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**Management of Catheters and Catheterisation**

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1. **Purpose and Application**

This policy has been developed to provide guidance and information about catheterisation, covering:

**Types of catheter**

**Indications for the insertion of a catheter**

**Consent**

**Documentation**

**Selection of catheters**

**Care of catheters**

**Problems that may occur**

The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of managers to take any necessary action if this policy is not adhered to, considering the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy and to evidence training in recognition and treatment and care of catheters and catheterisation procedures.

**Any care staff** that have had training and are able to recognise and support a person who has a catheter in place.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and they will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. They do not have to serve a Warning Notice before prosecution.

1. **Management of Catheters and Catheterisation Methods: Policy & Procedure**

**What is a Catheter?**

* **Urethral Catheter** –a urethral catheter is a hollow tube inserted into the urinary bladder via the urethra for thepurpose of draining urine.
* **Supra-Pubic Catheter** –a supra-pubic catheter is a hollow tube inserted into an artificial tract in the abdominal wall, just above the pubic bone and into the dome of the urinary bladder for the purpose of draining urine.

*It is the responsibility of all registered healthcare practitioners undertaking urinary catheterisation to be confident, trained in the procedure and deemed competent in doing so.*

**Indications for Indwelling Urinary Catheterisation**

* Acute or chronic urinary retention,
* Management of impaired skin integrity or to assist healing of open wounds (including surgical) or sores frequently contaminated with urine,
* End of life care/dignity,
* Neurological disorders causing paralysis or loss of sensation,
* Service users requiring prolonged immobilisation.

The use of indwelling catheterisation should not be considered routine in any of these situations and other options should be explored first.

**Consent**

Informed consent to undertake an initial insertion or renewal of a catheter must be obtained

verbally from the patient where possible. This consent should be recorded in the patient’s clinical records or urinary catheter insertion record. If the patient does not have capacity to consent to urinary catheterisation, the Mental Capacity Act policy must be followed with an assessment and best interest decision made.

**Documentation**

The assessment and decision to use indwelling urinary catheterisation should be clearly documented, along with the rationale, in the service user’s care plan and risk assessment. Ongoing documented review is a fundamental element to make sure that the catheter is still considered appropriate. There must also be a record documented for the catheter type, length and size, batch number, manufacturer, amount of water instilled in the balloon, date and time of catheterisation, colour and amount of urine drained, and any problems negotiated during the procedure. It is also important to document the date of any change of the catheter. A catheter care plan must be in place with ongoing catheter care guidance.

If no urine drains, seek advice and guidance from the GP/senior staff.



  Suprapubic catheter

**Selection of Catheter**

Selection is based on several factors:

* The patient’s needs, including Latex allergy,
* Length of catheter,
* Type of sterile drainage bag,
* Comfort and dignity.

It is important to bear in mind the need to minimize urethral trauma and irritation due to the service users’ discomfort.

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| **Supra-Pubic** | **Urethral** |
| Specific Considerations |
| * Long-term (including incontinence)
* Sexually active
* Post-specific surgery
* Urethral trauma
* Some wheelchair-bound people
* Difficulties with urethral catheter
 | * Short-term
* Intermittent
* Post-specific surgery
* Difficulties with supra-pubic
 |
| Specific Care |
| * Strict asepsis on insertion
* Strict asepsis on redressing the fistula site
 | * Strict asepsis on insertion
 |
| Specific Advantages |
| * Reduced risk of infection
* Enables sexual activity
 | * Nurse able to carry out procedure at first insertion (where risk assessed)
 |
| Specific Disadvantages |
| * Altered body image
* Potential urine leakage from around the site
* Requires a registered medical practitioner to perform initial insertion
* Urethral leakage
 | * Altered body image
* Impedes sexual intercourse
 |

**Length of Catheter**

* For urethral route, if possible, women should be offered a female length catheter, unless they are obese or chair-bound; in which case, the standard length may be more suitable.
* Standard (male) length should only be used in male patients. It is dangerous and potentially harmful to insert a female length into a male urethra.
* For a supra-pubic route, a standard length is the most usual, but service user preference may decide the most suitable length. Female length is acceptable, providing that there is sufficient length to connect a valve or bag. Consideration needs to be given to obesity, mobility and clothing.

