
Urinary Catheter Policy

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Purpose of Agreement	This document provides overarching guidance on the choice, insertion, removal and care of urinary catheters. It should be read in conjunction with the Catheter Insertion and Care Standard Operating Procedure (SOP)
Document Type	<input checked="" type="checkbox"/> Policy
Reference Number	Solent NHST/Policy/ IPC13
Version	V 3.3
Name of Approving Committees/Groups	Infection Prevention and Control Steering Group Policy Steering Group, Trust Management Team Meeting
Operational Date	March 2020
Document Review Date	March 2023
Document Sponsor (Name & Job Title)	Chief Nurse
Document Manager (Name & Job Title)	Quality and Development Lead, Adults Southampton Bladder and Bowel Lead Nurse (Southampton)
Document developed in consultation with	Bladder and Bowel Service Southampton and Portsmouth Infection prevention and Control team Integrated Services Matron Southampton Clinical Services Manager, Portsmouth Matron Portsmouth Senior Nurse Manager, Kite and Snowdon Matron Fanshawe and Lower Brambles
Intranet Location	Business Zone > Policies, SOPs and Clinical Guidelines
Website Location	Publication Scheme
Keywords (for website/intranet uploading)	Urinary, catheter, insertion, removal, supra-pubic, Policy, IPC13

Amendments Summary:

Amend No	Issued	Page	Subject	Action Date
1	November 2016	all	Complete re-write from previous documents	2016
2	March 2019	3 5 11 13 18 19	Minor wording changes in Summary Updated scope wording Updated guidance on seeking advice on removing catheters in situ for more than 35 days Change of title of catheter maintenance SOP Addition to staff roles and responsibilities Addition of female catheterisation to training section Addition of clinical skills workbook Addition of urinary catheter clinical competencies Amendment of equality impact assessment Addition of example catheter insertion record audit tool	March 2019
3	June/July 2019	Summary 5 7 10/11 12 13 Append	Minor changes throughout following comments received Minor changes New scope wording Minor wording changed, additional information about use of size 18Ch Minor wording changes, addition of guidance re management of Catheter Acquired infection, addition of guidance not to leave patient before draining Clarification of Support worker role, addition of competencies and training requirements Clarification of audit recommendations, updated references Addition of Appendices D and E, updated appendix F	Aug 2019
4	December 2019	All	Rewrite of policy following discussion at Policy group, to split into a Policy and a SOP	
5	June 2020	5.3 App B App E	Re Tiemann tip, remove company rep as they no longer offer this, add "or competent staff" and competency tool As above Addition of tiemann tip competency tool	June 2020

Review Log:

Version Number	Review Date	Lead Name	Ratification Process
2 – 3.2	March 2019- July 2019	Sarah Osborne	Via Urinary Catheter Working Group Policy Group
3.3	June 2020	" "	" " (chairs actions)

SUMMARY OF POLICY

- This document provides overarching guidance on the choice, insertion, removal and care of urinary catheters for adult patients
- It should be used with the associated standard operation procedures on Catheter Insertion and Care, male external continence devices and Administering Catheter Maintenance Solutions and Resolving Catheter Problems.
- Staff should only provide catheter management if they have been trained and deemed competent to do so. Insertion must be via an aseptic technique
- A patient should only have a catheter inserted following a risk assessment and according to their individual clinical need
- All catheters inserted must have the appropriate assessments completed and an insertion record, such as at Appendix A completed
- Antimicrobials should only be commenced following taking a catheter specimen of urine, change of catheter and only if the patient is symptomatic of a urinary tract infection

Table of Contents

Item	Contents	Page
1	INTRODUCTION AND PURPOSE	5
2	SCOPE AND DEFINITIONS	5
3	PROCESS/REQUIREMENTS	6
4	ROLES AND RESPONSIBILITIES	9
5	TRAINING AND COMPETENCIES	10
6	EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY	10
7	SUCCESS CRITERIA/MONITORING EFFECTIVENESS	11
8	REVIEW	11
9	REFERENCES AND LINKS TO OTHER DOCUMENTS	11
	APPENDICES	
A	Adult indwelling Urinary Catheter Insertion/Care record	13
B	Catheter Choices	14
C	Equality impact assessment	16
D	Example audit tool	18
E	Tiemann Tip Competency Tool	19

