- Allow staff to adhere to ANTT principles
- Improve patient outcomes
- Prevention of hospital/community acquired infections due to intervention
- Improve patient experience

Supersedes: May 2011

Description of Amendment(s): Limited Financial Impact

This policy will impact on: All Trust Nursing, Midwifery and Allied Healthcare Professionals

Financial Implications:

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APPROVAL RECORD

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<tr>
<td>Directorate SQS, Continence Specialist Nurses, Clinical Service Managers, Consultant Urologist, Learning &amp; Development</td>
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1. Introduction
East Cheshire NHS Trust is committed to producing policies and procedural documents of a consistent standard that comply with local and national evidence based practice and recommendations by which we are monitored. This policy aims to offer a consistent and safe framework for adult patients requiring urinary catheterisation and ensure that all health care practitioners undertaking urinary catheterisation and urinary catheter care are:

- Competent to undertake the intervention
- Aware of best practice guidelines with regards to urinary catheterisation
- Aware that urinary catheters should only be used when alternative methods have been exhausted
- Understand the risk associated with urinary catheterisation

2. Purpose
This policy set out standards and procedures relating to urinary catheterisation and management of urinary catheter care in adults to ensure the highest standards of care and practice are consistently delivered. The purpose of this policy is to ensure the Trust meets strategic and clinical best practice standards in delivering direct patient care to patient with or who require urinary catheters / catheterisation.

3. Responsibilities
The Chief Executive has ultimate responsibility for the implementation and monitoring of the policies in use in the Trust.

3.1 All Directors
Where Directors are asked to ratify Trust policies; the Director is responsible for the review of the policy and the final ratification prior to the policy actually being implemented. This ratification process will take place following the consultation and approval process by the appropriate committee.

The Deputy Director of Corporate Affairs and Governance is responsible for the approval, ratification, implementation and monitoring of this policy, and for the maintenance of an archive of superseded policies and procedures.

3.2 Trust Committees
As a group are responsible for the consultation and approval process required during the development of policies for the Trust. The committees are responsible for the review of policies submitted to them to ensure that policies are appropriate, workable and follow the principles of best practice.

3.3 Infection Prevention and Control Team (IPCT)
Has the responsibility for supporting staff in carrying out infection prevention and control procedures through:

- Training and education
- Supporting Policy development
- Advising on the management of patients with infections
- Advice and support for developing surveillance programmes and action plans
- Advice regarding new builds/renovations
• Carry out a programme of audits

3.4 Bladder and Bowel Specialist Nurses
The Bladder and Bowel Specialist Nurses are responsible for:
• Provision of advisory support to nursing, midwifery and allied health professionals nurses in all aspects of urinary catheterisation and management
• Ensure that relevant policies are evidence based and reviewed on a three yearly basis or earlier in the event of changes to local or national guidance
• Provide evidence based education and training sessions

3.5 Line managers
Line Managers have the responsibility to:
• Highlight the policy and ensure that the Policy has been cascaded across their teams
• Ensure that staff are deemed competent and access training as required

3.6 All Staff
It is incumbent on all staff, when asked, to provide comments and feedback on the content and practicality of policies that are being developed and reviewed.

Ensure that the guidance contained herein is adhered to and followed
• Compliance with the NMC (2015) The ‘Code’
• To attend an initial urinary catheterisation study session and update their skills every 3 years or sooner if required
• Reporting any accidents, incidents and near misses in relation to this processes and procedures contained herein via Data-system.

4. Processes and Procedures

4.1 Scope
This document provides evidence based guidance to support the delivery of a high standard of clinical care to patients undergoing urinary catheterisation.

It encompasses Urethral indwelling, Suprapubic indwelling and Intermittent catheters in male and female adults

This policy applies to East Cheshire Integrated Care Service Line staff with a responsibility for the catheterisation and catheter care of adults over the age of 18 years.

It excludes children.

4.2 Consent
As with all procedures, where possible the patient’s informed consent should be obtained and documented following a discussion of the risks and benefits of urinary catheterisation (Prinjha and Chapple, 2013; RCN, 2012). Valid consent to undertake an initial insertion or renewal of a urinary catheter must be obtained verbally from the patient where possible and with approval from the person with continuing medical responsibility for the patient. This consent should be recorded in the patient’s clinical health record.
4.3 Indications/Need for Urinary Catheterisation
Urinary catheterisation involves the insertion of a tube into the bladder using aseptic technique (Dougherty and Lister, 2015). Indwelling urinary catheters should only be used after alternative methods of management have been considered.

The registered Nurse/AP should consider alternative measures to avoid urinary catheterisation where possible and understand the high level of risk associated with short and long-term catheterisation e.g.

Indications for when Urinary Catheterisation is appropriate include:
- Protection/Drainage – e.g. prostatic hyperplasia; chronic retention; hypotonic bladder; pre & post-operative surgery; & epidural; end of life comfort; sacral/perineal wounds (stage 3 or 4)
- Acute reasons – acute urinary retention; urine output monitoring in critical illness
- Investigations – e.g. urodynamic; measurement of residual volumes (less invasively achieved by a portable bladder scanner)

Long-term care - intractable incontinence, that hasn’t responded to alternative methods of care; chronic urinary retention (Dougherty and Lister, 2015; Royal College of Nursing, 2012).

4.4 Standards and Practice – Good Practice Statement
Urinary catheterisation is an invasive procedure and should not be undertaken without full consideration of the benefits and risks. Patient needs should be assessed and only considered for catheterisation as a last resort or if it is considered the best option available (NICE 2012).

The Nursing and Midwifery Council (NMC 2012), states that nurses performing urinary catheterisation are accountable for ensuring that they hold:
- A good knowledge of the urinary tract anatomy and physiology
- A sound knowledge of the principles of aseptic technique
- A knowledge of equipment and devices available
- Awareness of infection control practice and legislation
- Practice within the limits of competence and be able to recognize when they need to seek help from more experienced staff
- Understanding of the issues of informed consent and a knowledge of the Mental Capacity Act

4.5 Who can perform urinary catheterisation?
Any Registered Practitioner can undertake catheterisation of a patient provided they have received appropriate training in the procedure and have completed and had signed off the recognised competency/scope of practice.

Assistant Practitioners can undertake female catheterisation provided that have received the appropriate training and competency sign off and the task is delegated to them by a Registered Nurse.
4.6 Training

- Registered Nurses Assistant Practitioners and Trainee Assistant Practitioners are accountable for both competency development and continuing Professional Development in urinary catheterisation if the clinical skills are applicable to their role (RCN 2012).
- Acquisition of clinical competency in Urinary Catheterisation is achieved through attending the East Cheshire Trust study session ‘Urinary Catheterisation - Theory and Practice’. This must be updated every 3 years as part of clinical mandatory training.
- Staff should inform their manager if they feel they are not competent and identify their training needs relating to this area of practice.
- Some Staff may have undertaken and achieved this competency during their initial training or in another Healthcare Trust. These staff must have been using the skill recently, be prepared to provide evidence of ratified training and assessment to their manager and demonstrate competency prior to performing Insertion of a Urinary Catheter within ECT.

