The Royal Wolverhampton NHS Trust

IP20

Urinary Catheter Policy

Contents

Attachments

1.0 Policy Statement (Purpose / Objectives of the policy)

The Royal Wolverhampton NHS Trust is committed to preventing avoidable harm to patients. Medical devices carry a risk of infection and other harms which can be minimised with appropriate use. This policy outlines the pathways and practices to ensure rational and safe use of indwelling urinary catheters. This policy must be read in conjunction with the following policies:

- Standard Precautions Policy (IP12)
- Hand Hygiene Policy (IP 01)
- Waste disposal Policy (HS 01)
- GNCP 41 Bladder irrigation using a syringe
- For male and female catheterisation and removal of a urethral catheter please refer to
- Chaperoning of patients and Clients Standard Operating Procedure

Catheters should be only used after all alternatives have been considered (NICE GC171)

Knowledge and understanding

Clinical indications for intermittent, suprapubic or urethral catheterisation

- Acute urinary retention
- Chronic urinary retention, only if symptomatic and/or renal compromise
- Monitoring renal function hourly during critical illness
- Monitoring/recording/draining residual urine volumes (wherever possible, a bladder scanner is the preferred option to measure residual urine volumes).
- During and post-surgery, for a variety of reasons
- Allowing bladder irrigation/lavage
- Allowing instillation of medications, e.g., chemotherapy
- Bypassing an obstruction/voiding difficulties
- Enabling bladder function tests, e.g. urodynamic assessment
- Facilitating continence and maintain skin integrity (when all conservative treatment methods fail)

Obtaining a sterile urine specimen and

Indwelling urinary catheters are sterile drainage devices which are used for short- or long-term urinary drainage for the indications below. Where these indications are not present a catheter must be avoided or assessed for removal.

- **H**aematuria
- **O**bstruction
- **U**rology Surgery, as well as all surgery requiring an empty bladder
- **D**ecubitus Ulcer
- **I**nput and output measurement
- **N**ursing end of life care/neurological bladder
- **I**mmobility

Catheters may be short term (less than 28 days) or long term (more than 28 days). There must be a clearly documented plan for the use and review of the catheter with good communication between health care teams, carers and the patient. Intermittent urethral catheterisation is managed in the same way as short- or long-term catheterisation, but it carries a far lower risk of infection and therefore is not subject to the same IP guidance contained within this policy.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Bladder irrigation

The insertion and withdrawal of sterile fluid into the bladder via a catheter for the purpose of removal of blockages and debris and maintaining patency of the catheter.

Catheter associated urinary tract infection

An infection arising from the presence of a urethral or suprapubic catheter or, less commonly, from intermittent self-catheterisation.

Foley catheter

A flexible tubular medical device for the purposes of urinary drainage held in place by a saline filled balloon.

Infection

Host response to an organism resulting in clinical illness.

Intermittent self-catheterisation

The process of using a rigid catheter for drainage of urine followed by immediate removal.

3.0 Accountabilities

3.1 The Continence Service

Take referrals where urinary incontinence is believed to be prolonged and not secondary to a treatable medical condition (e.g., urinary tract infection) unless;

- the patient is already under the care of the Urologists or Uro- gynaecologists.
- Promote continence through health promotion and individual patient assessment
- Provide education and training on the promotion of continence to relevant staff groups in the Trust. Provide advice on continence products and use.

3.2 The Urology Hospital at Home Team

- Provide specialist support for patients in the community who are under the care of the urology service
- Take referrals for and undertake trials without catheter (see *Trial Without Catheter clinical practice*)

- Facilitate the early discharge of patients requiring urological interventions
- Provide expert advice on the update of practices and pathways associated with this policy

3.3 Adult Community Services

- Take referrals for and undertake trials without catheter
- Undertake the care of catheters in the community
- Provide education and training to carers and patients in the community in relation to the safe handling of a catheter

3.4 The Infection Prevention Team

- The development of a robust process for the identification and surveillance of catheter associated urinary tract infection (CAUTI), including High Impact Intervention (HII) Audits
- Review of relevant clinical practices to minimise CAUTI in conjunction with urology and continence services
- Provide education and training on the reduction of infection risks associated with urinary catheters across the Wolverhampton Health Economy
- Liaison with care homes to advise on best practice to reduce infection
- Maintenance of this policy