URINARY CATHETER POLICY

1. INTRODUCTION & PURPOSE

- 1.1 This document provides overarching guidance on the choice, insertion, removal and care of urinary catheters. Throughout the document, all these elements are included under the umbrella term of catheter management. It should be used in conjunction with the underlying standard operating procedures on Catheter Insertion and Care, Male External Continence Devices and Administering Catheter Maintenance Solutions and Resolving Catheter Problems.
- 1.2 A urinary catheter is an invasive procedure and should not be undertaken without full consideration of the benefits and risks. The presence of a catheter can be a traumatic experience for patients and have huge implications for body image, mobility, pain and comfort. Indwelling catheters are a key source of urinary tract infections. It is essential that they are only used if clinically necessary.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, secondees (including students) and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

2.3 DEFINITIONS

- **Catheter instillation/washout:** a solution which is inserted into the bladder via the catheter. There is mixed evidence of their efficacy
- **Closed system:** aseptic system from catheter tip to drainage bag. However, this is not strictly accurate as there are numerous portals of entry such as emptying the system when required
- **Female catheterisation:** insertion of a urinary catheter into a female
- **Intermittent catheterisation:** insertion of a urinary catheter to drain urine or instil solution into the bladder which is immediately removed and not left in situ
- **Long term catheter:** a catheter which is in situ for longer than 14 days
- **Male catheterisation:** insertion of a urinary catheter into a male
- **Short term catheter:** a catheter which is left in situ for no longer than 14 days
- **Supra pubic catheter:** a urinary catheter inserted via the anterior abdominal wall directly into the bladder
- **Urethral catheterisation:** passage of a catheter into the urinary bladder via the urethra
- **Urinary catheter:** a specially designed tube into the bladder using aseptic technique, for the purposes of draining urine, the removal of clots/debris or the instillation of medication. Throughout this document the term catheter means a urinary catheter
- **Urinary catheterisation:** is the insertion of a urinary catheter

3. PROCESS/REQUIREMENTS

3.1 Patient assessment

- 3.1.1 Before a patient is considered for insertion of a urinary catheter, the risk/benefit must be assessed on an individual basis, including who will provide catheter care on an ongoing basis, and recorded in the patient record.
- 3.1.2 All possible measures must be taken to eliminate the need for catheterization, including consideration of viable alternatives, before a decision is made to introduce a new catheter into a patient.
- 3.1.3 Before an existing catheter is renewed, the continued need for a catheter must be assessed and a plan for removal, if appropriate formulated. This must be recorded in the patient record.
- 3.1.4 All information regarding reason for insertion, plan for removal and checks should be recorded on the Adult Indwelling Urinary Catheter Insertion/Care Record (Appendix A) or a similar Trust approved document.
- 3.1.5 Patients and those who will be supporting them with care of their catheter must be given information and training on how to provide care correctly and safely, including hand hygiene. They must also be given details of whom to contact if they have any issues, including out of hours support.

3.2 Catheter selection

- 3.2.1 A wide range of urinary catheters is available, made from a variety of materials and with different design features. Careful assessment of the most appropriate material, size and balloon capacity will ensure that the catheter selected is as effective as possible, that complications are minimized and that patient comfort and quality of life are promoted. Seek specialist advice if unsure about catheter selection and refer to local catheter formulary.
- 3.2.2 Catheters should be used in line with the manufacturer's recommendations, in order to ensure patient safety.
- 3.2.3 See appendix B for types of catheter.
- 3.2.4 Urinary catheters are measured in charrières (ch). The charrière is the outer circumference of the catheter in millimetres and is equivalent to three times the diameter. Thus a 12 ch catheter has a diameter of 4 mm. The bigger the catheter, the more the urethra is dilated. 12 ch is normally suitable for men and women. The urethra is approximately 6 mm in diameter; this is equivalent to a size 16 ch catheter.
- 3.2.5 The smallest size of catheter necessary to maintain adequate drainage must be used. If the urine to be drained is likely to be clear, a 12 ch catheter should be considered. Larger gauge catheters may be necessary if debris or clots are present in the urine, up to a maximum of size 18 Ch in the community.