**NB: Indwelling urinary catheterisation is not a substitute for nursing care of the patient with urinary incontinence.**

4.7 Initial Urinary Catheterisation

Urinary urethral catheterisation should be performed following discussion with a medical member of staff or the patient's general practitioner (GP). If this is not possible, the GP should be informed that the patient has been catheterised in order that medical decisions regarding subsequent treatment/care can be made.

- A competent registered health care professional can make a clinical decision to undertake an initial male and female urinary urethral catheterisation.
- Assessment should take account of the possible sexual, physical, social psychological and environmental impact of urinary urethral catheterisation.
- The decision to urinary catheterise should be made following a full holistic continence assessment with consideration given to alternative methods of management where appropriate.
- Wherever possible Clean Intermittent Catheterisation should be the preferred alternative.

4.8 Urinary Catheter Selection

Health professional undertaking urinary catheterisation is responsible for selecting a suitable urinary catheter and using it accordance with the manufacturer’s instructions (RCN 2012)

- Please refer to Appendix 2 Catheter Selection Matrix for definitions for catheter selection.
- The choice of catheter material is determined by the expected maximum duration that the catheter is to be in situ.
- Catheters are generally categorised as being for short-term (maximum of 28 days duration) or long-term (maximum of 12 weeks duration).
- Length of time a catheter can remain in place is guided by the manufacturer’s product liability, - this should always be heeded
- Check if patients have a latex allergy and reflect this in catheter and equipment choice.
If the catheter is regularly requiring changing after less than 4 weeks, discuss alternative options with the Bladder and Bowel Specialist Nurses.

4.8.1 Size of Catheter

- The external diameter of a catheter is measured in Charrier – one Ch equals 0.3mm, therefore 12 Charrier will equal 4mm.
- For the urethral route, always choose the smallest Charrier (Ch) to provide adequate drainage.
- Small charrier sizes allow the mucus produced by Para urethral glands in the urethra to drain away. By choosing a larger size these glands may become blocked and result in inflammation and can cause irritation and bypassing of urine around the catheter.
- The general standard to be followed is: Female 12 – 14 Ch Male 12 – 14 Ch
- Larger sizes should be introduced incrementally and should only be required where there is haematuria with large blood clots.
- For Suprapubic Urinary Catherisation size 16ch is recommended to allow for maintenance of a good tract between the abdominal wall and bladder.

4.8.2 Selection of Catheter Length

The two lengths available and approved to use for urethral urinary catheterisation are:

4.8.3 Female length 26cms;

The shorter female length is more discreet/ less likely to cause trauma or infections because movement in and out of the urethra is reduced.
- Women should always be offered a female length urinary catheter, unless they are obese or chair bound, in which case the standard length may be more suitable.
- Consideration should be to the fact that infections may also be caused from a longer catheter looping or kinking. In obese women or those bed-bound or wheelchair bound the inflation valve of the shorter urinary catheter may cause soreness by rubbing on the inner thigh and pulling on the bladder neck, therefore a standard length of urinary catheter should be used.

4.8.4 Standard (male) length 42cms

- Standard (male) length are only used in male patients.
- It is dangerous and potentially harmful to insert a female length urinary catheter into a male urethra as this can result in the balloon being inflated in the urethra, causing serious complications including haematuria, penile swelling, urinary retention and impaired renal function (Greener, 2009; National Patient Safety Agency, 2009).
- For a suprapubic route, a standard length should be the first choice is, but patient preference may decide the most suitable length. Female length is acceptable providing that there is sufficient length to connect a urinary catheter valve or urinary catheter bag. Consideration needs to be given to obesity, mobility and clothing.
4.8.5 Open Ended Catheters
- Open ended urinary catheters can be used for urethral or supra-pubic use and may offer an alternative for those patients experiencing problems with repeated bypassing & blockage.
- There is no tip to the end of this catheter creating an additional drainage channel. Includes a pre-filled syringe with 10ml sterile water.

4.8.6 Urinary Catheter Balloon Size and Inflation
Adult urinary catheter balloon size comes in 2 sizes:
- 10ml balloons, should always be used for both urethral and suprapubic routes.
- 30ml balloons should only be used in specific circumstances such as post prostatic surgery, but their use should always be questioned.
- The heavier weight and larger balloon may cause bladder spasm, damage the bladder neck and irritation of the trigone muscle.
- Urinary catheter balloons should be filled as specified by the manufacturer. They should never be over or under filled as this can lead to a miss-shaping of the balloon that could interfere with urine drainage. Always follow the manufacturer’s instructions.
- Urinary catheter balloons should always be filled with sterile water, never air (will float above the urine, preventing drainage), or tap water (contains soluble salts that can cause osmosis), or saline (crystals of salt may prevent deflation of balloon).
- Some manufacturers have produced pre-filled urinary catheters. A reservoir of water is included in the urinary catheter packaging and simply needs to be released once the urinary catheter has been inserted.
- The urinary catheter balloon should only be inflated once; deflation/re-inflation or topping up are not recommended by the manufacturers, as distortion of the balloon may occur.

5. Lubrication
- Urethral trauma caused by urinary catheter insertion increases the risk of infection.
- The single-use lubricant gel will reduce pain during urethral catheterisation and reduce trauma to the urethra (Loveday, 2014).
- Lidocaine is a topical drug and local administration policy should be followed.
- As with any drug it is essential to check for allergies before use.
- Anaesthetic gels should be instilled directly into the patient’s urethra at least five minutes before urinary catheterisation to have an anaesthetic effect (Dougherty and Lister, 2015).
- Anaesthetic gels should be used with caution in older people and those with cardiac dysrhythmias (Yates, 2015).
- In line with the Urology Formulary (as per the NHS Pharmaceutical Committee) the following lubrication gels are available in two sizes - 6ml (female) and 11ml male) :- Instillagel & Hydrocaine.

In the event of a patient having a known contra-indication or allergy to anaesthetic lubricating gel, a plain lubricating gel must be used i.e. OptiLube.
6. Documentation
The assessment and decision to use urinary catheterisation should be clearly documented, along with the rationale, in the patient notes. The following details should be documented in the patient’s notes (use adhesive label if provided by manufacturer).

- Amount of urine drained
- Any problems or patient discomfort
- Reason for catheterisation
- Date of insertion
- Catheter size, type, length
- Balloon size, batch no. expiry date
- Lubricant used; lot number and expiry date
- Type of cleansing lotion used
- Date catheter change is due
- Signature

7. Suprapubic Catheters

7.1 Definition:
The insertion of a self-retaining catheter directly into the bladder via the anterior abdominal wall under aseptic conditions.

Short-term
- Following urological, gynaecological, or other types of surgery

Long term: as an alternative to urethral drainage:
- In sexually active adults
- In those for whom a urethral catheter has proved problematic or intolerable
- In some wheelchair bound people
- In those patients for whom urethral route is not possible.

7.2 Suprapubic Urinary Catheter selection
For long-term drainage use:
- Hydrogel coated latex 16-18Ch 10ml balloon standard length
- For patients with a latex allergy use:
  - All silicone urinary catheters.

7.3 Suprapubic Urinary Catheter Management
The main principles of care and management of the suprapubic urinary catheter are similar to those for urethral urinary catheters. Prevention of Infection is the primary aim with adherence to aseptic technique.
- If dressings are clinically required; they must be sterile and applied using an aseptic non-touch technique. In most cases, a dressing will not be required and patients should be encouraged to clean the site daily. (NB: A dry dressing may be required for the first 24/48 hours after initial insertion)
- The suprapubic urinary catheter, as it emerges, must be supported at right angles to the abdomen with a urinary catheter fixation device. Clothing must therefore not be too tight.
• If a dressing is used as part of routine care, it should be sterile.
• Dressings are not usually required unless there is a discharge.