3.5 Consultants and GP's

Ensure a continence assessment is undertaken and referral to the continence service prior to considering catheterisation if incontinence is the sole indication unless the patient is already under the care of the Urologists or Uro-gynaecologists (see Attachment 1)

- Regular review of the need for catheterisation for patients in their care including High Impact Intervention (HII) audits
- Prompt removal of urinary catheters when no longer clinically indicated
- Facilitating the education of junior medical staff in catheterisation and care of a catheter
- Prompt recognition and treatment of urinary tract infection and other associated infections
- Prompt referral to appropriate clinical staff for assessment of need for long term urinary catheterisation

3.6 Senior Sisters/Charge Nurses/Departmental Managers

- Ensure urinary catheters are removed as early as possible
- Ensure catheters are removed prior to discharge wherever possible
- Ensure patients discharged with a urinary catheter have relevant discharge information and referral to the Care Coordination Hub Urology Hospital at Home Team
- If patient is discharged with a urinary catheter then the catheter passport must be completed on Clinical Portal prior to referral to the Care Coordination Hub
- Facilitate training sessions to ensure there is a high standard of training of clinical staff

- Ensure all patients with continence concerns undergo the relevant assessment
- Ensure that all staff are aware of the referral processes to Urology Hospital at Home Team, Adult Community Services and the Continence Service
- Ensure there is suitable provision of hand hygiene equipment, personal protective equipment and catheter products
- Ensure indiscriminate use of urinary catheters does not occur in their area of responsibility. Identify and escalate to the Lead Consultant any indiscriminate use of urinary catheters
- Ensure that there is adequate supervision of staff undertaking urinary catheterisation and care of the catheter
- Ensure staff in the clinical area are aware of this policy and its associated pathway and protocols
- Ensure catheter associated equipment is ordered according to Trust guidance the recommendations
- Ensure that written and verbal communication between in patient areas, community providers, transferring hospitals and with community nurses is consistently of a high standard
- Alert the Infection Prevention Team to a new patient requiring a long-term urinary catheter
- Allocate a suitable area to store catheter equipment

3.7 All clinical staff

- Follow recommended policy, clinical practices, review and referral instructions for the insertion and care of urinary catheters
- Remove catheters at the earliest opportunity
- If patient is discharged with a urinary catheter then the catheter passport must be completed on Clinical Portal prior to referral to the Care Coordination Hub
- Assess patients with continence concerns
- Prompt escalation of potential patient safety issues associated with urinary catheters
- Maintain competence in catheterisation and the care of urinary catheters
- Accurate documentation on Vitals of high impact interventions related to urinary catheter use/care

4.0 Policy Detail

4.1 Use of urinary catheters

- Urinary catheters must only be used where there is a clear clinical need. The HOUDINI acronym helps support this (see section 1.0)
- Urinary catheterisation being considered for incontinence or other reasons must only be done so following consultation with the continence service and observation of the principles in the Guidance Good Practice in Continence Care (NHS England 2018)

4.2 Insertion

Urinary catheters must be inserted following the principles outlined in the care bundle, *Urinary Catheter Care High Impact Intervention: Insertion* (DH, 2017) and documented on

insertion in the relevant medical or nursing case notes including:

- Reason for insertion
- Date and time of insertion
- Date for next review of catheter
- Name and position of person inserting catheter
- Any associated complications with insertion

Information must be added on Vitals if it is available in the clinical area where the urinary catheter is inserted.

4.3 Treatment to prevent urinary tract infection

4.3.1. Do not routinely use antibiotic prophylaxis for urinary tract infections in people with neurogenic lower urinary tract dysfunction

4.3.2. Consider antibiotic prophylaxis for people who have a recent history of frequent or severe urinary tract infections

4.3.3. Before prescribing antibiotic prophylaxis for urinary tract infection

- Investigate the urinary tract for an underlying treatable cause (such as urinary tract stones or incomplete bladder emptying
- Take into account and discuss with the person the risks and benefits of prophylaxis
- Refer to local protocols approved by a Microbiologist or discuss suitable regimens with a Microbiologist
- Ensure that the need for on-going antibiotic prophylaxis in all people is regularly reviewed

