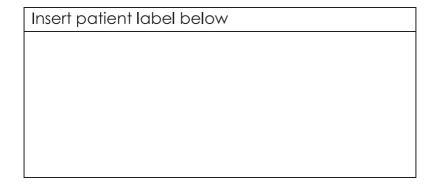


# Urinary Catheter Care Passport



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

- 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.
<ul><li>Pre/Post operative care</li><li>Patient requires fluid balance monitoring</li><li>Acute retention of urine</li></ul>
Long term catheter (> 28 days)  Prior to each catheter change, confirm ongoing necessity or arrange Trial without Catheter (TWOC).
<ul> <li>Chronic bladder outlet obstruction</li> <li>Open wound - risk of contamination from urine</li> <li>To ensure comfort and dignity</li> </ul>

This is a patient held record (Return to medical records if no longer required/ catheter removed)

Medi	cation	• • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •
	Anticoagulants Antimuscarinics		Alpha Blo	ockers
	e document detail omments section.	s/chai	nges to m	edications in
Tract	ot treat possible ( Infection (CAUTI) ck results.			
Allerg	jies	•••••	•••••	••••••
Traum	natic initial insertion	i: 🗌	Yes	□No
Cathe	eter change in:		BGH	Home
	<b>ment -</b> Product sele Formulary	ection	as per NH	IS Borders
	eter Selection - Alweter for effective dr	•		llest gauge
Drain	age Type Selection	1		
Ur	ometer		Cathete	er valve
	g bag - Long tube / ort tube (delete)		] Drainab	le 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 ¾ 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				
☐ Retention	Rou	tine change		
☐ Catheter blocked	□Neu	rogenic blad	der	
☐ Failed TWOC	☐ Oth	er		
Procedure explained & cor	nsent obt	ained 🗌		
Date & time of insertion:				
Insertion Criteria			YES	NO
Alternatives to catheterisation co				
Hand hygiene performed before	insertion			
Aseptic technique performed	ad to reco	mmended		
Smallest gauge used/balloon filled to recommended level				
Where catheter enters urethra clean with sterile saline &			П	
use sterile lubricant				
Aseptic technique maintained when connecting catheter to closed drainage system				
earrierer to closed drainage syst	CITI			
Catheter gauge:		Somplete & affix catheter batch label		
mls in balloon		athe		
Colour of urine:		— — — — — — — — — — — — — — — — — — —		
Securing device  Yes	☐ No			
Easy insertion	☐ No	% †\frac{1}{1}		
Inserted in		0 de		
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☐ Theatre/ ITU (delete)		Con		
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Name (PRINT)	Designo	ation		

Catheter insertion 2			
Indication for catheter			
Retention	☐ Routine change		
☐ Catheter blocked	☐ Neurogenic blad	der	
☐ Failed TWOC	Other		
Procedure explained & cor	sent obtained 🗌		
Date & time of insertion:			
Insertion Criteria		YES	NO
Alternatives to catheterisation co			
Hand hygiene performed before	insertion		
Aseptic technique performed	ed to recommended		Ш
Smallest gauge used/balloon filled to recommended level			
Where catheter enters urethra cl	ean with sterile saline &		
use sterile lubricant			
Aseptic technique maintained when connecting catheter to closed drainage system			
earrierer to closed drainage syste			
Catheter gauge:	a te		
mls in balloon	athe		
Colour of urine:			
Securing device  Yes	□ No lg d		
Catheter gauge:  mls in balloon  Colour of urine:  Securing device			
Inserted in			
☐ Ward/ Dept	90		
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Name (PRINT)	Designation		