3.2.6 There are three lengths of catheter currently available:

- female length: 23–26 cm
- standard length: 40–44 cm
- and a paediatric length (30cm)

3.2.7 Female length catheters **must not** be used for male catheterization, but should usually be suitable for female use. Females who are obese or spend long times seated, such as wheelchair users must be assessed for the suitability of a female length catheter to prevent soreness or trauma and may need a male length catheter instead.

3.3 Intermittent catheterization

3.3.1 Some patients need a catheter long term to empty their bladder. This may be managed by teaching them intermittent self-catheterization. This involves a person passing a catheter into their bladder to drain urine and then removing it immediately when the bladder is empty.

3.3.3 Intermittent self-catheterization can also be used short term, for the management of post-operative voiding, for example, following surgery for stress incontinence.

3.3.4 Patient education must be given to enable self-care.

3.4 Drainage systems

3.4.1 A wide variety of drainage systems is available. When selecting a system, consideration should be given to the reasons for catheterization, intended duration, the patient's wishes, and infection control issues.

3.4.2 Urine drainage bags should only be changed according to clinical need; that is, when the catheter is changed or if the bag is leaking, or at times dictated by the manufacturer's instructions. Staff must wear appropriate Personal Protective Equipment (PPE) when changing bags.

3.4.3 Urine drainage bags are available in a variety of sizes, styles, with a range of fixation devices. Staff must ensure these are appropriate for the patients' needs and applied correctly to reduce the risk of trauma

3.5 Catheter valves

3.5.1 Catheter valves, which eliminate the need for drainage bags, are also available. The valve allows the bladder to be emptied intermittently and is particularly appropriate for patients who require long-term catheterization, as they do not require a drainage bag.

3.5.2 Catheter valves are only suitable for patients who have good cognitive function, sufficient manual dexterity to manipulate the valve and an adequate bladder capacity. It is important that catheter valves are released at regular intervals to ensure that the bladder does not become over distended.

3.5.3 These valves must not be used on patients following surgical procedures to the prostate or bladder, as pressure caused by the distending bladder may cause perforation or rupture. As catheter valves preclude free drainage, they are unlikely to be appropriate for patients with uncontrolled detrusor over activity, ureteric reflux or renal impairment.

- 3.5.4 Valves are designed to fit with linked systems so it is possible for patients to connect to a drainage bag. This may be necessary when access to toilets may be limited, for example overnight or on long journeys.
- 3.5.5 Catheter valves are recommended to remain in situ for 5–7 days, as per manufacturers' recommendations.

3.6 Insertion of a urinary catheter

- 3.6.1 It should be noted that having any indwelling device, including a urinary catheter, is a high risk for Sepsis. Staff must ensure they have completed a NEWS 2 baseline assessment, repeated this as a minimum, at each visit for a catheter change, and provided information to the patient or those caring for them of the signs of sepsis to look out for, such as the information provided on the Sepsis Trust website <https://sepsistrust.org/about/about-sepsis/> or in NICE CG 51 <https://www.nice.org.uk/guidance/NG51/chapter/Recommendations#identifying-people-with-suspected-sepsis>
- 3.6.2 All indwelling urinary catheters and intermittent catheters inserted by health care staff, must be inserted using an aseptic technique
- 3.6.3 All staff inserting indwelling urinary catheters must have access to appropriate emergency equipment, such as an anaphylaxis kit, in case of reaction to the catheter or the lubrication used
- 3.6.4 Any staff inserting or changing an indwelling urinary catheter, must have received training and been deemed competent to do so, including an annual competency check for aseptic technique as per the Aseptic technique Policy. A competency tool is included in the Catheter Insertion and Care SOP.
- 3.6.5 Staff must assess the need for support when inserting a catheter, including moving and handling needs, such as additional staff to help position the patient to allow for safe insertion of the catheter.
- 3.6.8 Completion of the Adult Indwelling Urinary catheter Insertion/Care Record is mandatory (Appendix A), or similar Trust approved document, to ensure that the reason for catheter insertion is recorded