**Catheter Insertion**

Catheterisation is an aseptic procedure using sterile equipment and should only be undertaken by staff trained and competent in this procedure.

Single-use lubricant is essential to minimise urethral trauma and infection in male catheterisation. There is no substantial evidence supporting the use of antiseptic solutions for the cleaning of the urethral meatus. Normal saline or sterile water may be used.

All catheter insertions must be recorded in the daily documentation and on the care plan.

**Supra-Pubic Site**

A supra-pubic catheter is a type of catheter that is left in place and may be used when the urethra is damaged or blocked. Rather than being inserted through the urethra, the catheter is inserted through a hole in the abdomen and then directly into the bladder. This procedure can be done under general anaesthetic, epidural anaesthetic, or local anaesthetic.

The catheter may be secured to the side of the body and attached to a collection bag strapped to the leg. Alternatively, a valve can be attached that opens to allow urine to be drained into a toilet and closes to allow the bladder to fill with urine until drainage is convenient.

**Care of a Supra-Pubic Catheter**

Hands must always be washed before and after emptying a catheter bag, or before and after emptying the bladder using the valve. The area around the insertion site should be washed with cooled boiled water once or twice a day.

A dressing will cover the wound after the initial insertion and should be kept in place until the wound has healed. Although not always necessary, some people prefer to wear a dressing around the wound all the time and this will be prescribed by the GP if required. Do not put any creams or talcum powder around the site. To prevent pulling, it may be advisable to secure the catheter to the abdomen with a fixation device or tape and this will be discussed and prescribed as required.

To prevent urinary infections and encourage drainage, it is good practice to ensure there is an adequate daily fluid intake (the average being 1.5 to 2 litres). A good mix of fluid types is recommended, i.e., water, squash and juice. Keep bladder-irritating drinks (e.g., tea, coffee and fizzy drinks) to a minimum. Try to avoid constipation as this will impede the drainage of urine.

It is better to take showers rather than baths as sitting in water for long periods may delay the wound from healing. Once the wound has healed, it is perfectly okay to shower normally, although avoid using scented products as these can irritate the skin.

Problems to look out for:

* Urine stops draining out of the catheter,
* The service user feels unwell with pain,
* Fever and abdominal discomfort,
* Urine is leaking around the catheter (this can be normal around a new catheter site),
* The area around the catheter becomes red and sore.
* Bleeding. It is not unusual to see blood in the urine following a change of catheter, but this usually settles in 24 hours.

Occasionally, the skin around the catheter heals over, there is over granulation of the site or small skin tags form. If they become problematic, i.e., bleed easily and interfere with catheter changes, the GP must be contacted for advice and guidance and treatment may be required.

**Catheter Changes**

This is dependent on the type of catheters used; most catheters in use can stay in for 12 weeks. This time is very dependent on the service user, as some will require an earlier change. These changes are usually carried out by the Registered Nurse. If a supra-pubic catheter is in place, the first change is usually carried out by the hospital; then the community care team/practice/trained nurse will carry out any further changes. If a catheter was inserted whilst in hospital, it is important to be aware of the date of insertion and the date it is planned to be renewed. Please ensure that spare catheters in the correct size are always available for use.

**Washing**

Daily washing is important; the area should be washed with unperfumed soap and patted dry with a towel. The use of talcum powder and creams is not advisable; the service user is still to be able to have a bath/shower.

**Drinking**

A good fluid intake is important to keep the urine clear. Try to drink at least two litres in 24 hours. The fluid does not have to be just water but any type of fluid. If drinking tea and coffee, please be aware that caffeine can irritate the bladder; this also applies to alcohol.

