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|   | **Risk Assessment Management Plan – Catheter Risk Assessment** |

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| **RISK ASSESSMENT** |
| **Name** |  | **Reference Number** |  |
| **Identified Risk** | Risk associated with an indwelling urethral catheter.  |
| **Assessment Date** |  |
| **Risk Factors** | **Likelihood** | **Severity** |
| Rare | 1 | None / Trivial | 1 |
| Unlikely | 2 | Minor / No Injury | 2 |
| Likely | 3 | Moderate / First Aid | 3 |
| Very Likely | 4 | Severe / Medical assistance | 4 |
| Almost Certain | 5 | Extreme / Fatal | 5 |
| **Risk Matrix** | **=** | **Severity** |
| **Likelihood** | **1** | **2** | **3** | **4** | **5** |
| **1** | 1 | 2 | 3 | 4 | **5** |
| **2** | 2 | 4 | 6 | 8 | 10 |
| **3** | 3 | 6 | 9 | 12 | 15 |
| **4** | 4 | 8 | 12 | 16 | 20 |
| **5** | 5 | 10 | 15 | 20 | 25 |
| **Risk Level and Action** | **Level** | **Action** |
| 1 – 4 | NO CURRENT RISK | No further action, but ensure controls are maintained and monitored |
| 5 – 9 | LOW RISK | Develop management plan and review quarterly |
| 10 – 16 | MEDIUM RISK | Develop management plan and review monthly |
| 16+ | HIGH RISK | Develop management plan and review subject to each occurrence |
| **Assessment Summary** |  |
| **Author(/s)** | **Print Name** | **Position / Relation** | **Signature** |
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| **RISK MANAGEMENT PLAN** |
| **Purpose** | The purpose of this risk management plan is to identify the increased risks to health due to an indwelling urethral catheter |
| **Proactive Measures** | **The following risks may need to be considered with an indwelling catheter:**Infection (UTI) leading to: * Temperature and feeling unwell.
* By-passing (urine leaking around the catheter)
* Slow sluggish urine,
* Offensive smell,
* Debris in the urine
* Blockage leading to no output noted
* Blood in the urine.

Other risks:* Cramping Pain
* Tubing is kinked
* Backflow of urine if catheter bag is lying in the bed.
* lack of replacement equipment available

**Action::** Create an individual and person centered care plan covering all noted risks including staff guidance.Signed consent for insertion of catheter.MCA / BI decision for people deemed not to have capacity.Document guidance for staff for the care of a catheter including bladder washout and how to deal with blocked catheter.Ensure an adequate fluid intake over 24 hours to prevent infection.Fluid record chart in place and totalled every 24 hours and staff aware.To be aware of any history of constipation.Awareness of bladder spasms and abdominal cramps following insertion of catheter.Communication with GP as appropriate and deemed necessary. |
| **Individual Risk Measures and specific guidance**  | You may want to include some or all of the following: (this list is not exhaustive) Date catheter was insertedRenewal date / time span for change of catheter Details of incontinence contact for advice and supplies. |
| **Author(/s)** | **Print Name** | **Position / Relation** | **Signature** |
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| **Cosignatories** **(Staff Team)** | **Print Name** | **Position / Relation** | **Signature** |
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|  | **RISK ASSESSMENT REVIEW**  |  |
| **Date** | **Notes** | **Name & Signature** |
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