

Urinary Catheter Care Passport

Insert patient label below

This is a joint passport to be completed by you (the patient), your carer and the nursing/medical staff assisting with your catheter maintenance.

The first section of this passport has been prepared to help you understand your urinary catheter. It includes useful information relating to the management of your catheter on a daily basis.

If you have any questions about this passport please contact the District Nurse or GP.

Patient/Carer Section

✓ DO's...

- ✓ remember to drink plenty of fluids unless restricted for medical reasons;
- ✓ areas around the catheter should be cleaned daily with soap and water (men should wash under their foreskin);
- ✓ use a new bed/night bag every night
- ✓ night drainage bags should be positioned below the level of the bladder and should not touch the floor;
- ✓ catheter tubing should be fixed to the leg or stomach to avoid kinking of the tubing and pulling the bladder neck;
- ✓ take regular exercise, avoid anything too vigorous and ensure catheter is well supported.

✗ DON'T'S...

- ✗ don't disconnect the leg bag unnecessarily or touch the end of the connector as this can lead to infection;
- ✗ don't use oil based creams or talcum powder around the catheter area.

Catheter Care

The following pages are to help you and or your carers manage your catheter.

Daily

1. **Wash your hands** and disconnect the 2 litre night bag from the leg bag. **Make sure you close the tap of the leg bag**
2. Empty the urine in the 2 litre night bag down the toilet
3. Put the used 2 litre night bag into a rubbish bag and then into the bin
4. Shower/wash area around your catheter
5. **Wash your hands** before and after emptying your leg bag
6. Empty your leg bag every 2 - 3 hours or when it is $\frac{2}{3}$ full
7. Do not let the drainage tap come into contact with the toilet rim or drainage container
8. Dry tap after use with toilet tissue and wash with soap and water
9. Wash and dry drainage container

- 10. At night use a new overnight 2 litre night bag, wash your hands and connect the 2 litre bag to the leg bag, open tap on leg bag
- 11. Ensure 2 litre night bag is attached to night stand and is not trailing on the floor
- 12. Complete catheter maintenance checklist on page 24.

Weekly

- 1. **Wash your hands** and change your leg bag or catheter valve using a sterile procedure. Your nurse will explain how to do this
- 2. Empty the leg bag down toilet
- 3. Put the used leg bag into a bag and then into the bin.

Leg Bag / Catheter Valve is changed on a (Insert day of week)

If you feel unwell with a fever, abdominal discomfort, pain in your lower back or around your catheter contact your health centre or nurse.

Nursing/Medical Section

Frequency of routine catheter change:

Clinician responsible for decision to catheterise and ongoing management is

Urinary catheters are not indicated as first line management of incontinence or immobility. Always consider alternatives to urinary catheterisation.

Indications for urinary catheterisation

Short term catheter (≤ 28 days)

Review ongoing need for urinary catheter daily.

- Pre/Post operative care
- Patient requires fluid balance monitoring
- Acute retention of urine

Long term catheter (> 28 days)

Prior to each catheter change, confirm ongoing necessity or arrange Trial without Catheter (TWOC).

- Chronic bladder outlet obstruction
- Open wound - risk of contamination from urine
- To ensure comfort and dignity

Medication.....

- Anticoagulants Alpha Blockers
- Antimuscarinics

Please document details/changes to medications in the comments section.

Do not treat possible Catheter Associated Urinary Tract Infection (CAUTI) with antibiotics based on dipstick results.

Allergies.....

Traumatic initial insertion: Yes No

Catheter change in: BGH Home

Equipment - Product selection as per NHS Borders Joint Formulary

Catheter Selection - Always use the smallest gauge catheter for effective drainage

Drainage Type Selection

- Urometer Catheter valve
- Leg bag - Long tube / short tube *(delete)* Drainable night bag

Clinical Management Plan

Obtain consent from patient prior to any intervention

- **wash hands** and wear non-sterile gloves before any manipulation of the catheter or drainage system
- secure catheter using either catheter securing device or net sleeve
- ensure drainage bag is below bladder level
- daily personal hygiene with soap and water
- ensure adequate fluid intake (approx 1.5L – 2L in 24hrs) unless clinical condition contraindicates
- empty catheter leg bag when $\frac{2}{3}$ full or every 2 - 3 hours
- monitor urine volume and colour and document any abnormalities
- if patient **symptomatic** of Urinary Tract Infection change catheter and obtain specimen of urine from new urinary catheter before sending to laboratory