4.3.4. Do not offer antibiotic prophylaxis routinely when changing catheters in Patients with a long-term indwelling urinary catheter

4.3.5. Consider antibiotic prophylaxis for patients who:

- Have a history of symptomatic urinary tract infection after catheter change **or**
- Experience trauma during catheterisation

(This recommendation is from Infection: prevention and control of healthcare-associated infections in primary and community care (NICE clinical guideline 139)) https://www.nice.org.uk/guidance/CG139

4.4 Care

Urinary catheters must be cared for following the principles outlined in the care bundle, *Urinary catheter care high impact intervention: on-going care* (DH, 2017). A catheter guideline will be maintained to assist with catheter management and troubleshooting common catheter-associated complications. If Vitals is available in the area, the ongoing

care of urinary catheter must be added to it. An electronic catheter passport located on Clinical Portal must be completed prior to discharge.

4.5 Review

Urinary catheters must be reviewed at least daily for short term catheters or every 12 weeks for long term catheters, and the outcome documented in the patient record. The review must include:

- Reason for ongoing need for catheter
- Any complications associated with the catheter since last reviewed
- Plan for continued care of catheter
- Name of reviewer
- Date and time of review
- Date next review due

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue sources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment

It is not anticipated that this policy will have any impact on race equality and equality or diversity.

7.0 Maintenance

The Infection Prevention Team in association with the Urology and Continence Teams are responsible for advising on update, amendments and review of this policy. Any changes to this policy must be agreed by the Infection Prevention and Control Group.

8.0 Communication and Training

Male catheterisation and medical staff catheter training is linked to a competency

assessment. Training for medical staff is available on all induction programmes. The policy will be available on the Trust intranet.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Catheter Prevalence	Senior Matron Infection Prevention	ICNet surveillance system	Annually	IPCG

10.0 References - Legal, professional or national guidelines

Adams, D., Bucior, H., Day, G.,Rimmer, J.; 2012; HOUDINI: Make that urinary catheter disappear – nurse-led protocol; Journal of Infection Prevention; 13(2); pp 44-46

NHS England – Excellence in Continence Care. Practical guidance for commissioners and leaders in health and social care. 2018

Infection Prevention Society and NHS Improvement; 2017; High Impact Interventions: care processes to prevent infections 4th Edition London

Catheter care: RCN guidance for healthcare professionals. London: Royal College of Nursing (RCN), July 2021. https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2021/July/009-915.pdf

Lower urinary tract symptoms in men: management (CG97). London: National Institute for Health and Clinical Excellence (NICE), 2015. Link: https://www.nice.org.uk/guidance/cg97

Urinary tract infections in adults (QS90). London: National Institute for Health and Clinical Excellence (NICE), 2015 Updated 15/02/2023 Link: https://www.nice.org.uk/guidance/qs90

Healthcare-associated infections: prevention and control in primary and community care (CG139). London: National Institute for Health and Clinical Excellence (NICE), 2012, updated 15/02/2017. Link (only certain sections): https://www.nice.org.uk/guidance/cg139

Public Health England (2020). Understanding and changing behaviours related to preventing catheter associated urinary tract infections: a strategic behavioural analysis. Summary report. Public Health England, July 2020. Link: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/898207/PHE_CAUTI_Summary.pdf

www.clinicalskills.net for the following procedures
Male catheterisation;
Female catheterisation
Removal of a urethral catheter;

Collection of a catheter specimen of urine
GNCP41 Bladder irrigation using syringe technique:
NCP general_41_policy.pdf (xrwh.nhs.uk)
Care of urinary catheters
Trial without catheter