Catheter insertion 3				
Indication for catheter				
☐ Retention	Rou	tine change		
☐ Catheter blocked	□ Neu	rogenic blad	der	
☐ Failed TWOC	☐ Oth	er		
Procedure explained & cor	nsent obt	ained 🗌		
Date & time of insertion:				
Insertion Criteria			YES	NO
Alternatives to catheterisation co				
Hand hygiene performed before	insertion		Щ.	
Aseptic technique performed	nd to rocor	mmandad		
Smallest gauge used/balloon filled to recommended level				
Where catheter enters urethra clean with sterile saline &				
use sterile lubricant				
Aseptic technique maintained when connecting catheter to closed drainage system				
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Catheter gauge:		eter		
mls in balloon		athe		
Colour of urine:		— — — — — — — — — — — — — — — — — — —		
Securing device	☐ No			
Catheter gauge:  mls in balloon  Colour of urine:  Securing device				
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Name (PRINT)	Designo	ution		

Catheter insertion 4				
Indication for catheter				
Retention	Rou	tine change		
☐ Catheter blocked	□Neu	rogenic blad	der	
☐ Failed TWOC	☐ Oth	er		
Procedure explained & con	isent obt	ained 🗌		
Date & time of insertion:				
Insertion Criteria			YES	NO
Alternatives to catheterisation co			<u> </u>	
Hand hygiene performed before	insertion		$\vdash$	
Aseptic technique performed Smallest gauge used/balloon filled to recommended				
level				
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Aseptic technique maintained when connecting				
catheter to closed drainage syste	em			
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mls in balloon		je.		
Colour of urine:				
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Easy insertion Yes No				
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☐ Community				
Name (PRINT)	Designo	ation		

Catheter insertion 5		
Indication for catheter		
☐ Retention ☐ Routine change		
☐ Catheter blocked ☐ Neurogenic blac	lder	
☐ Failed TWOC ☐ Other		
Procedure explained & consent obtained		
Date & time of insertion:		
Insertion Criteria	YES	NO
Alternatives to catheterisation considered		
Hand hygiene performed before insertion		
Aseptic technique performed Smallest gauge used/balloon filled to recommended		
level		
Where catheter enters urethra clean with sterile saline &		
use sterile lubricant		
Aseptic technique maintained when connecting catheter to closed drainage system		
Carrierer to closed drainage system		
Catheter gauge:		
mls in balloon		
Colour of urine:	5	
Securing device	5	
Easy insertion Yes No	2	
Catheter gauge: mls in balloon  Colour of urine:  Securing device		
☐ Ward/ Dept		
☐ Theatre/ITU (delete)		
☐ Community		
Name (PRINT) Designation		

Catheter insertion 6			
Indication for catheter			
Retention	☐ Routine change		
☐ Catheter blocked	☐ Neurogenic blad	der	
☐ Failed TWOC	Other		
Procedure explained & cons	ent obtained 🗌		
Date & time of insertion:			
Insertion Criteria		YES	NO
Alternatives to catheterisation con			
Hand hygiene performed before in	nsertion	Щ.	ᆜ
Aseptic technique performed	l to recommended		
Smallest gauge used/balloon filled to recommended level			
Where catheter enters urethra clean with sterile saline &			
use sterile lubricant			
Aseptic technique maintained when connecting catheter to closed drainage system			
earrierer to closed draininge system			
Catheter gauge:	e e e		
mls in balloon	athe		
Colour of urine:			
Securing device ☐ Yes	□ NO ij		
Catheter gauge:  mls in balloon  Colour of urine:  Securing device			
Inserted in			
☐ Ward/ Dept	9		
☐ Theatre/ ITU (delete)	Con		
☐ Community			
Name (PRINT)	Designation		