3.7 Replacing indwelling catheters/trial without catheters, including urinary tract infections

- 3.7.1 Patients should be assessed individually as to the ideal time to change their catheters. This assessment must include a check that the catheter is still needed. If appropriate, the use of a catheter diary will help to show a pattern of catheter blockages so changes can be planned accordingly.
- 3.7.2 If the reason for a urinary catheter to remain in situ is not known, or it is suspected the patient may no longer need an indwelling urinary catheter, a trial without catheter may be carried out, following the guidance in Appendix C. Catheters should be removed as soon as clinically indicated. The document is designed for use with catheters which have been in situ for less than 35 days. Please refer to patients Urologist, GP or Community Consultant for guidance on removing catheters which have been in for longer than 35 days.
- 3.7.3 If a patient is due a first change of a supra pubic catheter, then this may be undertaken in the community following a risk assessment, provided there are no instructions to the contrary.

- 3.7.3 If a patient has a symptomatic suspected urinary tract infection, this must be confirmed by taking a catheter specimen of urine, as urinalysis is unlikely to give an accurate result due to the common presence of bacteriuria. The indwelling catheter must be removed or replaced as soon as possible, providing the catheter has been in situ for seven days or more, ideally before antibiotics are commenced. The specimen of urine should be taken from the replacement catheter. The patient should be monitored for any signs of worsening symptoms, including Sepsis. (NICE 2018).

3.8 Catheter care

- 3.8.1 Catheter bags must be emptied before they are full and as per manufacturers' guidance, using a clean procedure and without breaching the closed system unless clinically indicated. Staff must wear appropriate PPE when emptying a bag and use a separate clean container for each patient.
- 3.8.2 At least daily meatal care must be carried out.
- 3.8.3 For problem solving for catheter issues please refer to the Administering Catheter Maintenance Solutions and Resolving Catheter Problems SOP.

3.10 Catheter maintenance solutions (bladder washouts)

- 3.10.1 There is little evidence on the efficacy of bladder instillations on reducing catheter blockages. However some patients do have these carried out to maintain patency or remove blockages
- 3.10.3 Refer to the Administering Catheter Maintenance Solutions and Resolving Catheter Problems standard operating procedure.

4. ROLES & RESPONSIBILITIES

- 4.1 **The Chief Nurse** is the Director responsible for Infection Prevention and Control.
- 4.2 **Clinical service managers** have responsibility to ensure that their staff are trained and have the competencies needed to undertake all elements of catheter management for which they are required to undertake.
- 4.3 **Clinical Staff members** have responsibility for ensuring they only carry out catheter management procedures for which they have received training and have been deemed competent unless it is being carried out as part of that training or competency assessment, in which case they must be accompanied by a competent colleague. Staff must ensure that any catheter inserted is draining correctly before they leave the patient and report concerns as per local processes.
- 4.4 **Registered Nursing Associates** may undertake all aspects of catheter insertion and care, with the exception of first changes of Supra Pubic Catheters. Associate practitioners may undertake all aspects of catheter care, but can only insert female catheters.
- 4.4 **Students in practice** may undertake catheter management provided they are accompanied by a competent member of staff at all times.