Royal Wolverhampton NHS Trust; IP01 Hand Hygiene Policy

Royal Wolverhampton NHS Trust; IP12 Standard Precautions Policy

Royal Wolverhampton NHS Trust; HS10 Waste Policy

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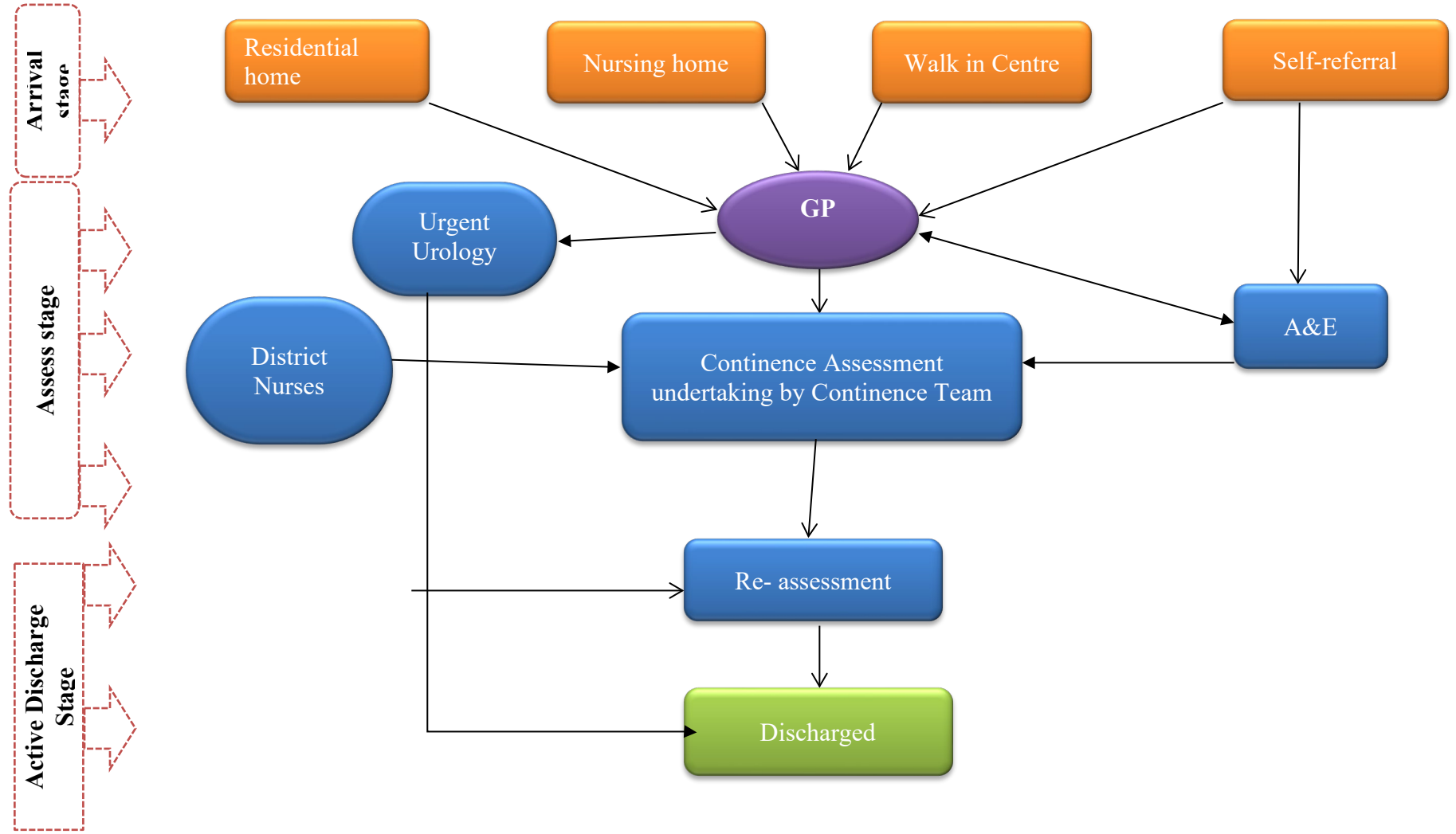
Part A - Document Control

Policy number and Policy version: V5.0	**Policy Title** Urinary Catheter Policy IP20	**Status:** Final		**Author:** Matron Infection Prevention **Chief Officer Sponsor:** Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1	November 2012	V Whatley	Clinical requirement
	2	September 2015	Head of Nursing Infection Prevention	Planned Review
	2.1	February 2016	Infection Prevention Nurse	National guidance
	3	September 2018	Nurse Manager Infection Prevention	Review date
	4.0	01/07/21	IP Team	Policy updated, mainly added new references
	5.0	August 2023	IP Team	Policy Updates / Full Review
Intended Recipients: All Staff Groups within RWT.				
Consultation Group / Role Titles and Date Catheter Working Group August 2023				
Name and date of Trust level group where reviewed	Trust Policy Group – December 2023			
Name and date of final approval committee	Trust Management Committee – January 2024			
Date of Policy issue	January 2024			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	December 2026			
Training and Dissemination: This policy will be updated on the intranet				
To be read in conjunction with: Hand Hygiene Policy				
Initial Equality Impact Assessment (all policies): Completed Yes **Impact assessment (as required): Completed Yes**				