7.4 First Suprapubic Urinary Catheter Change
• Within 6-8 weeks in Secondary Care

7.5 Changing a Suprapubic Urinary Catheter
• Routine suprapubic urinary catheter changes should be undertaken in line with the catheter manufacturer’s instructions. Refer to Appendix 7

8. Urinary Catheter Drainage Systems

8.1 Urinary Catheter Drainage Selection
• There is a huge selection of urinary catheter drainage appliances available therefore the Trust promotes the use of the Urology Appliance Formulary and urinary catheter drainage products should be selected from there.

8.2 General guidance

8.2.1 For Day Use:
• The bag capacity, from 350mls to over a one litre
• The inlet tube length: the choice of length depends on lifestyle factors, comfort and preferred position of the bag which can be situated at the thigh, knee or calf
• Urinary drainage bags should be positioned below the level of the bladder (with the exception of the Rusch ‘Belly Bag’) and must not be in contact with the floor.
• As a general rule, urinary drainage bags should be changed for a fresh one every 5-7 days, but manufacturer’s instructions should always be followed.

8.2.2. Fixation and support:
• The urinary catheter must be held in place with a urinary catheter fixation device specially designed for the purpose. This is to avoid trauma to the urethra by traction and promote patient comfort e.g. Simpla G-Strap (Coloplast) is a non-adhesive urinary catheter fixation strap
• For the patient with impaired circulation, or who finds the non-adhesive strapping uncomfortable) adhesive devices e.g. Clinifix: manufacturer (Clinimed Ltd) are advised
• The urinary catheter bag should then be supported with the straps provided with the urinary catheter bag or with a specially designed urinary catheter leg bag sleeve holder. Urinary catheter bag straps and holders are designed to support the weight of the urine in the urinary catheter bag, and not to provide secure fixation for the urinary catheter itself
• If a patient is struggling with lifestyle difficulties or clothing choices are compromised by their urinary catheter drainage system, please refer to the Bladder and Bowel Specialist Nurse Specialist Nurses, who may be able to advise on alternatives
8.2.3 Overnight:
At night the urinary catheter day bag (or the urinary catheter valve) must be connected to a single use urinary catheter night bag. This allows for extra drainage capacity so the patient is less disturbed overnight and avoids the need to disconnect the urinary catheter from the urinary catheter leg bag with the risk of introducing infection.

**Urinary Catheter Night bags:**
- Must be positioned on a urinary catheter stand to avoid touching the floor and to facilitate good drainage
- Should **NOT** be rinsed out and reused.
- Should be drainable night bags (i.e. with a tap) to avoid ‘splashback’ when emptying.

9. Urinary Catheter Valves

Definition: a small drainable ‘tap’ which if fitted directly onto the end of the urinary catheter removes the need for a catheter bag. Urinary Catheter Valves usually require changing every 5-7 days (follow manufacturer’s specific guidance).

Urinary Catheter valves are not suitable for every patient. Assessment must determine that the patient has:
- Sufficient cognitive ability and manual dexterity to empty the valve regularly
- Sufficient bladder sensation to alert the patient to a bladder which required emptying.
- Significant bladder over-activity might also render a valve unsuitable, owing to discomfort.

10. Urethral Urinary Catheter Care

- Patients (and carers) need to be involved in their care, which includes being aware of the complications of urinary catheterisation and correct information on general urethral urinary catheter care.
- It is important that patients (and carers) know how to identify a potential problem and whom to contact for help.
- The patient may either take a bath or shower. The build-up of secretions at the urethral meatus should be minimised by daily routine personal hygiene. Perineal care should also be included to facilitate reduction in extra luminal contamination.

11. Urinary Catheter Bag Emptying

- An ANTT technique is required for this procedure.
- The closed system must not be broken more than necessary and drainage bags should be emptied when they are three-quarters full in order to prevent traction on the bladder.
12. Urinary Catheter Sample Collection

Routine collection of urine specimens for culture is not useful and is unnecessary unless the patient is symptomatic. Please refer to SOP for trust procedure for Urine Sampling.

13. Urinary Catheter Problems

A summary of the potential problems that can arise and suggested solutions can be found in Appendix 3 Urinary catheter guide to troubleshooting.

14. Urinary Catheter Maintenance Solutions

These are often referred to as a ‘bladder washout’ but ‘Urinary catheter maintenance solution is the correct terminology since the rationale for the use of solutions in the is to keep a urinary catheter patent. They should not be used to prevent urinary catheter-associated infections.

14.1 Potential risks of urinary catheter maintenance solutions
- Breakage in the closed system
- Potential for tissue irritation, inflammation and damage by acidic solution.
- Patient reliance on ‘washouts’: unnecessary ‘routines’ developing
- There remains insufficient evidence on the overall efficacy or administration regimes of solutions designed to reduce or dissolve encrustation, to guide clinicians.
- Given this lack of sound evidence- base as to the efficacy of solutions the potential risks, it makes more sense to determine a ‘pattern of urinary catheter life’ over the course of 3 urinary catheterisations in the individual patient, and plan changes pre-emptively, in the patient prone to encrustation and blockage.
- It is important to inspect the urinary catheter on removal if encrustation is suspected – look, feel and cut it open to check for deposits within the urinary catheter lumen.
- Where a urinary catheter has blocked due to encrustation, weekly pH monitoring should be undertaken.
- Following analysis of the pH testing results a Urinary Catheter Maintenance Solution can be used for a urinary catheter that blocks due to encrustation together with pre-emptive changes over the course of three urinary catheterisations.

14.2 Mode and Frequency of Delivery
- It is recommended to start with a regime of once a week in order to reduce the number of times the closed system is open and minimise the risk of introducing infection.
- OPTIFLO Solutions are the preferred mode of delivery as the “bellows” design allows gentle agitation of the solution and actively resists excessive force to minimise undue pressure in the bladder.
- There is link with encrustation and bladder calculi, so once the above has been implemented discuss the appropriateness of a Urological Opinion with the patient’s G.P.
- Please see table below for a guide in the appropriate selection of solution.
### 14.3 Selection of a Urinary Catheter Maintenance Solution

<table>
<thead>
<tr>
<th>Solution</th>
<th>Product Licence</th>
<th>Practice Notes/Cautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citric acid 3.23% Solution G (pH 4)</td>
<td>For the dissolution of struvite crystals which form on the catheter tip under alkaline conditions (pH 7.5-8.5). Works by dissolving the crystals that form within the lumen of the catheter.</td>
<td>Charting of urinary pH over time will allow development of an individual urinary catheter care plan.</td>
</tr>
<tr>
<td>Citric acid 6% Solution R (pH 2)</td>
<td>Stronger citric acid solution for more persistent crystallisation. Effective at dissolving severe encrustation due to its acidic nature.</td>
<td>Should only be used after solution G has been tried and been found to be not effective. It is not recommended that Solution R is used on a frequent and regular basis.</td>
</tr>
<tr>
<td>Mandelic acid 1% (pH 2)</td>
<td>For the reduction of microorganisms which produce urease creating alkaline conditions (mostly proteus species).</td>
<td>Acidic pH also counters the effect of proteus on the urinary pH. Strongly acidic – potential mucosal irritation.</td>
</tr>
<tr>
<td>Sodium chloride 0.9%</td>
<td>For the washing of debris (blood, mucus, pus) from the urinary catheter. Can be used to irrigate urinary catheters that contain pus, blood clots or. It is very effective for clients with reconstructed bladder where there is a large amount of mucus produced.</td>
<td>Normal saline has a neutral pH and will not dissolve urinary catheter encrustation and therefore is not recommended if a urinary catheter is regularly blocking due to encrustation by mineral deposits. Will not dissolve crystal formation. debris.</td>
</tr>
</tbody>
</table>