Catheter insertion 7				
Indication for catheter				
☐ Retention	Rou	tine change		
☐ Catheter blocked	□Neu	rogenic blad	der	
☐ Failed TWOC	$\square$ Oth	er		
Procedure explained & cor	nsent obt	tained 🗌		
Date & time of insertion:				
Insertion Criteria			YES	NO
Alternatives to catheterisation co				
Hand hygiene performed before	insertion		<u> </u>	
Aseptic technique performed	nd to roco	mmondod		
Smallest gauge used/balloon filled to recommended level				
Where catheter enters urethra clean with sterile saline &				
use sterile lubricant				
Aseptic technique maintained when connecting catheter to closed drainage system				
Carrierer to closed drainage syst	CIII			
Catheter gauge:		der et		
mls in balloon		the		
Colour of urine:		— — — — — — — — — — — — — — — — — — —		
Securing device  Yes	☐ No	Complete & affix catheter		
Easy insertion	☐ No	≪ <u>∪</u>		
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☐ Ward/ Dept		<u> </u>		
☐ Theatre/ ITU (delete)		Con		
☐ Community				
Name (PRINT)	Designo	ation		

Catheter insertion 8				
Indication for catheter				
Retention	☐ Rou	tine change		
☐ Catheter blocked	□ Neu	rogenic blad	der	
☐ Failed TWOC	☐ Othe	er		
Procedure explained & con	sent obt	ained 🗌		
Date & time of insertion:				
Insertion Criteria			YES	NO
Alternatives to catheterisation co				
Hand hygiene performed before	insertion			
Aseptic technique performed	d to recon	nmended		
Smallest gauge used/balloon filled to recommended level				
Where catheter enters urethra clean with sterile saline &				
use sterile lubricant				
Aseptic technique maintained when connecting catheter to closed drainage system				
carrieror re clessed drain age syste	3111			
Catheter gauge:		e e		
mls in balloon		athe		
Colour of urine:		<u>—</u>		
Securing device Yes No				
Easy insertion Yes No				
Inserted in				
Catheter gauge: mls in balloon  Colour of urine:  Securing device				
☐ Theatre/ ITU (delete)		Con		
☐ Community		O		
Name (PRINT)	Designa	tion		

Catheter insertion 9			
Indication for catheter			
Retention	Routine change		
☐ Catheter blocked	☐ Neurogenic blad	der	
☐ Failed TWOC	Other		
Procedure explained & cons	ent obtained 🗌		
Date & time of insertion:			
Insertion Criteria		YES	NO
Alternatives to catheterisation con			
Hand hygiene performed before in	nsertion	<del>                                     </del>	ዙ
Aseptic technique performed  Smallest gauge used/balloon filled	to recommended		
level		Ш	
Where catheter enters urethra clean with sterile saline &			
use sterile lubricant			
Aseptic technique maintained when connecting catheter to closed drainage system			
carrierer to closed drainage system			
Catheter gauge:	9		
mls in balloon	The state of the s		
Colour of urine:			
Securing device Yes	□ No la		
Catheter gauge: mls in balloon  Colour of urine:  Securing device			
Inserted in			
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☐ Community	O		
Name (PRINT)	Designation		

Catheter insertion 10								
Indication for catheter								
☐ Retention ☐ Routine change								
☐ Catheter blocked	☐ Neu	ırogenic blad	der					
☐ Failed TWOC	☐ Oth	er						
Procedure explained & cor	nsent obt	tained 🗌						
Date & time of insertion:								
Insertion Criteria			YES	NO				
Alternatives to catheterisation co								
Hand hygiene performed before	insertion							
Aseptic technique performed Smallest gauge used/balloon fille	ad to reco	mmended						
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Where catheter enters urethra cl								
use sterile lubricant								
Aseptic technique maintained w catheter to closed drainage systems		ecting						
Cameron to closed dramage syst	0111							
Catheter gauge:		oter.						
mls in balloon		athe.						
Colour of urine:		— — — — — — — — — — — — — — — — — — —						
Securing device	☐ No	ete & affix c						
Easy insertion	☐ No	≪ <u>∪</u>						
Inserted in		e te						
☐ Ward/ Dept		<u> </u>  dr						
Catheter gauge: mls in balloon  Colour of urine:  Securing device								
☐ Community								
Name (PRINT)	Designo	ation						