4.5 **Staff delegating** any aspect of urinary catheter management to un-registered staff must ensure they have been trained and deemed competent to do so, using the competency tools in the Catheter Insertion and Care SOP and have access to and are competent to use an anaphylaxis kit. Unregistered Staff can re-catheterise female patients only, once they have received female catheterisation training and been deemed competent

4.6 **The Bladder and Bowel service** is responsible for providing training relevant to catheterisation

5. TRAINING AND COMPETENCIES

5.1 All staff undertaking catheter management must have received training and been deemed competent in order to do so. For Registered Nurses, catheter insertion is an integral part of their initial nurse training, but will not include male or supra pubic catheterisation, for which additional training must be attended and a separate competency must be obtained. For Unregistered Staff, training will be required before undertaking female catheterisation. A copy of the clinical skills workbook and the urinary catheter clinical competencies are included in the Administering Catheter Maintenance Solutions and Resolving Catheter Problems SOP.

5.2 Specialist training e.g. male catheterisation, supra pubic catheterisation, female catheterisation for Unregistered Staff is delivered by the Bladder and Bowel service and can be booked direct with their team or contact Learning and Development for queries.

5.3 Training on insertion of Tiemann Tip catheters is available from the Urology department in Southampton (contact the Urology Day Centre) or from an already competent member of staff. The competency tool in Appendix E must be completed before staff can undertake alone

5.4 Staff joining the Trust or moving between areas within the Trust must have their competency checked before carrying out any catheter management alone and must repeat their training if they are either unable to prove competency or it is agreed they should do so between the staff member and their line manager.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

6.1 An Impact Assessment was conducted in relation to this document, and is included as Appendix C. The outcome of this assessment was no negative impact.

6.2 Consent should be sought before any catheter management and recorded in the patient record. If the patient is unable to consent, the Deprivation of Liberty Safeguards and Mental Capacity Act Policy must be followed.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 This policy will be monitored by

- any adverse incident reports via local governance groups
- staff training and competency records

- a recommended yearly audit on the records kept regarding catheter choice and decisions, including completion of the catheter insertion and care record (Appendix A). An example tool is given as Appendix D.

7.2 Non-compliance with this policy must be reported using the Trust adverse incident reporting system.

8. REVIEW

8.1 This document may be reviewed at any time at the request of either at staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review. This policy will remain in force until such time as a new one is formally agreed.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 Relevant Trust policies:

- Administering Catheter Maintenance Solutions and Resolving Catheter Problems SOP
- Aseptic technique and aseptic non touch technique policy
- Catheter insertion and care SOP
- Chaperone policy
- Consent to examination and treatment policy
- Deprivation of Liberty Safeguards and Mental Capacity Act policy
- Equality and Diversity and Human Rights Policy
- Hand Hygiene Policy
- Information Governance policy
- Moving and handling of people and inanimate loads policy
- Policy for the safe handling and disposal of healthcare waste
- Reporting of adverse incidents policy
- Standard precautions policy

9.2 References:

- European Association of urological Nurses (2012) Catheterisation: indwelling catheters in adults, urethral and suprapubic. Evidence based guidelines for best practice in urological healthcare
- Loveday, H P et al (2014), EPIC 3: National Evidence Based Guidelines for preventing Healthcare Acquired Infections in NHS Hospitals in England, Elsevier.com
- National Patient Safety Authority (2009) Female urinary catheters causing trauma to adult males NPSA/2009/RRR02
- NICE (March 2012) CG 139 Healthcare Associated Infections: prevention and control in Primary and Community care
- NICE (June 2016, updated Sept. 2017) CG 51 Sepsis: recognition, diagnosis and early management

- NICE (November 2018) NG113 Urinary Tract infections (Catheter Acquired) Antimicrobial prescribing
- Nursing and Midwifery Council (2018) The Code
- Royal College of Nursing (February 2019), Catheter Care, London, RCN
- Royal Marsden manual of clinical procedures online, www.rmmonline.co.uk last accessed 6/19
- Sepsis Trust *About Sepsis* accessed 6/19

Appendix A

Adult indwelling urinary catheter Insertion/care record

Adult Indwelling Urinary Catheter Insertion/Care Record

PATIENT'S NAME, NHS NUMBER AND HOSPITAL NUMBER	Ward: _____
	Date / time catheter inserted: _____
	Signature: _____
	Print name: _____
	Job title / Band: _____