### 14.4 Bladder Syringes
The use of Bladder Syringes to administer Urinary Catheter Maintenance Solutions is not acceptable therefore it is advised to confirm the planned discharge and after care by referring to the Patient’s Urology Discharge Letter and if necessary seek confirmation with G.P.

### 14.5 Management of Mitroffonof Stoma
These guidelines do not cover the management of a Mitroffonof.

### 15. Catheter Associated Urinary Tract Infections (CAUTIS)
- CAUTIs remain one of the most common healthcare-associated infections and can cause significant morbidity and sometimes mortality.
- Up to 95% of patients who have had a catheter in situ long-term (i.e. 30 days or more) will have bacteria in their urine, but this does not mean that the patient has an infection which requires treating.
15.1 Dipstick urine testing in the urinary catheterised patient
- Dipstick urine testing in urinary catheterised patients is of very limited value as almost all patients with a catheter will have bacteriuria.
- Dipstick urinalysis should not be used to diagnose UTI in a patient with a urinary catheter.

15.2 When to send a Catheter Specimen of Urine (CSU) for culture
- Send a catheter specimen of urine for culture if the patient is symptomatic.
- Look for other potential sources of infection as a cause of symptoms before sampling and considering antibiotic treatment.
- Asymptomatic bacteriuria in the catheterised patient should not be treated.

15.3 Taking a CSU
- This involves the use of an apron, and sterile gloves and syringe. The port should be cleaned with an alcohol swab before and after sampling.
- Specimens should not be taken from the urinary catheter bag tap or by disconnecting the urinary catheter from the bag.

15.4 Sending the CSU
- The urine should be collected in a sterile universal specimen container and sent to the laboratory as soon as possible.
- If processing the sample is delayed, the sample should be refrigerated. Sample collection pots containing boric acid will hold organisms steady for 48 – 96 hours.
- Ensure that you write the relevant details about the symptoms of the patient on the form, (ensuring that the patient is aware of this) and include whether or not the catheter is regularly blocking/encrusting. This allows the microbiologist to carry out the appropriate tests on the sample.

16. Prevention and control of CAUTI
- The best way in which to prevent a catheter-associated urinary tract infection is not to use a urinary catheter in the first place. The longer the urinary catheter remains in situ the greater the risk of infection. At all times throughout the duration of urinary catheterisation the question of whether continued management with a urinary catheter remains clinically valid must be asked using the HOUĐINI nurse led protocol which considers acceptable rationales for patients being catheterised.

17. Decision to Remove a Urinary Catheter

Urinary Catheters should be removed wherever clinically possible, following individual assessment, which takes into account the patient’s condition and in collaboration with the healthcare team.

Removal of the Urinary Catheter should be considered unless the patient's condition fits into one of the following categories, where continued urinary catheterisation is for clinical benefit and/or quality of life:
- Acute illness
- Urinary obstruction leading to urinary retention (where intermittent catheterisation is not viable)
- Neurogenic bladder and urinary retention (where intermittent catheterisation is not viable)
- Urological surgery
- Open sacral wounds (stage 3 or 4) for incontinent patients
APPENDIX 1

References


NICE (2012) Infection Control: Prevention of healthcare-associated infection in primary and community care; Clinical Guideline 139; National Institute for Clinical Excellence


APPENDIX 2

Urinary Catheter Selection Matrix

<table>
<thead>
<tr>
<th>Catheter type</th>
<th>Duration</th>
<th>Material and comments</th>
</tr>
</thead>
</table>
| Short term    | Up to 1 week | • Plastic – post-op or intermittent catheterisation  
                  • Latex – uncoated latex rarely used as high surface friction can cause discomfort and tissue trauma |
| Medium        | Up to 4 weeks | • Poly-tetra-fluoride-ethylene (PTFE) bonded latex – smoother outer surface |
| Long term     | Up to 12 weeks | • Silicone bonded with an elastomer – not pure silicone  
                  • 100% silicone – thin walled, better drainage capacity  
                  • Hydrogel bonded – highest compatibility with human tissue, less risk of trauma and less biofilm/encrustation formation |

Please refer to Urology Formulary for guidance and prescription codes.
# APPENDIX 3

## URINARY CATHETER PROBLEMS

<table>
<thead>
<tr>
<th>Problems</th>
<th>Possible reason and action to take</th>
</tr>
</thead>
</table>
| Urine does not drain              | **Check for mechanical obstruction** – kinked tubing; trapped by leg straps; bag higher than level of bladder  
Urinary catheter eyelets blocked - gently instil sterile water/saline to clear eyes; check that leg bag is not too low down on the leg.  
Change the urinary catheter and inspect for encrustation- if it is patent – consider bladder spasm as a cause  
Consider that the patient may be dehydrated                                                                                                                  |
| Encrustation                      | **Main cause is struvite formation** (calcium phosphate and magnesium ammonium phosphate salts); struvite forms as a result of precipitation of these salts from the urine when it becomes alkaline because of urease forming bacteria.  
Encourage fluid intake which includes citric-based drinks.  
Assess ‘urinary catheter life’ by observing at least three urinary catheter changes and implement planned urinary catheter changes to avoid blockage.  
A prescription regime of acidic catheter maintenance solutions maybe clinically justified.                                                                     |
| Haematuria                        | Maybe caused by trauma, infection, renal/bladder pathology; if severe, seek medical help urgently.                                                                                                                                 |
| Urine bypassing                   | **Check for tubing kinking and/or constipation.**  
If due to bladder spasm or irritation: consider anticholinergic medication; consider a smaller catheter; check balloon size; consider catheter material (latex allergy).                                      |
| Cramping pain                     | This should subside after 24 hours of initial insertion; if it persists, it may bladder spasm and anticholinergic therapy should be considered.                                                                                      |
| Urethral discomfort               | May be due to distension of urethra by too large a catheter or by occlusion of the paraurethral glands – change to smaller catheter.                                                                                         |
| Urinary Catheter Blockage due to debris in urine | Sludgy mucus type debris can block the catheter.  
Consider using a urinary catheter valve in this situation to encourage natural flushing of the urinary catheter lumen.                                                                                   |
| Non-deflating balloon             | **Check that syringe is not faulty; leave syringe for a few minutes to allow water to drain spontaneously – not forcibly as a vacuum may result in the inflation channel.**  
If this fails, it has been reported that using a sterile needle and syringe, which is inserted into the arm above the inflation valve is another method to deflate the balloon.  
If successful, discuss with a urological opinion NEVER cut the valve.                                                                                      |
| Urinary Catheter rejection        | If a patient pulls their urinary catheter out with the balloon inflated consider alternative methods to manage the bladder problem if the main reason is not Urinary Retention.                                      |
| Difficulty in removing urinary catheter | If the catheter cannot be removed, stop and refer to the urological team in collaboration with the doctor.                                                                                                                   |
APPENDIX 4
S.O.P. Urethral Catheterisation – Procedure for Females

Equipment required:

- Sterile catheterisation pack
- Selection of appropriate catheters
- Sterile anaesthetic lubrication gel-6ml
- Urinary Catheter Fixation Device
- Suitable urinary catheter drainage bag and support system.