Catheter insertion 11			
Indication for catheter			
Retention	☐ Routine change		
☐ Catheter blocked	☐ Neurogenic blace	lder	
☐ Failed TWOC	Other		
Procedure explained & con	sent obtained 🗌		
Date & time of insertion:			
Insertion Criteria		YES	NO
Alternatives to catheterisation co			
Hand hygiene performed before	insertion		
Aseptic technique performed Smallest gauge used/balloon fille	d to recommended		
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mls in balloon	The state of the s		
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Easy insertion  Yes	□ No ∞ Ç		
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☐ Theatre/ ITU (delete)	Con		
☐ Community	0		
Name (PRINT)	Designation		

Catheter insertion 12									
Indication for catheter									
Retention	Rou	tine change							
☐ Catheter blocked	□Neu	rogenic blad	der						
☐ Failed TWOC	Oth	er							
Procedure explained & cor	nsent obt	ained 🗌							
Date & time of insertion:									
Insertion Criteria			YES	NO					
Alternatives to catheterisation co									
Hand hygiene performed before	insertion								
Aseptic technique performed Smallest gauge used/balloon fille	nd to recor	mmended							
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Where catheter enters urethra cl	ean with s	terile saline &		П					
use sterile lubricant	l	1*							
Aseptic technique maintained w catheter to closed drainage systems		ecting							
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Catheter gauge:		Complete & affix catheter batch label							
mls in balloon		athe							
Colour of urine:		<u>—</u>							
Securing device	□No								
Easy insertion	☐ No	% <sup>†</sup>							
Inserted in		e te							
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☐ Theatre/ ITU (delete)		Con							
☐ Community									
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# **Catheter Maintenance Section**

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

Мо	onth/Year							
	Hand hygiene performed	1	片	片	屵		<u> </u>	
1	Check catheter still required	++	片	屵	屵	<u> </u>	<u> </u>	片
Week 1	Check bag connected & change weekly	<del>     </del>	片	<u> </u>	片	<u> </u>	<u> </u>	片
We	Washed catheter area with soap & water	<del>     </del>	片	井	片	<u> </u>	<u> </u>	片
	Check drainage bag emptied 3/3 full	14	Щ	Щ	ᆜ		<u> </u>	
	Ensure drainage bag below bladder level		Ш			Ш		
	Hand hygiene performed	<del>     </del>	片	<del>     </del>	片	<u> </u>	<u> </u>	H
2	Check catheter still required	1 📙	片	片	片		<u> </u>	⊢
Week 2	Check bag connected & change weekly	14	片	片	ᆜ		<u> </u>	
We	Washed catheter area with soap & water	14	닏	片	片		ᆜ	닏
	Check drainage bag emptied ¾ full	14	ᆜ	Щ	Щ	Ц	<u> </u>	
	Ensure drainage bag below bladder level					Ш		
	Hand hygiene performed	14	<u> </u>	Щ	Щ		<u> </u>	
3	Check catheter still required	14	Щ.	Щ	Щ		<u> </u>	
Week 3	Check bag connected & change weekly	$+$ $\vdash$ $\vdash$	Щ	Щ.	Щ		<u> </u>	
We	Washed catheter area with soap & water	1 📙						
	Check drainage bag emptied ¾ full	<u> </u>			Щ			
	Ensure drainage bag below bladder level							
	Hand hygiene performed	14		Щ			<u>Ц</u>	
4	Check catheter still required	14	Щ.	Щ	Щ		<u> </u>	
Week 4	Check bag connected & change weekly	14	Щ	Щ	Щ		<u> </u>	
×e	Washed catheter area with soap & water	14	Щ	Щ	Щ		<u> </u>	
	Check drainage bag emptied ¾ full	$+$ $\vdash$ $\vdash$	Щ.	Щ.	Щ		<u> </u>	
	Ensure drainage bag below bladder level							
	Hand hygiene performed	+  - -	ΙН-	屵	片	<u> </u>	<u> </u>	片
2	Check catheter still required	<del>     </del>	片	片	片	<u> </u>	<u> </u>	片
Week 5	Check bag connected & change weekly			Н	Щ			井
We	Washed catheter area with soap & water	14						
	Check drainage bag emptied ¾ full	14	Щ					
	Ensure drainage bag below bladder level							