Do not treat with antibiotics based on dipstick results

Catheter insertion 1			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion: _____			
Insertion Criteria	YES	NO	
Alternatives to catheterisation considered	<input type="checkbox"/>	<input type="checkbox"/>	
Hand hygiene performed before insertion	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique performed	<input type="checkbox"/>	<input type="checkbox"/>	
Smallest gauge used/balloon filled to recommended level	<input type="checkbox"/>	<input type="checkbox"/>	
Where catheter enters urethra clean with sterile saline & use sterile lubricant	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique maintained when connecting catheter to closed drainage system	<input type="checkbox"/>	<input type="checkbox"/>	
Complete & affix catheter batch label			
			Catheter gauge:
			_____ mls in balloon
			Colour of urine:
			Securing device <input type="checkbox"/> Yes <input type="checkbox"/> No
			Easy insertion <input type="checkbox"/> Yes <input type="checkbox"/> No
			Inserted in
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)	Designation		

Catheter insertion 2			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion:			
Insertion Criteria		YES	NO
Alternatives to catheterisation considered		<input type="checkbox"/>	<input type="checkbox"/>
Hand hygiene performed before insertion		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique performed		<input type="checkbox"/>	<input type="checkbox"/>
Smallest gauge used/balloon filled to recommended level		<input type="checkbox"/>	<input type="checkbox"/>
Where catheter enters urethra clean with sterile saline & use sterile lubricant		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique maintained when connecting catheter to closed drainage system		<input type="checkbox"/>	<input type="checkbox"/>
		Complete & affix catheter batch label	
Catheter gauge:			
_____ mls in balloon			
Colour of urine:			
Securing device	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Easy insertion	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inserted in			
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)		Designation	

Catheter insertion 3			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion: _____			
Insertion Criteria	YES	NO	
Alternatives to catheterisation considered	<input type="checkbox"/>	<input type="checkbox"/>	
Hand hygiene performed before insertion	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique performed	<input type="checkbox"/>	<input type="checkbox"/>	
Smallest gauge used/balloon filled to recommended level	<input type="checkbox"/>	<input type="checkbox"/>	
Where catheter enters urethra clean with sterile saline & use sterile lubricant	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique maintained when connecting catheter to closed drainage system	<input type="checkbox"/>	<input type="checkbox"/>	
Complete & affix catheter batch label			
			Catheter gauge:
			_____ mls in balloon
			Colour of urine:
			Securing device <input type="checkbox"/> Yes <input type="checkbox"/> No
			Easy insertion <input type="checkbox"/> Yes <input type="checkbox"/> No
			Inserted in
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)	Designation		

Catheter insertion 4			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion:			
Insertion Criteria		YES	NO
Alternatives to catheterisation considered		<input type="checkbox"/>	<input type="checkbox"/>
Hand hygiene performed before insertion		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique performed		<input type="checkbox"/>	<input type="checkbox"/>
Smallest gauge used/balloon filled to recommended level		<input type="checkbox"/>	<input type="checkbox"/>
Where catheter enters urethra clean with sterile saline & use sterile lubricant		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique maintained when connecting catheter to closed drainage system		<input type="checkbox"/>	<input type="checkbox"/>
		Complete & affix catheter batch label	
Catheter gauge:			
_____ mls in balloon			
Colour of urine:			
Securing device	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Easy insertion	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inserted in			
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)		Designation	

Catheter insertion 5			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion: _____			
Insertion Criteria	YES	NO	
Alternatives to catheterisation considered	<input type="checkbox"/>	<input type="checkbox"/>	
Hand hygiene performed before insertion	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique performed	<input type="checkbox"/>	<input type="checkbox"/>	
Smallest gauge used/balloon filled to recommended level	<input type="checkbox"/>	<input type="checkbox"/>	
Where catheter enters urethra clean with sterile saline & use sterile lubricant	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique maintained when connecting catheter to closed drainage system	<input type="checkbox"/>	<input type="checkbox"/>	
Complete & affix catheter batch label			
			Catheter gauge:
			_____ mls in balloon
			Colour of urine:
			Securing device <input type="checkbox"/> Yes <input type="checkbox"/> No
			Easy insertion <input type="checkbox"/> Yes <input type="checkbox"/> No
			Inserted in
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)	Designation		