<table>
<thead>
<tr>
<th>Action</th>
<th>Rational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain and discuss the procedure with the patient. Obtain and document informed consent.</td>
<td>To ensure that the patient understands the procedure and gives her valid consent.</td>
</tr>
<tr>
<td>Clean hands in line with East Cheshire NHS Trust policy.</td>
<td>To reduce risk of infection.</td>
</tr>
<tr>
<td>Prepare the environment, and ensure there is a clean flat surface close to the bed.</td>
<td>To ensure patient's privacy and dignity. To allow dust and airborne organisms to settle before the sterile field is exposed.</td>
</tr>
<tr>
<td>Assist the patient to get into the supine position with knees bent, hips flexed and feet resting about 60 cm apart.</td>
<td>To enable the genital area to be seen.</td>
</tr>
<tr>
<td>Ensure that a good light source is available.</td>
<td>To enable genital area to be seen clearly.</td>
</tr>
<tr>
<td>Clean hands again, alternatively use alcohol gel.</td>
<td>To reduce risk of cross-infection.</td>
</tr>
<tr>
<td>Put on a disposable apron.</td>
<td>To reduce risk of cross-infection from micro-organisms on uniform.</td>
</tr>
<tr>
<td>Open the catheterisation pack on to the prepared surface.</td>
<td>To maintain an ANTT procedure.</td>
</tr>
<tr>
<td>Using an aseptic technique open the packages of equipment onto the sterile field and fill the syringe with sterile water, if required.</td>
<td>To reduce the risk of introducing infection into the urinary tract.</td>
</tr>
<tr>
<td>Clean hands, alternatively use alcohol gel.</td>
<td>Hands may have become contaminated by handling of outer packs, etc.</td>
</tr>
<tr>
<td>Put on latex free sterile gloves.</td>
<td>To reduce risk of cross-infection and allergic reaction.</td>
</tr>
<tr>
<td>Place sterile towels between the patient’s thighs.</td>
<td>To create a sterile field.</td>
</tr>
</tbody>
</table>
Using gloved fingers of one hand, separate the labia minora so that the urethral meatus is seen. | This manoeuvre provides better access to the urethral orifice and helps to prevent labial contamination of the urinary catheter.

Clean around the urethral orifice with 0.9% sodium chloride, using single downward strokes. | To reduce the risk of cross-infection. Inadequate preparation of the urethral orifice is a major cause of infection.

Insert the nozzle of the anaesthetic lubrication gel into the urethra. Squeeze 6ml into the urethra, remove the nozzle and discard the tube. Wait 5 minutes for it to take effect. | Adequate lubrication helps to prevent urethral trauma. Use of a local anaesthetic minimizes the patient's discomfort.

Dispose of gloves, clean hands, apply latex free sterile gloves | To maintain an ANTT procedure

Place the urethral urinary catheter, in the receiver, between the patient's legs. | To provide a temporary container for urine as it drains.

Gently introduce the tip of the urinary catheter into the urethral orifice. Advance the urinary catheter until urine starts to flow, then advance it a further 2-3cm. | This prevents the urinary catheter balloon from being trapped in the urethra.

Inflate the urinary catheter balloon according to the manufacturer's directions. | Inadvertent inflation of the urinary catheter balloon within the urethra is painful and causes urethral trauma.

Withdraw the urinary catheter slightly until the balloon is sitting at the bladder neck, and connect it to the drainage system. | Maintain patient comfort and prevent urethral trauma.

Apply Urinary Catheter Fixation Device. Ensure that the urinary catheter lumen is not occluded by the fixation device. | To maintain patient comfort and to reduce the risk of urethral and bladder neck trauma.

Secure urinary catheter drainage bag either with leg bag straps-if mobile or attach to urinary catheter stand if bedbound | To minimise trauma and discomfort

Make the patient comfortable and ensure that the area is dry. | If the area is left wet or moist, secondary infection and skin irritation may occur.

Measure the amount of urine. | To ensure volume of urine in bladder at time of urinary catheterisation is recorded.

Dispose of equipment according to E.C.T Waste Management policy. | To prevent environmental contamination.
<table>
<thead>
<tr>
<th>Remove gloves and rewash hands.</th>
<th>Infection prevention and control.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record information contemporaneously in documents.</td>
<td>To ensure accountability.</td>
</tr>
</tbody>
</table>
## APPENDIX 5

**S.O.P. Urethral Catheterisation-Procedure for Males**

**Equipment required:**
- Sterile catheterisation pack
- Selection of appropriate catheters
- Sterile anaesthetic lubrication gel-11ml
- Urinary Catheter Fixation Device
- Suitable urinary catheter drainage bag and support system.