Mc	onth/Year							
	Hand hygiene performed							
-	Check catheter still required	┼╙	$\perp \perp$		Щ	Щ		Ш
Week 1	Check bag connected & change weekly	┼╙	$\perp \perp$		Щ	Щ		Щ
We	Washed catheter area with soap & water	$\perp$ $\perp$			Щ	Щ	Щ	Щ
	Check drainage bag emptied ¾ full	┼	┼╠	Щ	Щ	Щ		Щ
	Ensure drainage bag below bladder level							
	Hand hygiene performed	닏	14	닏	Щ	Щ		井
7	Check catheter still required	닏	14	닏	Ц	Ц	닏	Щ
Week 2	Check bag connected & change weekly	$\perp$	14					
We	Washed catheter area with soap & water	닏	14	닏	Щ	Щ		ᆜ
	Check drainage bag emptied ¾ full	닏	14	닏	Щ	Щ		ᆜ
	Ensure drainage bag below bladder level	Ш		Ш	Ш	Ш	Ш	Ш
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	Hand hygiene performed Check catheter still required	╀∺	+	H			H	H
က		H	+			Н	H	H
Week 3	Check bag connected & change weekly	╁╫	+	<del>                                     </del>	H	H		H
š	Washed catheter area with soap & water	╁╫	╁╫╴	H			H	H
	Check drainage bag emptied 3/3 full	╁╫	╁╫	H				H
	Ensure drainage bag below bladder level							
	Hand hygiene performed							
	Check catheter still required	╁┼	++	H	H	H	H	H
4	Check bag connected & change weekly	H	╁╫	H	H	H	H	H
Week 4	Washed catheter area with soap & water	╁╫	╁╫╴	H	H	H	H	H
>	Check drainage bag emptied 3 full	╁┼	+	H	H	H	H	H
	Ensure drainage bag below bladder level	H	╁╫╴	H				H
	Lisure didiriage bag below biadaei level							
	Hand hygiene performed	П	ΙП					
	Check catheter still required	ΙĦ	╁ਜ਼	Ħ				Ħ
Week 5	Check bag connected & change weekly	ΤĦ	Ħ	Ħ	Ħ	Ħ	Ħ	Ħ
ee/	Washed catheter area with soap & water	H	╁┼	H	H	H	H	H
3	Check drainage bag emptied 3/3 full	H	Ħ	H	H	H	H	H
	Ensure drainage bag below bladder level							

Mo	onth/Year							/
	Hand hygiene performed							
_	Check catheter still required							
송	Check bag connected & change weekly							
Week 1	Washed catheter area with soap & water							
	Check drainage bag emptied ¾ full							
	Ensure drainage bag below bladder level							
	Hand hygiene performed							
7	Check catheter still required	Ш	$\sqcup$	Ш	Ш	Ш	Ш	Ш
Week 2	Check bag connected & change weekly	Щ	$\sqcup$	Щ	Ш	Ш	Ш	Ш
We	Washed catheter area with soap & water	Щ		Щ	Ш	Ш	Ш	Щ
	Check drainage bag emptied ¾ full			Щ	Ш	Ш	Ш	
	Ensure drainage bag below bladder level							
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			H	Щ.	H	H	片	$\square$
	Ensure drainage bag below bladder level							
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4		H	<del>     </del>	H	H	H	片	$\vdash$
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	Ensure drainage bag below bidader level							
	Hand hygiene performed		П					
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	Ensure drainage bag below bladder level	H	H	H	H	H	H	H
Week 5 Week 4 Week 3	Hand hygiene performed Check catheter still required Check bag connected & change weekly Washed catheter area with soap & water Check drainage bag emptied % full Ensure drainage bag below bladder level  Hand hygiene performed Check catheter still required Check bag connected & change weekly Washed catheter area with soap & water Check drainage bag emptied % full Ensure drainage bag below bladder level  Hand hygiene performed Check catheter still required Check bag connected & change weekly Washed catheter area with soap & water Check bag connected & change weekly Washed catheter area with soap & water Check drainage bag emptied % full Ensure drainage bag emptied % full Ensure drainage bag emptied % full							