REASON FOR USE <i>(A urinary catheter should be a last resort when all other options have been considered)</i>	
Short-term indications (1-2 days, up to 14 days) <i>[Use code for noting overleaf]</i>	Potential long-term indications (up to 12 weeks) <i>[Use code for noting overleaf]</i>
<input type="checkbox"/> [ST1] Surgical procedures and post-op care <input type="checkbox"/> [ST2] Hourly urine output monitoring <input type="checkbox"/> [ST3] Acute urinary retention (confirmed by bladder scan) <input type="checkbox"/> [ST4] Other (please state): _____ <input type="checkbox"/> Bladder scan performed (if indicated): _____ Date: _____ Time: _____ mls: _____	<input type="checkbox"/> [LT1] Bladder outlet obstruction unsuitable for surgery <input type="checkbox"/> [LT2] Chronic urinary retention - intermittent catheterisation not possible <input type="checkbox"/> [LT3] Open wounds or sores frequently contaminated with urine <input type="checkbox"/> [LT4] Severe or terminal illness or disability that prevents toileting <input type="checkbox"/> [LT5] Other (please state): _____ Date next catheter change due: _____ <i>(For long-term indication only)</i>

<input type="checkbox"/> INSERTED BEFORE ADMISSION TO WARD <i>(See previous record of insertion procedure)</i>	INSERTION SITE: <input type="checkbox"/> Urethral <input type="checkbox"/> Suprapubic
<input type="checkbox"/> INSERTED ON CURRENT WARD /UNIT <i>Record details of insertion procedure below</i>	

RECORD OF INSERTION PROCEDURE <i>(for insertion on current ward/unit)</i>	
CONSENT <input type="checkbox"/> Informed <input type="checkbox"/> Implied	ALLERGIES <input type="checkbox"/> None known <input type="checkbox"/> Latex <input type="checkbox"/> Anaesthetic lubricant
GAUGE <input type="checkbox"/> 10Ch <input type="checkbox"/> 12 Ch <input type="checkbox"/> 14 Ch <input type="checkbox"/> other: _____ Ch BALLOON SIZE <input type="checkbox"/> 10mls <input type="checkbox"/> other: _____ mls Sterile water inserted into balloon: _____ mls DRAINAGE SYSTEM USED Leg Bag 2L Bag Flip-Flow Valve Urometer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RESIDUAL VOLUME DRAINED _____ mls	INSERTION TECHNIQUE ADHERED TO <input type="checkbox"/> Hand hygiene before and after procedure <input type="checkbox"/> Correct PPE worn <input type="checkbox"/> Aseptic technique used <input type="checkbox"/> Sterile saline used for meatal cleaning prior to insertion <input type="checkbox"/> Sterile lubricant applied <input type="checkbox"/> Catheter connected aseptically to drainage system <input type="checkbox"/> Foreskin replaced (male patients) <input type="checkbox"/> Catheter secured to ensure it is tension-free

URINALYSIS REQUIRED?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date done: _____	Results on _____ chart
CSU REQUIRED?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date sent: _____	Result: _____

Table 1 Types of catheter

Catheter type	Material (see below)	Uses
Balloon (Foley) two-way catheter: two channels, one for urine drainage and second, smaller channel for balloon inflation	Latex, PTFE-coated latex, silicone elastomer coated, 100% silicone, hydrogel coated	Most commonly used for patients who require bladder drainage (short or long term)
Balloon (Foley) three-way irrigation catheter: three channels, one for urine, one for irrigation fluid, one for balloon inflation	Latex, PTFE-coated latex, silicone, plastic	To provide continuous irrigation (e.g. after prostatectomy). Potential for infection is reduced by minimizing the need to break the closed drainage system
Non-balloon (Nelaton) or Scotts, or intermittent catheter (one channel only)	PVC and other plastics	To empty bladder or continent urinary reservoir intermittently; to instil solutions into bladder

Catheter tips

- The *Tiemann-tipped catheter* has a curved tip with 1–3 drainage eyes to allow greater drainage. This catheter has been designed to negotiate the membranous and prostatic urethra in patients with prostatic hypertrophy. Staff may insert these catheters only after receiving specialist training (available in Southampton from the Urology day Unit) or from an already competent member of staff. The competency tool in Appendix E must be completed before staff can undertake alone
- The *whistle-tipped catheter* has a lateral eye in the tip and eyes above the balloon to provide a large drainage area. This design is intended to facilitate drainage of debris, for example blood clots.
- The *Roberts catheter* has an eye above and below the balloon to facilitate the drainage of residual urine.