Catheter insertion 6			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion: _____			
Insertion Criteria	YES	NO	
Alternatives to catheterisation considered	<input type="checkbox"/>	<input type="checkbox"/>	
Hand hygiene performed before insertion	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique performed	<input type="checkbox"/>	<input type="checkbox"/>	
Smallest gauge used/balloon filled to recommended level	<input type="checkbox"/>	<input type="checkbox"/>	
Where catheter enters urethra clean with sterile saline & use sterile lubricant	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique maintained when connecting catheter to closed drainage system	<input type="checkbox"/>	<input type="checkbox"/>	
Complete & affix catheter batch label			
			Catheter gauge:
			_____ mls in balloon
			Colour of urine:
			Securing device <input type="checkbox"/> Yes <input type="checkbox"/> No
			Easy insertion <input type="checkbox"/> Yes <input type="checkbox"/> No
			Inserted in
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)	Designation		

Catheter insertion 7			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion: _____			
Insertion Criteria	YES	NO	
Alternatives to catheterisation considered	<input type="checkbox"/>	<input type="checkbox"/>	
Hand hygiene performed before insertion	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique performed	<input type="checkbox"/>	<input type="checkbox"/>	
Smallest gauge used/balloon filled to recommended level	<input type="checkbox"/>	<input type="checkbox"/>	
Where catheter enters urethra clean with sterile saline & use sterile lubricant	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique maintained when connecting catheter to closed drainage system	<input type="checkbox"/>	<input type="checkbox"/>	
Complete & affix catheter batch label			
			Catheter gauge:
			_____ mls in balloon
			Colour of urine:
			Securing device <input type="checkbox"/> Yes <input type="checkbox"/> No
			Easy insertion <input type="checkbox"/> Yes <input type="checkbox"/> No
			Inserted in
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)	Designation		

Catheter insertion 8			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion: _____			
Insertion Criteria	YES	NO	
Alternatives to catheterisation considered	<input type="checkbox"/>	<input type="checkbox"/>	
Hand hygiene performed before insertion	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique performed	<input type="checkbox"/>	<input type="checkbox"/>	
Smallest gauge used/balloon filled to recommended level	<input type="checkbox"/>	<input type="checkbox"/>	
Where catheter enters urethra clean with sterile saline & use sterile lubricant	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic technique maintained when connecting catheter to closed drainage system	<input type="checkbox"/>	<input type="checkbox"/>	
Complete & affix catheter batch label			
			Catheter gauge:
			_____ mls in balloon
			Colour of urine:
			Securing device <input type="checkbox"/> Yes <input type="checkbox"/> No
			Easy insertion <input type="checkbox"/> Yes <input type="checkbox"/> No
			Inserted in
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)	Designation		

Catheter insertion 9			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion:			
Insertion Criteria		YES	NO
Alternatives to catheterisation considered		<input type="checkbox"/>	<input type="checkbox"/>
Hand hygiene performed before insertion		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique performed		<input type="checkbox"/>	<input type="checkbox"/>
Smallest gauge used/balloon filled to recommended level		<input type="checkbox"/>	<input type="checkbox"/>
Where catheter enters urethra clean with sterile saline & use sterile lubricant		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique maintained when connecting catheter to closed drainage system		<input type="checkbox"/>	<input type="checkbox"/>
		Complete & affix catheter batch label	
Catheter gauge:			
_____ mls in balloon			
Colour of urine:			
Securing device <input type="checkbox"/> Yes <input type="checkbox"/> No			
Easy insertion <input type="checkbox"/> Yes <input type="checkbox"/> No			
Inserted in			
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)		Designation	

Catheter insertion 10			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion:			
Insertion Criteria		YES	NO
Alternatives to catheterisation considered		<input type="checkbox"/>	<input type="checkbox"/>
Hand hygiene performed before insertion		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique performed		<input type="checkbox"/>	<input type="checkbox"/>
Smallest gauge used/balloon filled to recommended level		<input type="checkbox"/>	<input type="checkbox"/>
Where catheter enters urethra clean with sterile saline & use sterile lubricant		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique maintained when connecting catheter to closed drainage system		<input type="checkbox"/>	<input type="checkbox"/>
		Complete & affix catheter batch label	
Catheter gauge:			
_____ mls in balloon			
Colour of urine:			
Securing device	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Easy insertion	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inserted in			
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)		Designation	