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain and discuss the procedure with the patient. Obtain and document informed consent.</td>
<td>To ensure that the patient understands the procedure and gives his valid consent.</td>
</tr>
<tr>
<td>Wash hands in line with policy. Ensure the genitals are washed thoroughly with soap and water.</td>
<td>To reduce the risk of infection.</td>
</tr>
<tr>
<td>Prepare the environment, and ensure there is a clean flat surface close to the bed.</td>
<td>To ensure patient’s privacy. To allow dust and airborne organisms to settle before the sterile field is exposed.</td>
</tr>
<tr>
<td>Assist the patient to get into the supine position with the legs extended.</td>
<td>To ensure the genital area is easily accessible.</td>
</tr>
<tr>
<td>Wash hands in line with East Cheshire NHS Trust policy.</td>
<td>To reduce risk of infection.</td>
</tr>
<tr>
<td>Put on a disposable plastic apron.</td>
<td>To reduce risk of cross-infection from microorganisms on uniform.</td>
</tr>
<tr>
<td>Open the urinary catheterisation pack on to the prepared surface.</td>
<td>To maintain an aseptic procedure.</td>
</tr>
<tr>
<td>Using an aseptic technique, open the packages of equipment onto the sterile field.</td>
<td>To reduce the risk of introducing infection into the urinary tract.</td>
</tr>
<tr>
<td>Rewash hands clean with East Cheshire NHS Trust policy.</td>
<td>Hands may have become contaminated by handling the outer packs.</td>
</tr>
<tr>
<td>Put on sterile latex free gloves.</td>
<td>To reduce risk of cross-infection and allergic reaction.</td>
</tr>
<tr>
<td>Place sterile towels across the patient's thighs.</td>
<td>To create a sterile field.</td>
</tr>
<tr>
<td>Wrap a sterile topical swab around the penis. Retract the foreskin, if necessary, and clean the glans penis and meatus with sterile 0.9% sodium chloride.</td>
<td>To reduce the risk of introducing infection to the urinary tract during catheterisation.</td>
</tr>
<tr>
<td>Action</td>
<td>Notes</td>
</tr>
<tr>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td>Insert the nozzle of the anaesthetic/lubricating gel into the urethra. Slowly squeeze minimum of 10mls of gel into the urethra, remove the nozzle discard the tube. Wait 5 minutes for it to take effect.</td>
<td>Adequate lubrication helps to prevent urethral trauma. Use of a local anaesthetic minimizes the discomfort experienced by the patient.</td>
</tr>
<tr>
<td>Dispose of gloves, clean hands, apply latex free sterile gloves</td>
<td>To maintain an ANTT procedure</td>
</tr>
<tr>
<td>Grasp the penis behind the glans, raising it until it is almost totally extended. Maintain grasp of penis until the procedure is finished.</td>
<td>This manoeuvre straightens the penile urethra and facilitates catheterisation. Maintaining a grasp of the penis prevents contamination and retraction of the penis.</td>
</tr>
<tr>
<td>Place the receiver containing the urinary catheter between the patient’s legs. Insert the urinary catheter for 15–25 cm until urine flows.</td>
<td>The male urethra is between 18-24 cm long.</td>
</tr>
<tr>
<td>If resistance is felt at the external sphincter, increase the traction on the penis slightly and apply steady, gentle pressure on the urinary catheter. If resistance is still felt, try pausing for a few seconds or ask the patient to cough or strain gently as if passing urine and continue to insert the urinary catheter.</td>
<td>Some resistance may be due to spasm of the external sphincter, or an enlarged prostate. Straining gently or coughing helps to relax the external sphincter.</td>
</tr>
<tr>
<td>When urine begins to flow, advance the urinary catheter almost to its bifurcation.</td>
<td>Advancing the urinary catheter ensures that it is correctly positioned in the bladder.</td>
</tr>
<tr>
<td>Gently inflate the urinary catheter balloon according to the manufacturer’s direction, having ensured that the urinary catheter is draining properly beforehand.</td>
<td>Inadvertent inflation of the urinary catheter balloon in the urethra causes pain and urethral trauma.</td>
</tr>
<tr>
<td>Withdraw the urinary catheter slightly and attach it to the selected drainage system.</td>
<td>To ensure that the urinary catheter is correctly positioned in the bladder.</td>
</tr>
<tr>
<td>Apply Urinary Catheter Fixation Device. Ensure that the urinary catheter lumen is not occluded by the fixation device.</td>
<td>To maintain patient comfort and to reduce the risk of urethral and bladder neck trauma.</td>
</tr>
<tr>
<td>Secure urinary catheter drainage bag either with leg bag straps-if mobile or attach to urinary catheter stand if bedbound</td>
<td>To minimise trauma and discomfort</td>
</tr>
<tr>
<td>Ensure that the glans penis is clean and then reposition the foreskin. Make the patient comfortable and ensure that the area is dry.</td>
<td>Retraction and constriction of the foreskin behind the glans penis (paraphimosis) may occur if this is not done. If the area is left wet or moist, secondary infection and skin irritation may occur.</td>
</tr>
<tr>
<td>Measure the amount of urine.</td>
<td>To ensure volume of urine in bladder at time of catheterisation is recorded.</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dispose of equipment according to East Cheshire NHS Trust Waste Management policy.</td>
<td>To prevent environmental contamination.</td>
</tr>
<tr>
<td>Remove gloves and clean hands</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>Record information contemporaneously in relevant documents.</td>
<td>To ensure accountability.</td>
</tr>
</tbody>
</table>
## APPENDIX 6

### S.O.P. Removal of Urethral Male and Female Urinary Catheters

**Equipment:**
- Disposable latex free gloves and apron
- Syringe for deflating balloon.

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain procedure to patient and obtain informed consent. Discuss care plan following removal of catheter.</td>
<td>To ensure that the patient understands the procedure and gives informed consent.</td>
</tr>
<tr>
<td>Clean hands using liquid soap and running water. If not available use alcohol gel.</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>Prepare the environment.</td>
<td>To ensure that the patient is comfortable and privacy and dignity is maintained.</td>
</tr>
<tr>
<td>Release the urinary catheter drainage support system and empty the urinary catheter drainage bag.</td>
<td>For easier removal and disposal of urinary catheter and drainage system.</td>
</tr>
<tr>
<td>Having checked volume of water originally inserted into balloon (see patient documentation), use syringe to deflate the urinary catheter balloon. N.B. The amount removed may be less than that inserted due to the semi – porous nature of the urinary catheter balloon.</td>
<td>To ensure urinary catheter balloon is completely deflated before removing urinary catheter.</td>
</tr>
<tr>
<td>Gently remove urinary catheter. If resistance is felt, ask the patient to cough. If removal of the urinary catheter is difficult seek medical help.</td>
<td>To relax pelvic floor muscles and facilitate urinary catheter removal. To ensure patient safety.</td>
</tr>
<tr>
<td>Ensure patient is comfortable. If urinary catheter is not being replaced, ensure appropriate advice and information is given. Document voiding pattern.</td>
<td>To ensure patient is aware of management plan.</td>
</tr>
<tr>
<td>Dispose of equipment according to East Cheshire NHS Trust Waste Management Policy.</td>
<td>To prevent environmental contamination.</td>
</tr>
<tr>
<td>Remove gloves and apron, wash hands.</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>Record information contemporaneously in relevant documents.</td>
<td>To ensure accountability.</td>
</tr>
</tbody>
</table>
APPENDIX 7

S.O.P. Supra-Pubic Urinary Catheter Change

**Equipment:**
- Sterile urinary catheterisation pack
- Selection of approved Suprapubic urinary catheters
- Sterile anaesthetic lubrication gel
- Suitable drainage bag and support system.
- Urinary catheter fixation device