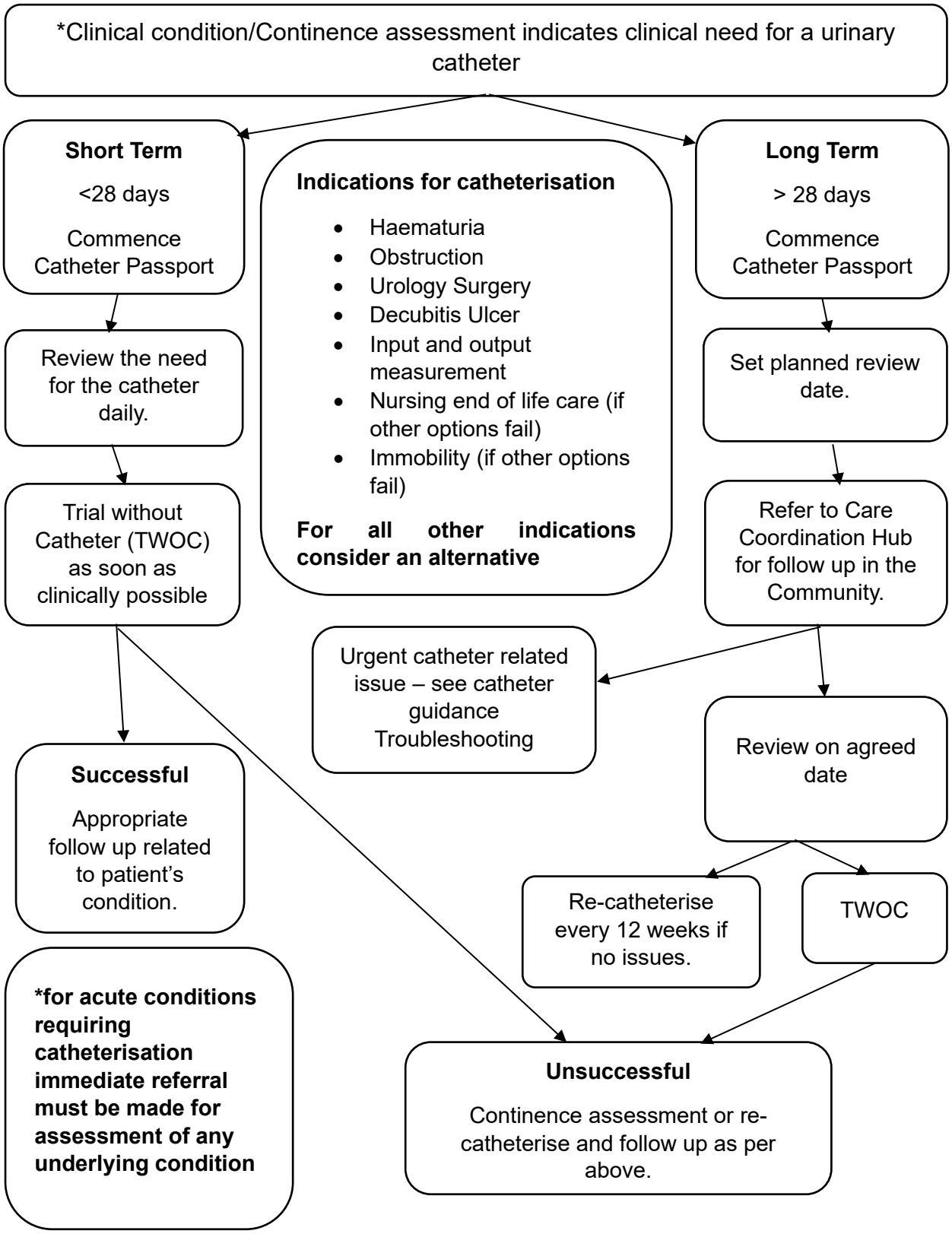
Monitoring arrangements and Committee	Infection Prevention and Control Group
Document summary/key issues covered. Inclusion of clinical indications for catheterisation, addition of 2 attachments regarding trial without catheter **Some minor changes** Change of title from Adult Community Services to Care Coordination Hub. Updated references	
Key words for intranet searching purposes	
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.	**No**