Catheter materials

- **Polyvinyl chloride (PVC)** Catheters made from PVC or plastic are quite rigid. They have a wide lumen, which allows a rapid flow rate, but their rigidity may cause some patients discomfort. They are mainly used for intermittent catheterization or post-operatively. They are recommended for short-term use only
- **Latex** is a purified form of rubber and is the softest of the catheter materials. It has a smooth surface, with a tendency to allow crust formation. Latex absorbs water and consequently the catheter may swell, reducing the diameter of the internal lumen and increasing its external diameter. Hypersensitivity to latex has been the cause of some cases of anaphylaxis so latex should only be used in extenuating circumstances and after a full risk assessment
- **Teflon (polytetrafluoroethylene [PTFE]) or silicone elastomer coatings** is applied to a latex catheter to render the latex inert and reduce urethral irritation. Teflon is recommended for short-term use and silicone elastomer-coated catheters are used for long-term catheterization.

- **All silicone** is an inert material which is less likely to cause urethral irritation. Silicone catheters are not coated and therefore have a wider lumen. The lumen of these catheters, in cross-section, is crescent or D-shaped, which may induce formation of encrustation and because silicone permits gas diffusion, balloons may deflate and allow the catheter to fall out prematurely. These catheters may be more uncomfortable as they are more rigid than the latex-cored types. Silicone catheters are recommended for long-term use.
- **Hydrogel coatings** Catheters made of an inner core of latex encapsulated in a hydrophilic polymer coating are commonly used for long-term catheterization. The polymer coating is well tolerated by the urethral mucosa, causing little irritation. Hydrogel-coated catheters become smoother when rehydrated, reducing friction with the urethra. They are also inert and are reported to be resistant to bacterial colonization and encrustation. Hydrogel-coated catheters are recommended for long-term use.
- **Conformable catheter** are designed to conform to the shape of the female urethra, and allow partial filling of the bladder. The natural movement of the urethra against the collapsible catheter is intended to prevent obstructions. They are made of latex and have a silicone elastomer coating. Conformable catheters are approximately 3 cm longer than conventional catheters for women.
- **Other materials** Research into new types of catheter materials is ongoing, particularly examining materials that resist the formation of biofilms (bacterial colonies that develop and adhere to the catheter surface and drainage bag) and consequently reduce the instances of urinary tract infections f.
 - catheters coated with a silver alloy have been shown to prevent urinary tract infections
 - catheters coated with antibiotics been investigated in the search to find a product that will reduce instances of catheter-associated urinary tract infections .They may have a role to play in the management of trauma patients
 - nitrofurazone-impregnated catheters were shown to reduce urinary infections when compared with standard catheters

Drainage bags

There are a number of different styles of drainage bags:

- body-worn 'belly bags
- standard leg-worn bags. They allow patients greater mobility and can be worn under the patient's own clothes helping to preserve the patient's privacy and dignity.
- shapes vary from oblong to oval
- some have cloth backing for greater comfort when in contact with the skin
- some are ridged to encourage an even distribution of urine through the bag
- the length of the inlet tube varies (direct, short, long and adjustable length) and the intended position on the leg, that is thigh, knee or lower leg, determines which length is used. The patient should be asked to identify the most comfortable position for the bag
- the majority of drainage bags are fitted with an antireflux valve to prevent the backflow of urine into the bladder
- several different tap designs exist and patients must have the manual dexterity to operate the mechanism
- most leg bags allow for larger 1–2 litre bags to be connected via the outlet tap, to increase capacity for night-time use.