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain and discuss the procedure with the patient.</td>
<td>To ensure that the patient understands the procedure and gives his valid consent.</td>
</tr>
<tr>
<td>Clean hands with liquid soap and running water, or alcohol gel in line</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>with East Cheshire NHS Trust policy.</td>
<td></td>
</tr>
<tr>
<td>Prepare the environment, and ensure there is a clean, flat area close</td>
<td>To ensure patient’s privacy. To allow dust and airborne organisms to settle before the field is exposed.</td>
</tr>
<tr>
<td>to the bed.</td>
<td></td>
</tr>
<tr>
<td>Assist the patient to get into a comfortable position on the bed.</td>
<td>To ensure the suprapubic catheter site is easily accessible.</td>
</tr>
<tr>
<td>Empty the suprapubic urinary catheter entry site. Empty the catheter</td>
<td></td>
</tr>
<tr>
<td>bag.</td>
<td></td>
</tr>
<tr>
<td>Clean hands in line with East Cheshire NHS Trust policy.</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>Put on a disposable plastic apron and sterile latex free gloves.</td>
<td>To reduce risk of cross-infection from micro-organisms on uniform.</td>
</tr>
<tr>
<td>Empty the contents of the sterile packages on to the prepared surface.</td>
<td>To maintain an aseptic procedure and reduce the risk of introducing infection into the urinary tract.</td>
</tr>
<tr>
<td>Deflate the existing suprapubic urinary catheter balloon using a 10 ml</td>
<td>To deflate urinary catheter balloon to allow urinary catheter removal.</td>
</tr>
<tr>
<td>syringe.</td>
<td></td>
</tr>
<tr>
<td>Holding a gauze swab with one hand, remove the urinary catheter with</td>
<td>To facilitate comfortable removal and replacement of urinary catheter.</td>
</tr>
<tr>
<td>the other hand, noting the direction and length of urinary catheter that</td>
<td></td>
</tr>
<tr>
<td>was inserted. Place the gauze swab over the site to absorb any leakage.</td>
<td></td>
</tr>
<tr>
<td>Observe removed urinary catheter for encrustation.</td>
<td></td>
</tr>
<tr>
<td>Dispose of removed urinary catheter and used equipment according to</td>
<td>To ensure infection prevention and to prevent environmental contamination.</td>
</tr>
<tr>
<td>waste disposal policy. Remove gloves.</td>
<td></td>
</tr>
<tr>
<td>Wash hands in line with East Cheshire NHS Trust policy.</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>Put on sterile latex free gloves.</td>
<td>To reduce risk of cross-infection and allergic reaction.</td>
</tr>
<tr>
<td>Place sterile towels across the patient's abdomen.</td>
<td>To create a sterile field.</td>
</tr>
<tr>
<td>Clean the suprapubic urinary catheter site with sterile saline, using</td>
<td>To reduce the risk of introducing infection to the urinary tract during catheterisation.</td>
</tr>
<tr>
<td>a single wipe with each swab.</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Purpose</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Place the receiver containing the urinary catheter on to the patient’s thighs. Apply 6mls anaesthetic/lubricant gel to the tip of the catheter and suprapubic site.</td>
<td>To minimise trauma and discomfort.</td>
</tr>
<tr>
<td>Holding the urinary catheter with the sterile gauze insert it in to the suprapublic catheter site, to the same distance as the removed urinary catheter plus 2-3 centimetres. Inflate the urinary catheter balloon with sterile water according to manufacturer's instructions.</td>
<td>To ensure that the urinary catheter is positioned safely in the bladder.</td>
</tr>
<tr>
<td>Ensure that the suprapubic urinary catheter is mobile in the tract.</td>
<td>To ensure that the suprapubic urinary catheter is correctly positioned in to the bladder.</td>
</tr>
<tr>
<td>Attach urinary catheter drainage bag or catheter valve to suprapubic urinary catheter</td>
<td>To maintain a closed system.</td>
</tr>
<tr>
<td>Apply Urinary Catheter Fixation Device</td>
<td>To prevent exudate and over granulation of the suprapubic site.</td>
</tr>
<tr>
<td>Secure urinary catheter drainage bag either with leg bag straps-if mobile or attach to urinary catheter stand if bedbound</td>
<td>To minimise trauma and discomfort</td>
</tr>
<tr>
<td>Make patient comfortable and give advice on fluids.</td>
<td>To promote suprapubic urinary catheter drainage.</td>
</tr>
<tr>
<td>Observe drainage of urine from suprapubic urinary catheter.</td>
<td>To ensure suprapubic urinary catheter correctly positioned.</td>
</tr>
<tr>
<td>Dispose of equipment according to local waste policy and dispose according to East Cheshire NHS Trust policy.</td>
<td>To prevent environmental contamination.</td>
</tr>
<tr>
<td>Remove gloves and apron, and clean hands in line with East Cheshire NHS Trust policy.</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>Record information contemporaneously in relevant documents according to East Cheshire NHS Trust policy.</td>
<td>To ensure accountability.</td>
</tr>
</tbody>
</table>
APPENDIX 8

S.O.P. Insertion of Urinary Catheter Maintenance Solution-Urethral and Sprapubic

**Equipment:**
- New urinary catheter drainage bag or urinary catheter valve
- Prescribed maintenance solution
- Sterile dressing pack

<table>
<thead>
<tr>
<th>Method</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain the procedure to the patient, obtain their informed consent.</td>
<td>To ensure valid consent is obtained.</td>
</tr>
<tr>
<td>Clean hands according to local Trust policy. Put on apron.</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>Prepare the aseptic field and remove outer packaging from the urinary catheter maintenance solution and place on sterile field.</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>Expose the length of the catheter and observe for signs of leakage and meatal problems. Place absorbent sheet under urinary catheter drainage bag junction.</td>
<td>To prepare patient for the procedure and check for catheter displacement.</td>
</tr>
<tr>
<td>Clean hands according to Local Trust Policy. Put on latex free sterile gloves.</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>Disconnect the urinary catheter drainage bag (or urinary catheter valve), attach urinary catheter maintenance solution and instil in accordance with the manufacturer’s instructions.</td>
<td>Correct instillation of solution.</td>
</tr>
<tr>
<td>After the solution has been instilled attach the new urinary catheter bag (or urinary catheter valve) firmly and below the level of the bladder and draining.</td>
<td>To facilitate drainage.</td>
</tr>
<tr>
<td>Make the patient comfortable.</td>
<td>To maintain dignity.</td>
</tr>
<tr>
<td>Remove and dispose of equipment (See East Cheshire NHS Trust policy).</td>
<td>To prevent environmental contamination.</td>
</tr>
<tr>
<td>Wash hands according to Local Trust Policy.</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>Document that the urinary catheter maintenance solution has been administered and note any complications encountered with the procedure.</td>
<td>To maintain accurate records.</td>
</tr>
</tbody>
</table>
### APPENDIX 9

**S.O.P. Clean Intermittent Urinary Catheterisation with a Pre-lubricated Catheter**

**Procedure for Females**

**Equipment:**
- Appropriately sized single use pre-lubricated catheters
- Dressing Pack
- Suitable container for collecting urine if required

<table>
<thead>
<tr>
<th>Action</th>
<th>Rational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash hands using liquid soap and running water or alcohol gel. Healthcare workers must wear latex free sterile gloves. Patients or partner's performing the procedure do not need to wear gloves when self-catheterising, however good hand hygiene is essential.</td>
<td>To prevent infection.</td>
</tr>
<tr>
<td>Assist the patient to take up a comfortable position, depending on mobility.</td>
<td>To facilitate insertion of intermittent catheter.</td>
</tr>
<tr>
<td>Spread the labia and wash genitalia from front to back with soap and water, and then dry.</td>
<td>To reduce the risk of introducing infection.</td>
</tr>
<tr>
<td>Open the pre–lubricated urinary catheter packaging.</td>
<td>To prepare catheter and to ease insertion.</td>
</tr>
<tr>
<td>Find the urethral opening above the vagina. Gently insert the pre-lubricated urinary catheter into the urethra approximately 5cm or until urine drains, taking care not to touch the part of the urinary catheter entering the body.</td>
<td>To reduce risk of introducing an infection.</td>
</tr>
<tr>
<td>Drain the urine into a suitable container. When the urine stops flowing slowly remove the pre-lubricated single use catheter, pausing if more urine starts to flow.</td>
<td>To ensure that the bladder is completely emptied.</td>
</tr>
<tr>
<td>Dispose of the pre-lubricated single use urinary catheter and any equipment used according to East Cheshire NHS Trust Policy.</td>
<td>To prevent environmental contamination.</td>
</tr>
<tr>
<td>Wash hands according to Local Trust Policy.</td>
<td>To reduce the risk of infection.</td>
</tr>
<tr>
<td>Document that the procedure has been completed and note any complications encountered with the procedure.</td>
<td>To maintain accurate records.</td>
</tr>
</tbody>
</table>
APPENDIX 10