Attachment 1 **Pathway for patients to promote continence**

Patients Footsteps for Continence Care



Attachment 2 – Pathway for patients requiring catheterisation



Trial without catheter (TWOC) process

Catheter referral for TWOC from acute service

Unless there is a clear clinical indication as to why a patient has a urinary catheter then consider a TWOC. Use HOUDINI approach to assist in the decision.

Long standing / problematic catheter patient known to ACS

If patient is cognitively and physically able, consider use of a flip-flow valve to help develop bladder tone. Use for two weeks.

If necessary, someone they live with can be educated on how to use.

NB: NOT SUITABLE FOR PEOPLE THAT RELY ON CARERS

Follow clinical skills.net procedure for "Trial removal of a urinary catheter".

Trial removal of a urinary catheter | Clinical Skills

Use clinical judgement to determine when /if follow up bladder scan is required following removal of catheter.

Trial without catheter (TWOC) – Competency document

Indwelling urethral catheters only.

Practitioners name

Date:

Notes: if required.

Criteria for assessment	Achieved	Not achieved	Comments
Decontaminates hands.			
Explain the procedure to the patient and gain consent as per trust policy.			
At all times maintains dignity.			
Remove catheter as per the GNCP 37 procedure.			
Ensure the patient has access to toilet/urinal or has appropriate pads are in situ.			
Instruct the patient to drink 100ml to 150ml of fluid per hour. Seek medical advice for any patients who may be fluid restricted. Request the patient/carer to record fluid intake and output.			
Advise the patient to contact Care coordination if any abdominal discomfort and/or difficulty passing urine.			
Evidence that the member of staff is trained and competent to complete and interpret bladder scanning.			
4 to 6 hours following removal of catheter, perform ultrasound bladder scan to establish if TWOC is successful.			
Document the outcome of the TWOC on electric patient record.			
Inform the patient of the outcome of the TWOC and plan of care.			

Trial without catheter (TWOC) band 3 competencies.

Assessor Questions	Evidence	Competent Y/N	Signed, dated and stamped by Registered nurse (RN)
What does TWOC stand for?			
Can you give me 3 reasons why a catheter is inserted?			
Prior to removing the catheter what assessment do you need to undertake? Following assessment and removal of the catheter what should you leave with the patient?			

How much should you advise the patient to drink following removal of catheter and prior to scan?			
What should you do differently when bladder scanning a female patient that has had a hysterectomy?			
Can you explain the parameters for a successful TWOC and what is classed as an unsuccessful TWOC?			
Can you provide me a breakdown of what you would include in your documentation. A) Following removal of catheter? B) Following bladder scan?			

Trial without catheter answer sheet

Assessor Questions	Suggested Answers
What does TWOC stand for?	Trial without catheter.
3 reasons why a catheter is inserted?	Retention. Incontinence. Surgery. End of life.
Prior to removing catheter, what assessment do you need to undertake?	That they can access a toilet/commode or urinal. If not, do they have adequate pads insitu. Check they have access to drinks.
Following assessment and removal of catheter what should you leave with the patient?	You should leave them with Care Coordination contact number.
How much should the patient be advised to drink following removal of catheter and prior to scan?	100mls to 150mls an hour. If on a fluid restriction reduce appropriately. Take advice if necessary.
What should you do differently when scanning a female patient that has had a hysterectomy?	Ensure scanner is on male setting
Can you explain the parameters for a successful TWOC and what is classed as an unsuccessful TWOC?	Below 150mls successful Above 300mls unsuccessful
Breakdown of what you should include in your documentation. A: Following removal of catheter. B: Following bladder scan	 A: Should include that patients have had all information re: fluids and passing urine. That they can access toilet facilities. They have a contact number and are aware to call with any concerns. B: Should include how patient is presenting. Roughly how much they have had to drink. Whether they have been able to pass urine and the frequency. The amount showing on bladder scan and how long it was since that last voided urine. Plan i.e. follow up scan successful/unsuccessful TWOC