Equality Impact Assessment

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	To provide guidance on choice, insertion, care and removal of urinary catheters		
2. Who will be affected by it?	Patients with indwelling urinary catheters Staff who perform all aspects of catheter management		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Current procedures are out of date This overarching policy will have a number of procedures under it which will detail aspects of catheter management		
4. What information do you already have on the equality impact of this document?	Catheterisation is a familiar procedure in many areas of the Trust		
5. Are there demographic changes or trends locally to be considered?	No		
6. What other information do you need?	None		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully against any group?		x	Need for a catheter to be inserted is assessed on an individual patient basis, based on clinical or patient requirements only
2. Can any group benefit or be excluded?		x	Any patient who requires a catheter will be considered for one
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	All patients will have equal access to catheterisation dependent on clinical need and personal choice
4. Can this actively promote good relations with and	x		Decision making in catheter care is multi-professional and

between different groups?			includes the patient and those close to them
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		Infection prevention and control, Modern Matrons, Bladder and Bowel service
6. Have you used a variety of different methods of consultation/involvement	x		e-mail and face to face
<u>Mental Capacity Act implications</u>			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	x		It may do if the patient does not have capacity to make decisions about their catheter care. Any such decision will be made using a best interest approach as per the policy

<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?			Local Acute healthcare partners will be involved with patients before discharge if they are inpatients, and the policy reflects their policies
9. Are there any external implications in relation to this policy?			Nil
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			Nil changes as a result of this policy

No negative impact, end of assessment

Example audit tool for catheter insertion and care record

Is the following completed in the record?:

No.	Element of record	Yes/No/Not Applicable	Comments
1	Is there a catheter insertion record?		
2	Has it been completed?		
3	Reason for catheter insertion?		
4	Date of initial catheter insertion?		
	Catheter details:		
5	Catheter gauge and length		
6	Balloon size		
7	Amount of water added to balloon		
8	Drainage system used		
9	Residual volume drained		
10	Reason catheter still required		
11	Removal plan		
12	Frequency of catheter changes/due date of next change		
13	Record of removal		
14	Patient has a urinary catheter care plan		

Competency tool for insertion of Tiemann Tip catheters

Name of staff member:.....

Name of person signing off:.....

Date.....

The staff member is expected to have attended Male Urinary catheter training and have completed the associated competencies before undertaking this additional competency.

Competency: The staff member can:	Comments	Sign
State the reason a Tiemann type Coude tip catheter may be used		
State the size range of Tiemann tip catheters to be used		
Identify the correct size of catheter for the patient		
Demonstrate the correct procedure for inserting a Tiemann tip catheter		
Recognise normal insertion resistance		

Competency tool for insertion of Tiemann Tip catheters – assessor copy

Name of staff member:.....

Name of person signing off:.....

The staff member is expected to have attended Male Urinary catheter training and have completed the associated competencies before undertaking this additional competency.

Competency: The staff member can:	Expected response/rationale
State the reason a Tiemann type Coude tip catheter may be used	Typically males, allows for easier insertion into urethra where there is an enlarged prostate, urethral stricture, scarring to urethra for example following radiation therapy
State the size range of Tiemann tip catheters to be used	Usually 1-3 sizes below normal tip catheter, up to 18fg
Identify the correct size of catheter for the patient	Using care plan and existing catheter in situ.
Demonstrate the correct procedure for inserting a Tiemann tip catheter	Follow procedure for catheterisation and: Check catheter for correct size and that it is all intact before attempting insertion Ensure meatal area is cleaned Apply water based lubricating gel to tip of catheter Insert catheter with curve facing the front of the patient (curve up). If there is an x-ray opaque line, this should be to the front)
Recognise normal insertion resistance	There should be minimal resistance at the prostate (and at any stricture if present) but catheter should slide in smoothly. If more resistance or obstruction, the procedure should be stopped and advice sought from senior nurse or urology