Мо	onth/Year							
	Hand hygiene performed							
1	Check catheter still required		Щ	Щ				
Week 1	Check bag connected & change weekly			Щ		Ц.		
We	Washed catheter area with soap & water			Щ		Ц.	Ц.	
	Check drainage bag emptied ¾ full	닏	Щ	Щ	Щ	<u> </u>	<u> </u>	
	Ensure drainage bag below bladder level		Ш					
	Hand hygiene performed	片片	H		片	<u> </u>	<u> </u>	片
2	Check catheter still required	H	H	片	片	<u> </u>	<u> </u>	片
Week 2	Check bag connected & change weekly	닏	닏		ᆜ	<u> </u>	<u> </u>	
We	Washed catheter area with soap & water	片片	片	片	井	<u> </u>	<u> </u>	
	Check drainage bag emptied 3/3 full	片	H	H	片	<u> </u>	<u> </u>	片
	Ensure drainage bag below bladder level	Ш	Ш	Ш	Ш			
	Hand hygiene performed							
	Check catheter still required	H	H	H	H	$\dashv$	$\dashv$	H
(3	Check bag connected & change weekly	H	H	H	H	$\dashv$	<u> </u>	H
Week 3	Washed catheter area with soap & water	H	H		H			H
>	Check drainage bag emptied ¾ full	H	H	H	H	-	<del></del>	H
	Ensure drainage bag below bladder level	H	H	H	H	+	+	H
	Ensure drainage bag below bladder level							
	Hand hygiene performed	ПП	П	П	П			
	Check catheter still required							
Week 4	Check bag connected & change weekly					$\overline{\Box}$	$\overline{\Box}$	
Vee	Washed catheter area with soap & water							
>	Check drainage bag emptied ¾ full							
	Ensure drainage bag below bladder level							
	Hand hygiene performed							
2	Check catheter still required							
¥e	Check bag connected & change weekly							
Week 5	Washed catheter area with soap & water							
	Check drainage bag emptied ¾ full							
	Ensure drainage bag below bladder level							

Мо	Month/Year							
	Hand hygiene performed							
1	Check catheter still required	Щ		Ц_				
Week 1	Check bag connected & change weekly	Щ		<u>Ц</u>			<u> </u>	
We	Washed catheter area with soap & water	Щ	Щ	Ц.	Щ			Щ
	Check drainage bag emptied 3/3 full	Щ	<u> </u>	<u> </u>	片	⊢	<u> </u>	4
	Ensure drainage bag below bladder level							
	Have allowed as a second assess of							
	Hand hygiene performed	H	H	-	<del>     </del>	-	$\vdash$	井
2	Check catheter still required	H	H	$\vdash$	H	$\vdash$		-
Week 2	Check bag connected & change weekly	H	-	-	H	H	-	뭐
×	Washed catheter area with soap & water	Н.	-	<u> </u>	片	井	<u> </u>	井
	Check drainage bag emptied ¾ full	H	-	-	<del>     </del>	-	-	井
	Ensure drainage bag below bladder level							Щ
	Hand hygiene performed							
	Check catheter still required	H	+	+	H	H	+	ㅐ
٤3	Check bag connected & change weekly	H	H	∺	H	H	$\dashv$	H
Week 3	Washed catheter area with soap & water	H	H	$\dashv$	H	H	+	H
>	Check drainage bag emptied % full	H	H	H	H	H	H	H
	Ensure drainage bag below bladder level	H	H	$\vdash$	H	H	H	ㅐ
	Ensore drainage bag beleft bladder level							
	Hand hygiene performed							
_	Check catheter still required							
k 4	Check bag connected & change weekly							
Week 4	Washed catheter area with soap & water							
>	Check drainage bag emptied ¾ full							
	Ensure drainage bag below bladder level							
	Hand hygiene performed							
2	Check catheter still required	Ш		Ц.	Щ	Щ		
ek	Check bag connected & change weekly							
Week 5	Washed catheter area with soap & water							
	Check drainage bag emptied ¾ full							
	Ensure drainage bag below bladder level							