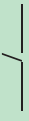





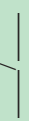
Catheter insertion 11			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion:			
Insertion Criteria		YES	NO
Alternatives to catheterisation considered		<input type="checkbox"/>	<input type="checkbox"/>
Hand hygiene performed before insertion		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique performed		<input type="checkbox"/>	<input type="checkbox"/>
Smallest gauge used/balloon filled to recommended level		<input type="checkbox"/>	<input type="checkbox"/>
Where catheter enters urethra clean with sterile saline & use sterile lubricant		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique maintained when connecting catheter to closed drainage system		<input type="checkbox"/>	<input type="checkbox"/>
		Complete & affix catheter batch label	
Catheter gauge:			
_____ mls in balloon			
Colour of urine:			
Securing device <input type="checkbox"/> Yes <input type="checkbox"/> No			
Easy insertion <input type="checkbox"/> Yes <input type="checkbox"/> No			
Inserted in			
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)		Designation	

Catheter insertion 12			
Indication for catheter			
<input type="checkbox"/> Retention	<input type="checkbox"/> Routine change		
<input type="checkbox"/> Catheter blocked	<input type="checkbox"/> Neurogenic bladder		
<input type="checkbox"/> Failed TWOC	<input type="checkbox"/> Other _____		
Procedure explained & consent obtained <input type="checkbox"/>			
Date & time of insertion:			
Insertion Criteria		YES	NO
Alternatives to catheterisation considered		<input type="checkbox"/>	<input type="checkbox"/>
Hand hygiene performed before insertion		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique performed		<input type="checkbox"/>	<input type="checkbox"/>
Smallest gauge used/balloon filled to recommended level		<input type="checkbox"/>	<input type="checkbox"/>
Where catheter enters urethra clean with sterile saline & use sterile lubricant		<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique maintained when connecting catheter to closed drainage system		<input type="checkbox"/>	<input type="checkbox"/>
		Complete & affix catheter batch label	
Catheter gauge:			
_____ mls in balloon			
Colour of urine:			
Securing device	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Easy insertion	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inserted in			
<input type="checkbox"/> Ward/ Dept			
<input type="checkbox"/> Theatre/ ITU <i>(delete)</i>			
<input type="checkbox"/> Community			
Name (PRINT)		Designation	


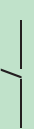
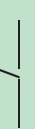
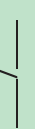
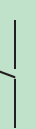
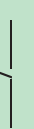

Catheter Maintenance Section

This section should be completed by the nurse/carer/patient that is managing the urinary catheter.

Maintenance Checklist

Month/Year _____								
Week 1	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check catheter still required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check drainage bag emptied 2/3 full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check catheter still required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check drainage bag emptied 2/3 full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check catheter still required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check drainage bag emptied 2/3 full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check catheter still required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check drainage bag emptied 2/3 full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check drainage bag emptied 2/3 full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maintenance Checklist

Month/Year _____								
Week 1	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check catheter still required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check drainage bag emptied $\frac{2}{3}$ full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check catheter still required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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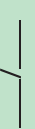
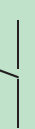
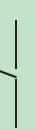
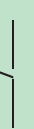

Maintenance Checklist

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	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Maintenance Checklist

Month/Year _____								
Week 1	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Week 4	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Week 5	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Maintenance Checklist

Month/Year _____								
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	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Maintenance Checklist

Month/Year _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 1	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check catheter still required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check drainage bag emptied $\frac{2}{3}$ full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check catheter still required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check drainage bag emptied $\frac{2}{3}$ full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check catheter still required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check drainage bag emptied $\frac{2}{3}$ full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check catheter still required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check drainage bag emptied $\frac{2}{3}$ full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	Hand hygiene performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check catheter still required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check bag connected & change weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washed catheter area with soap & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check drainage bag emptied $\frac{2}{3}$ full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Catheter Removal Section

Nurse Led Catheter Removal Tool (See page 33)

This tool has been developed to support and encourage early removal of urethral catheters. Catheters must be removed as soon as clinically possible to reduce the risk of infection.

EVERY In-patient with a urinary catheter must have the nurse led catheter removal tool completed every day.

Primary Care, nurse led catheter removal tool should be completed prior to every catheter change.