S.O.P. Clean Intermittent Urinary Catheterisation with a Pre-lubricated Catheter
Procedure for Males

**Equipment:**
- Appropriately sized single use pre-lubricated catheters
- Dressing Pack
- Suitable container for collecting urine if required

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash hands using liquid soap and running water or alcohol gel. Healthcare workers must wear latex free sterile gloves. Patients or partners performing the procedure do not need to wear gloves when self-catheterising, however good hand hygiene is essential.</td>
<td>To prevent infection.</td>
</tr>
<tr>
<td>Take up a comfortable position, depending on mobility.</td>
<td>To facilitate insertion of intermittent catheter.</td>
</tr>
<tr>
<td>Wash the penis with soap and water. If the foreskin covers the glans it will need to be retracted during the procedure.</td>
<td>To reduce risk of infection.</td>
</tr>
<tr>
<td>Open pre-lubricated single use urinary catheter packaging.</td>
<td>To prepare pre-lubricated single use urinary catheter and to ease insertion.</td>
</tr>
<tr>
<td>Hold the pre-lubricated single use catheter with the dominant hand, being careful not to touch the part of the pre-lubricated single use catheter entering the body, and gently insert it into the opening of the urethra. Advance the pre-lubricated single use catheter into the bladder.</td>
<td>To reduce the risk of introducing an infection.</td>
</tr>
<tr>
<td>Slight resistance may be felt as the pre-lubricated single use catheter passes through the prostate gland and into the bladder. Only gentle pressure should be used.</td>
<td>The prostate gland surrounds the urethra just below the neck of the bladder and consists of much firmer tissue. This can enlarge and cause an obstruction, especially in older men.</td>
</tr>
<tr>
<td>If there is more than slight resistance or discomfort, do not continue. Withdraw the pre-lubricated single use catheter and seek medical advice.</td>
<td>To prevent urethral trauma.</td>
</tr>
<tr>
<td>Drain the urine into a suitable container. When the urine stops flowing slowly remove the pre-lubricated single use catheter, pausing if more urine starts to flow.</td>
<td>To ensure that the bladder is completely emptied.</td>
</tr>
<tr>
<td>Dispose of the pre-lubricated single use catheter and any equipment used according to East Cheshire NHS Trust Waste Management Policy.</td>
<td>To prevent environmental contamination.</td>
</tr>
<tr>
<td>Wash hands with liquid soap and running water, or alcohol gel.</td>
<td>Infection prevention and control.</td>
</tr>
<tr>
<td>Document that the procedure has been completed and note any complications encountered with the procedure.</td>
<td>To maintain accurate records.</td>
</tr>
</tbody>
</table>
Equality Analysis

(Impact assessment)

Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services.

E.g. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

Details of person responsible for completing the assessment:
- Fiona Carlin/Jeanette Sarkar
- Team Leader/Head of Nursing, Quality
- Bladder and Bowel Specialist Service

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

This policy set out standards and procedures relating to urinary catheterisation and management of urinary catheter care in adults to ensure the highest standards of care and practice are consistently delivered. The purpose of this policy is to ensure the Trust meets strategic and clinical best practice standards in delivering direct patient care to patients with or who require urinary catheters. It encompasses Urethral indwelling, Suprapubic indwelling and intermittent catheters in male and female adults.

This policy applies to East Cheshire NHS Trust staff with a responsibility for the catheterisation and catheter care of adults over the age of 18 years. It excludes children.

As with all procedures, where possible the patient’s informed consent should be obtained and documented following a discussion of the risks and benefits of urinary catheterisation (Prinjha and Chapple, 2013; RCN, 2012). Valid consent to undertake an initial insertion or renewal of a urinary catheter must be obtained verbally from the patient where possible and with approval from the person with continuing medical responsibility for the patient. This consent should be recorded in the patient’s clinical health record.

If there is doubt that the patient does not have capacity to consent to urinary catheterisation then please refer to the ECT Mental Capacity Policy ECT Mental Capacity Policy.

Urinary catheterisation is an invasive procedure and should not be undertaken without full consideration of the benefits and risks. Patient needs should be assessed and only considered for catheterisation as a last resort or if it is considered the best option available (NICE 2012).

The Nursing and Midwifery Council (NMC 2012), states that nurses performing urinary catheterisation are accountable for ensuring that they hold:-
• A good knowledge of the urinary tract anatomy and physiology
• A sound knowledge of the principles of aseptic technique
• A knowledge of equipment and devices available
• Awareness of infection control practice and legislation
• Practice within the limits of competence and be able to recognize when they need to seek help from more experienced staff
• Understanding of the issues of informed consent, individual beliefs, and a knowledge of the Mental Capacity Act

2. Consideration of Data and Research
To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document
Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

Age: East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:
• In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
• 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
• 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.
• Gypsies & travellers – estimated 18,600 in England in 2011.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
• In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
• In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
• Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
• C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
• In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
• Mental health – 1 in 4 will have mental health problems at some time in their lives.

**Sexual Orientation:**
• CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (*The Lesbian & Gay Foundation*).
• CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

**Religion/Belief:**
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% in 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
- **Christian:** 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- **Sikh:** 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- **Buddhist:** 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- **Hindu:** 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
- **Jewish:** 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
- **Muslim:** 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
- **Other:** 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
- **None:** 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
- **Not stated:** 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

**Carers:** In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

No

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No

3. Assessment of Impact
Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

**RACE:**
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, racial groups differently?  
Yes ☐ No ☐ X

**Explain your response:**

---

**GENDER (INCLUDING TRANSGENDER):**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, different gender groups differently?  
Yes ☐ No ☐ X

**Explain your response:**

---

**DISABILITY**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, disabled people differently?  
Yes ☐ No ☐ X

**Explain your response:**

---

**AGE:**

From the evidence available does the **policy, procedure, proposal, strategy or service,** affect, or have the potential to affect, age groups differently?  
Yes ☐ No ☐ X

**Explain your response:**

---

**LESBIAN, GAY, BISEXUAL:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, lesbian, gay or bisexual groups differently?  
Yes ☐ No ☐ X

**Explain your response:**

---

**RELIGION/BELIEF:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, religious belief groups differently?  
Yes ☐ No ☐ X

**Explain your response:**

---

**CARERS:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, carers differently?  
Yes ☐ No ☐ X

**Explain your response:**

---

**OTHER:**  EG Pregnant women, people in civil partnerships, human rights issues.

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect any other groups differently?  
Yes ☐ No ☐ X

**Explain your response:**

---
4. Safeguarding Assessment - CHILDREN

<table>
<thead>
<tr>
<th>a. Is there a direct or indirect impact upon children?</th>
<th>Yes ☐</th>
<th>No ☐ X</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. If no please describe why there is considered to be no impact / significant impact on children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This policy refers to adults only therefore not applicable

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

Corporate Nursing Team, Community Nursing Teams, Infection Control and Prevention nurse specialists, Matrons

6. Date completed: 5.1.17 Review Date: 5.1.19

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
</thead>
</table>

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead: Lyn Bailey

Date: 8.2.17