Мо	nth/Year							
	Hand hygiene performed	$\perp$	$\perp$					
_	Check catheter still required	$\vdash \vdash$	$\perp \! \! \perp$	$\sqcup$	Щ			Щ.
Week 1	Check bag connected & change weekly	┞╠	$\perp \perp$	$\sqcup$	Щ			
Μe	Washed catheter area with soap & water	닏	닏	닏	Щ		片	片
	Check drainage bag emptied ¾ full	닏	닏	14	Щ		ᆜ	ᆜ
	Ensure drainage bag below bladder level							
	Hand hygiene performed	닏	屵	片	片	닏	<u> </u>	片
7	Check catheter still required	┞╠	╀┼	H	H	片	井	屵
Week 2	Check bag connected & change weekly	┞╠	╀╫	H	H	片	H	片
×	Washed catheter area with soap & water	┞╠	╀╫	$\square$	片	片	H	片
	Check drainage bag emptied 3/3 full	ᅡ片	╀╫	H	屵	片	⊢	片
	Ensure drainage bag below bladder level							
	Hand by sion on orforms d							
	Hand hygiene performed	┞╠╴	╁╫		H		H	H
3	Check catheter still required	H	╁╫	┞╫╴	H	H	H	H
Week 3	Check bag connected & change weekly Washed catheter area with soap & water	╁╫	╁╫╴	H	H	H	H	H
Š	Check drainage bag emptied 3/3 full	╁╫	╁╫╴	1 =	H	H	$\dashv$	H
	Ensure drainage bag below bladder level	╁╫	╁╫╴	H	H	H	H	H
	crisure drainage bag below bladder level							
	Hand hygiene performed	П	ПП	ПП				
	Check catheter still required	Ħ	ĦΠ	Ħ	Ħ	Ħ	Ħ	Ħ
<del>Х</del>	Check bag connected & change weekly	ΙĦ	ĦΠ	Ħ	Ħ	Ħ	Ħ	Ħ
Week 4	Washed catheter area with soap & water	ΙĦ	ΙĒ	一一	Ħ	Ħ		Ħ
>	Check drainage bag emptied 3/3 full	Ī	ΙĦ	Ī				
	Ensure drainage bag below bladder level							
	Hand hygiene performed							
10	Check catheter still required							
¥	Check bag connected & change weekly							
Week 5	Washed catheter area with soap & water							
>	Check drainage bag emptied ¾ full							
	Ensure drainage bag below bladder level							

# **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 Remo	oval	dd/mm						
	See page 32		dd						
	Visible Haematruia	(Y/N)							
	Urinary Obstruction	(Y/N)							
υ	Urology Surgery	(Y/N)							
gur	Pressure sore	(Y/N)							
chc	Fluid monitoring	(Y/N)							
1st	DNACPR	(Y/N)							
o	Immobility	(Y/N)							
Week 1 or 1st change	Catheter Removed	(Y/N)							
We	Date/ time removed								
	CAUTI Treatment	(Y/N)							
	Initials								
	Visible Haematruia	(Y/N)							
	Urinary Obstruction	(Y/N)							
υ	Urology Surgery	(Y/N)							
gur	Pressure sore	(Y/N)							
chc	Fluid monitoring	(Y/N)							
2nd	DNACPR	(Y/N)							
Week 2 or 2 <sup>nd</sup> change	Immobility	(Y/N)							
k 2	Catheter Removed	(Y/N)							
Vee	Date/ time removed								
>	CAUTI Treatment	(Y/N)							
	Initials								