If the assessment indicates catheter removal, medical approval is not required.

Where a medical or nursing concern exists discussion should be held with the multidisciplinary team prior to catheter removal.

Nurse Led Catheter Removal Tool		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
See page 32								
Week 1 or 1st change	Visible Haematuria (Y/N)							
	Urinary Obstruction (Y/N)							
	Urology Surgery (Y/N)							
	Pressure sore (Y/N)							
	Fluid monitoring (Y/N)							
	DNACPR (Y/N)							
	Immobility (Y/N)							
	Catheter Removed (Y/N)							
	Date/ time removed							
	CAUTI Treatment (Y/N)							
Initials								
Week 2 or 2nd change	Visible Haematuria (Y/N)							
	Urinary Obstruction (Y/N)							
	Urology Surgery (Y/N)							
	Pressure sore (Y/N)							
	Fluid monitoring (Y/N)							
	DNACPR (Y/N)							
	Immobility (Y/N)							
	Catheter Removed (Y/N)							
	Date/ time removed							
	CAUTI Treatment (Y/N)							
Initials								

If 'No' for all questions: remove catheter

Nurse Led Catheter Removal Tool		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
See page 32								
Week 3 or 3rd change	Visible Haematuria	(Y/N)						
	Urinary Obstruction	(Y/N)						
	Urology Surgery	(Y/N)						
	Pressure sore	(Y/N)						
	Fluid monitoring	(Y/N)						
	DNACPR	(Y/N)						
	Immobility	(Y/N)						
	Catheter Removed	(Y/N)						
	Date/ time removed							
	CAUTI Treatment	(Y/N)						
Initials								
Week 4 or 4th change	Visible Haematuria	(Y/N)						
	Urinary Obstruction	(Y/N)						
	Urology Surgery	(Y/N)						
	Pressure sore	(Y/N)						
	Fluid monitoring	(Y/N)						
	DNACPR	(Y/N)						
	Immobility	(Y/N)						
	Catheter Removed	(Y/N)						
	Date/ time removed							
	CAUTI Treatment	(Y/N)						
Initials								

If 'No' for all questions: remove catheter

Nurse Led Catheter Removal Tool		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
See page 32		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
Week 5 or 5th change	Visible Haematuria (Y/N)							
	Urinary Obstruction (Y/N)							
	Urology Surgery (Y/N)							
	Pressure sore (Y/N)							
	Fluid monitoring (Y/N)							
	DNACPR (Y/N)							
	Immobility (Y/N)							
	Catheter Removed (Y/N)							
	Date/ time removed							
	CAUTI Treatment (Y/N)							
Initials								

If 'No' for all questions: remove catheter

Trial without Catheter

Timing is based on clinical judgement and performed as per NHS Borders Protocol

The procedure can be undertaken in patient's own home.

If any of the following conditions apply then this should be performed in a supervised environment (i.e. GP surgery, Community or Acute Hospital or BGH) is appropriate:

- urinary output concern
- haemorrhage concern
- re-catheterisation might be difficult
- patient has cognitive impairment, unable to follow instructions and no carer present
- functional issues and no carer present
- post radical prostatectomy
- post bladder reconstruction
- post urethroplasty
- all patients with artificial urinary sphincter

Hospital admission or any queries should be discussed with the Urology Nurse Specialists

Do not undertake a trial without catheter in Neurogenic bladder conditions (i.e. Multiple Sclerosis or Parkinson's disease) as requirement for a catheter is permanent.

Trial without Catheter (TWOC)

Episode One	Episode Two
Date	Date
Time	Time
Void 1	Void 1
Volume :	Volume:
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Haematuria	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Haematuria
Void 2	Void 2
Volume :	Volume:
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Haematuria	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Haematuria
Void 3	Void 3
Volume :	Volume:
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Haematuria	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Haematuria
Successful <input type="checkbox"/> Yes <input type="checkbox"/> No	Successful <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	Comments:
Signature:	Signature:

Additional Catheter Information

Catheter Maintenance (Bladder washouts)

Instilling Catheter Maintenance Solutions break the closed drainage system.

Only perform if evidence of encrustation and following discussion with Urology Nurse Specialist. Do not use solutions for any other management.

Any catheter maintenance regime should be done as little as possible in order to achieve clinical improvement.

