123 Support Services

Urinary Catheter Management

Policies & Procedures

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URINARY CATHETER MANAGEMENT

Scope

When

- Applies when supporting clients with urinary catheters

Who

- Applies to all employees, supervisors and key management personnel supporting clients with catheters

Purpose

This policy provides the principles on providing supports and services to clients with urinary catheters. Individuals of any age may require catheterisation for a range of reasons, such as:

- To relieve urinary incontinence when no other means is possible
- To relieve retention of urine
- For investigations
- To accurately measure urine output
- To drain the bladder prior to or after surgery

Urinary catheters may be used by persons with spinal cord injury, stroke, multiple sclerosis, spina bifida or other medical conditions, and before or after surgery of the bladder, prostate, or other parts of the urinary tract.

What is a urinary catheter?

A urinary catheter is a flexible or rigid hollow tube introduced into the urinary tract and bladder to drain urine. It is held in place by a small balloon at the catheter tip inside the bladder. The balloon is filled with sterile water to hold catheter in place. The catheter provides a flow of urine for those who are unable to control micturition or those with obstruction or spinal cord injury, paralysis, chronic neurologic disorders. As urine fills the bladder, it drains down the catheter into the drainage bag. The different type of catheters for different individual needs are as follows:

- Intermittent catheter (in-out catheter) – a straight single use catheter introduced long enough to empty bladder (5-10 mins). Repeated as necessary. It is possible to self-catheterise using this type of catheter
- Indwelling catheter – for short term or long-term use. An indwelling catheter can be either:
  a. Straight single use catheter with small inflatable balloon and a small opening from tip through the lumen to a receptacle. Remains in place for a longer period

b. Coude tip catheters – this catheter is stiffer with a curved tip only used for male patients with enlarged prostates that are partly obstructing urethra

- Suprapubic catheter – inserted through incision in abdominal wall (whilst patient under general anaesthetic) by use of a trocar above the symphysis pubis. Used in temporary situations post-surgery or long term for selected patients i.e., quadriplegia. This catheter is sutured in place. Urine drains into a plastic urinary drainage bag, which can be attached to a person's leg or discretely beneath clothing. bag is emptied by use of a valve that opens and closes
- Uridome – a pliable rubber sheath that slips over the penis and is secured by tape. The end of the uridome fits into a plastic drainage bag. Used for incontinent males who have spontaneous bladder emptying. It can be worn continuously or at night only.

Catheterisation is a skill. Knowledge and education are key for provision of appropriate support for catheterised clients.

Assessment

Each individual NDIS clients needs should be considered when selecting catheter type. These include:

- Indication for catheterisation
- Type of catheterisation i.e., urethral, suprapubic or in-out
- Consistency of urine
- Anticipated duration of catheterisation – intermittent/short-term/long-term

Why is catheter management important?

Urinary elimination for many of our clients is physiologically difficult. A thorough assessment of a clients continence needs is essential and planning is important.

Correct catheter care is important to ensure its correct function and to prevent catheter-associated urinary tract infection. Employees providing supports to clients with catheters must be trained in the care of a catheter in order to assist clients with correct catheter management. Education and experience are vital to preventing infection, maintaining skin integrity and comfort.

Definitions

Word	Definition
Autonomic dysreflexia or hyperreflexia	A medical emergency which occurs when, as a result of a spinal cord injury, nerve signals are blocked from reaching the brain in people with spinal cord injuries. Signalled by sudden high blood pressure, sweating and severe pounding headache, autonomic dysreflexia is most often caused by a full bladder but also could be caused by a full bowel, bladder infection, pressure sores or tight fitting clothes
Coude tip catheter	A catheter with a slight bend at the tip which helps to navigate a catheter around an enlarged prostate when inserting

Indwelling catheter (IDC)	A flexible plastic tube (catheter) inserted into the bladder that remains (or dwells) there to provide continuous urinary drainage for up to 30 days
Intermittent catheter	A catheter which is inserted to drain the bladder of urine usually every 4-6 hours
Micturition	The act of urinating
Oliguria	Abnormally small amounts of urine
Patency	The condition of being open or unobstructed
Renal	Relating to the kidneys
Self-catheterise	When a person inserts a catheter into their urethra to empty the bladder
Suprapubic	Above the pubic bone
Symphysis pubis	The joint located between the pubes in the lower abdominal region and composed of a fibrous cartilaginous material
Trocar	A surgical instrument with a three-sided cutting point enclosed in a tube, used for withdrawing fluid from a body cavity
Uridome	A uridome is an external urinary device that fits onto the penis to drain urine for men with incontinence
Urinary tract infection (UTI)	An infection of the kidney, ureter, bladder or urethra

Catheter changes – indwelling, suprapubic and in-out catheters

- When to change or remove a catheter is decided by a qualified health professional
- Only a clinical nurse or other health professional can change a catheter

Urinary catheter care

- All employees supporting clients with catheters must adhere to best practice in monitoring safety and comfort of individuals who are catheterised
- Determine possible allergy to tape, latex or lubricant before any intervention
- Obtain permission/consent of clients prior to any physical examination
- Always assess clients knowledge of the purpose of catheterisation and explain your actions

Employee responsibilities when supporting clients with urinary catheters

Support workers must be trained

Client who are catheterised, self-catheterise or use intermittent catheterisation to empty their bladder are at a greater risk of urinary tract infections and renal complications. providers are responsible to care for and ensure clients are safe through due diligence

This includes employees to:

- Only insert catheters using aseptic non touch technique (ANTT)
- Appreciate that catheterisation is an invasive procedure that can result in serious complications
- Be aware of the signs of autonomic dysreflexia

Interventions

It is vital that employees are able to determine malfunction of catheters including:

- Monitor and watch for potential safety issues i.e. if there is oliguria or no urine in drainage bag, check that catheter has not been misplaced in vagina (females)
- Check if catheter has not accidently been expelled by bladder or urethral contraction (males)
- Check drainage tubing for patency
- Not any inability to void (urinary retention)
- Rapid drainage of urine might result in hypotension
- Diuresis might require intravenous electrolyte replacement
- Note client complaints of pain or fever

Documentation

- Accurate recording and reporting including:
  - Document date of catheterisation and due date for changing IDC
  - Before emptying drainage bag document time and amount of urinary output and fluid balance – monitor colour, odour and consistency of urine
  - Date of removal or catheter
  - Note adverse events like pain or bleeding
- Ensure notes record type of catheter, size, amount of water in balloon, expiry date of product
- Ensure employees know the signs of autonomic dysreflexia

Key management responsibilities when supervising employees supporting clients with urinary catheters

- Ensure employees have current knowledge and a training plan to teach the standards of care for clients with catheters
- Regularly audit safe catheter management practices
- Report specific abnormalities to a medical professional
- All personnel will understand how to report specific abnormalities to a medical professional
- Ensure support workers comply with the Manage Urinary Catheter process

Further Advice or Assistance

Further advice and information can be obtained from the:

» Complaints Handling Officer:

- by phoning: 07 4361 6848;
- by emailing: admin@123supports.com

Effectiveness and Review

The Director will review this Policy and Procedures document each 12 months on the anniversary of its approval.