# If 'No' for all questions: remove catheter

	Nurse Led Catheter Ren Tool	noval	dd/mm						
	See page 32		nm						
	Visible Haematruia	(Y/N)							
	Urinary Obstruction	(Y/N)							
d)	Urology Surgery	(Y/N)							
ng	Pressure sore	(Y/N)							
l di	Fluid monitoring	(Y/N)							
3rd C	DNACPR	(Y/N)							
ō	Immobility	(Y/N)							
Week 3 or 3rd change	Catheter Removed	(Y/N)							
Vee	Date/ time removed								
-	CAUTI Treatment	(Y/N)							
	Initials								
	Visible Haematruia	(Y/N)							
	Urinary Obstruction	(Y/N)							
d)	Urology Surgery	(Y/N)							
ng	Pressure sore	(Y/N)							
l di	Fluid monitoring	(Y/N)							
#	DNACPR	(Y/N)							
ō	Immobility	(Y/N)							
4 X	Catheter Removed	(Y/N)							
Week 4 or 4th change	Date/ time removed								
>	CAUTI Treatment	(Y/N)							
	Initials								

# If 'No' for all questions: remove catheter

	Nurse Led Catheter Remo	oval	dd/mm						
	See page 32		pp	dd	dd	old	dd	dd	qq
	Visible Haematruia	(Y/N)							
	Urinary Obstruction	(Y/N)							
0	Urology Surgery	(Y/N)							
nge	Pressure sore	(Y/N)							
change	Fluid monitoring	(Y/N)							
2# C	DNACPR	(Y/N)							
o ?	Immobility	(Y/N)							
sk 5	Catheter Removed	(Y/N)							
Week	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:
☐ Clear ☐ Cloudy ☐ Haematuria	☐ Clear ☐ Cloudy ☐ Haematuria
Void 2	Void 2
Volume:	Volume:
☐ Clear ☐ Cloudy ☐ Haematuria	☐ Clear ☐ Cloudy ☐ Haematuria
Void 3	Void 3
Volume :	Volume:
☐ Clear ☐ Cloudy ☐ Haematuria	☐ Clear ☐ Cloudy ☐ Haematuria
Successful  Yes  No	Successful  Yes No
Comments:	Comments:
Signature:	Signature:

## **Additional Catheter** Information

## Catheter Maintenance (Bladder washouts)

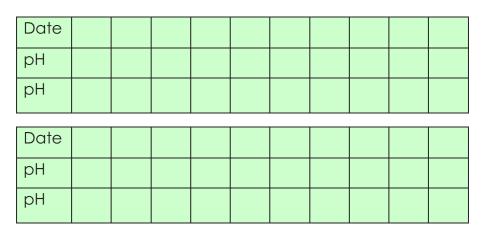
Instilling Catheter Maintenance Solutions break the closed drainage system.

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.



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** 

Iroubleshoo		I
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 Low fluid intake	Change catheter if clinical signs of infection before commencing antibiotics  Encourage fluid intake approx 1.5
		<ul> <li>– 2 L /24 hrs</li> <li>ONLY treat with antibiotics if patient clinically unwell.</li> <li>Use smaller fg catheter/decreases</li> </ul>
		residual urine) 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
	2.5	Consider hydrogel coated latex catheter

Troubleshooting continued

iroubleshooting co	ontinuea	
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	I)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

Commo	Comments & Significant Events			
Date	Time	Comment	Signed	

Commo	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:

- Diagnose CAUTI based on patient symptoms not CSU result
- 2. Immediately change urinary catheter and send CSU from new catheter
- 3. If recurrent UTI, <u>consider</u> 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