Individuals with a pH above 6.8 are more likely to experience problems with an encrusted catheter.

Test and record urine specimens from the catheter port **twice a day** for 7-10days. If pH is >7 the urine is alkaline.

Date										
pH										
pH										

Date										
pH										
pH										

There is some evidence that lemon based drinks can reduce rate of encrustation

- Catheter Maintenance Solution is a prescription-only medication
- **Twin Suby G (Citric Acid 3.23%)** is the first line treatment
- **Solution R (Citric Acid 6%)** may be used if Suby G has been ineffectual, especially if the urinary pH is above 8.4 (alkaline).
- Can be used to remove encrustation on the catheter tip prior to catheter removal to minimise trauma.
- **Do not** use Catheter Maintenance Solution for Catheter management, including blockages.
- If blockages or patency issues occur, **replace catheter. DO NOT USE MAINTENANCE SOLUTIONS.**

Troubleshooting

Issue	Possible cause	Suggested action
Bypassing	Kinks in tubing	Straighten tubing. Stabilise catheter with securing device. Ensure leg bag tubing appropriate length
	Bladder Spasm	Use smaller fg catheter / reduce balloon size
		Antimuscarinic drugs
	Encrustation	Consider use of catheter valve
		Instillation Catheter maintenance solution Suby G
Erosion of urinary sphincter /mucosa	Refer to urologist Stabilise catheter with securing device to reduce movement	
Infection	Most patients with catheters urine will be colonised	Change catheter if clinical signs of infection before commencing antibiotics
	Low fluid intake	Encourage fluid intake approx 1.5 – 2 L /24 hrs
		ONLY treat with antibiotics if patient clinically unwell.
		Use smaller fg catheter(<i>decreases residual urine</i>)
		ONLY break closed drainage system in line with clinical need
Cuffing	Resistance when removing catheter caused by cuff formation on deflated balloon	Allow the syringe to self fill when deflating balloon
		Consider hydrogel coated latex catheter

Troubleshooting continued

Issue	Possible cause	Suggested action
Blockage	Constipation	Treat as appropriate
	Bladder tissue covering eyelet	Leave 5-10 ml urine in bag when emptying to prevent vacuum effect
	Low fluid intake	Encourage fluid intake approx 1.5 – 2 L /24 hrs
	Blocked catheter	Replace catheter and review frequency of changes
Expulsion of catheter	1)High Intravesical pressure 2)Incompetent bladder neck 3) bladder stones	If the catheter is expelled with the balloon deflated recatheterise. If this happens again within 1 – 2 weeks refer to urologist. If the catheter is expelled with the balloon inflated recatheterise and seek urology advice.
Haematuria		Increase fluid intake. Flush catheter if blockage occurs. If recurrent consider referral to urology
Traumatic Hypospadias (erosion of urethral meatus in men)		If long-term catheter consider referral to urology.

If these measures are not successful consider referral to Urology

Each incidence of CAUTI should be entered on to Datix. Datix Adverse Event Recording can be found via NHS Borders Intranet 'Jump to an Application'

Comments & Significant Events			
Date	Time	Comment	Signed

Comments & Significant Events			
Date	Time	Comment	Signed

Comments & Significant Events			
Date	Time	Comment	Signed

Comments & Significant Events			
Date	Time	Comment	Signed

Comments & Significant Events			
Date	Time	Comment	Signed

Comments & Significant Events			
Date	Time	Comment	Signed

Comments & Significant Events			
Date	Time	Comment	Signed

The clinician responsible will ensure that the patient has consented and is given a copy of the patient/ carer information leaflet.

Use in conjunction with NHS Borders Catheterisation policy to achieve the following:

- A reduction in Catheter Acquired Urinary Tract Infections
- To reduce urinary trauma
- Promote patient dignity
- Improve skin integrity

Evidence used in the development of this Passport can be found in the NHS Borders Catheterisation Policy on the NHS Borders Intranet.

If you require any further information please contact the Urology Nurse Specialist, BGH on 01896 826562.

If CAUTI* is suspected:

1. Diagnose CAUTI based on patient symptoms not CSU result
2. Immediately change urinary catheter and send CSU from new catheter
3. If recurrent UTI, consider changing catheter again 72 hours after commencing antibiotics and consider routinely changing urinary catheter more frequently
4. Review fluid intake and care plan.

*Catheter Associated Urinary Tract Infection