**Urine Bags**

It is advisable to wear a leg bag during the day and connect the night bag to the bottom of the leg bag at night. This is called the ‘closed system’ and helps prevent infection entering into the catheter/bladder. Try alternating the leg bag on different legs, this helps keep the skin healthy. Leg bags will require changing every seven days as recommended by the manufactures. These can be obtained on prescription from the GP.

Always wash your hands before and after touching or changing leg/night bags.

The single use disposable night bag should be used by all service users apart from those who are bed-bound; in this instance, the reusable type can be used and changed every seven days. The night bag must be attached to a stand and should not be left in the bed or on the floor. Leaving night bags on the floor or in a receptacle can cause infection. Night bags left lying in the bed can cause back flow and blockage.

**Securing the Leg Bag**

It is important to ensure that the leg bag is secured to the service users’ leg/thigh comfortably. Two leg straps will normally come with the bag: one for the top of the bag and one for the bottom. The straps should not be too tight as to leave indentations and marks on the skin, but not too loose that it causes the bag to slip when urine has collected in the drainage bag.

**Potential Problems**

There are several ‘problems’ associated with catheters; the most common are:

* **Infections** are common in all types of catheters. Antibiotics are not normally prescribed unless the service user becomes symptomatic, i.e., temperature and feeling unwell. There may be the need to increase the daily intake of fluids to prevent infection. If an infection is present, there may be by-passing (urine leaking around the catheter), slow sluggish urine, an offensive smell, debris in the urine and blood. If it is thought that an infection is present this must be reported, and the GP contacted for advice and guidance.
* **By-Passing** may occur when an infection is present, but it can also occur due to bladder spasms. These spasms can be due to the body trying to expel the catheter, and treatment for this can, at times, be difficult. A good fluid intake is needed and, if really troublesome, medication may be prescribed by the GP.
* **Blockages** can be caused by several factors. If there is a cessation of urine (urine stops flowing), there are some things to check before contacting the GP.
	+ Check that the tubing of the catheter is not kinked or twisted.
	+ The bag is not more than 2/3rds full.
	+ The night bag is hanging on a night bag stand and not in the bed or on the floor.
	+ That the service user is not lying or sitting on the tubing.
* **Blood in the urine.** It is very common to see blood in the urine just after a catheter has been put in or changed. If the catheter has been accidently pulled, this can cause a small amount of blood to be seen in the tubing or bag. If clots are noted or the urine is heavily blood-stained, the GP must be contacted immediately for advice and treatment as required.
* **Cramping Pain.** It is common for some people to experience abdominal cramps when a catheter is first inserted. These will usually subside after 24 hours. The pain can also be due to bladder spasms. These spasms can be due to the body trying to expel the catheter, and treatment for this can, at times, be difficult. Mild pain killers can also be prescribed used.

***Pictures used within this document are for example purposes only.***

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| **Service Specific Information**  |
| Where are catheter bags stored? |  |
| Does the care plan include robust detail around the individual’s catheter care?  |  |
| Is there a fluid chart in place for monitoring fluid intake and output if required?  |  |
| Who is responsible for re-ordering catheter supplies? |  |
| Where are the urinalysis strips located? |  |
| Where are the dates recorded for catheter changes and bag changes etc.?  |  |
| Are the contact details available for any other healthcare professionals involved in the person’s care?  |  |
| Who is responsible for updating the care plan and risk assessment, if required?  |  |

**5. Equality Impact Assessment**

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| **Equality Impact Assessment Checklist** | **Yes/No?** |  **Comments** |
| **1.** | Does the procedural document affect one group less or more favourably than another on the basis of: |  |  |
| * Race?
 | No |  |
| * Ethnic origins (including gypsies and travelers)?
 | No |  |
| * Nationality?
 | No |  |
| * Gender?
 | No |  |
| * Culture?
 | No |  |
| * Religion or belief?
 | No |  |
| * Sexual orientation, including lesbian, gay and bisexual people?
 | No |  |
| * Age?
 | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | No |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? | N/A |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? | N/A |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? | N/A |  |
| **7.** | Can we reduce the impact by taking different action? | N/A |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.