

Policy Number

**IP20**

Title of Policy

**Urinary Catheter Policy****Contents**

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## 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 <http://www.rmmonline.co.uk/>;
- [Chaperoning of patients and Clients Standard Operating Procedure](#)

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.

- Haematuria
- Obstruction
- Urology Surgery, as well as all surgery requiring an empty bladder
- Decubitus Ulcer
- Input and output measurement
- Nursing end of life care/neurological bladder
- Immobility

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. If a urinary catheter is required for incontinence, all other avenues must first be investigated.

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 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
- **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

### 3.5 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 Adult Community Services or the Urology Hospital at Home Team
- 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

### 3.6 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
- 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 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 (Department of Health, 2000)

### 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

**4.3.2.** neurogenic lower urinary tract dysfunction

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

**4.3.4.** 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

**4.3.5.** Do not offer antibiotic prophylaxis routinely when changing catheters in patients with a long-term indwelling urinary catheter

**4.3.6.** 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](https://www.nice.org.uk/guidance/CG139) (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.

## 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 on-going 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 resources	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/ Group
Catheter Prevalence	Nurse Manager Infection Prevention/Lead Continence Nurse	ICNet surveillance system	Annually	IPCG
CAUTI surveillance	DIPC	ICNet surveillance system	On-going	IPCG

**10.0 References - Legal, professional or national guidelines** must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

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

Department of Health; 2000; Good practice in continence care; Department of Health; London

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

Catheter care: RCN guidance for healthcare professionals. London: Royal College of Nursing (RCN), February 2019.

Link: <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/february/007-313.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.

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 2017.

Link (only certain sections): <https://www.nice.org.uk/guidance/cg139>

PHE (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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/898207/PHE_CAUTI_Summary.pdf)

Male catheterisation; <http://www.rmmonline.co.uk>

Female catheterisation; <http://www.rmmonline.co.uk>

Removal of a urethral catheter; <http://www.rmmonline.co.uk/>

Collection of a catheter specimen of urine <http://www.rmmonline.co.uk/>

GNCP41 Bladder irrigation using syringe technique: GNCP 41

Care of urinary catheters <http://www.rmmonline.co.uk/>

Trial without catheter <http://www.rmmonline.co.uk/>

Royal Wolverhampton NHS Trust; [IP01 Hand Hygiene Policy](#)

Royal Wolverhampton NHS Trust; [IP12 Standard Precautions Policy](#)

Royal Wolverhampton NHS Trust; [HS10 Waste Policy](#)

**Part A - Document Control**

<b>Policy number and Policy version:</b>  V4	<b>Policy Title</b>  Catheter Policy IP20	<b>Status:</b>  Final		<b>Author:</b> IP Team  <b>Director Sponsor:</b> Direction of IP
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	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
<b>Intended Recipients: All Staff Groups within RWT</b>				
<b>Consultation Group / Role Titles and Date:</b> Infection Prevention team all grades, Continence team				
<b>Name and date of Trust level group where reviewed</b>		Trust Policy Group – October 2021		
<b>Name and date of final approval committee</b>		Trust Management Committee – October 2021		
<b>Date of Policy issue</b>		November 2021		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated)		October 2024		
<b>Training and Dissemination:</b> This policy will be updated on the intranet				

<b>To be read in conjunction with:</b> Hand Hygiene Policy	
<b>Initial Equality Impact Assessment (all policies):</b> Completed Yes <b>Impact assessment (as required):</b> Completed Yes	
<b>Monitoring arrangements and Committee</b>	Infection Prevention Committee
<b>Document summary/key issues covered.</b> References have been added <b>Some minor changes</b>	
<b>Key words for intranet searching purposes</b>	
<p><b>High Risk Policy?</b></p> <p><b>Definition:</b></p> <ul style="list-style-type: none"> <li>• Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation.</li> <li>• References to individually identifiable cases.</li> <li>• References to commercially sensitive or confidential systems.</li> </ul> <p>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.</p>	<b>No</b>

Part B

## Ratification Assurance Statement

Name of document:

Name of author: June Ayre

Job Title:

I, June Ayre the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date:

Name of Person Ratifying this document (Director or Nominee):

Job Title:

Signature:

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

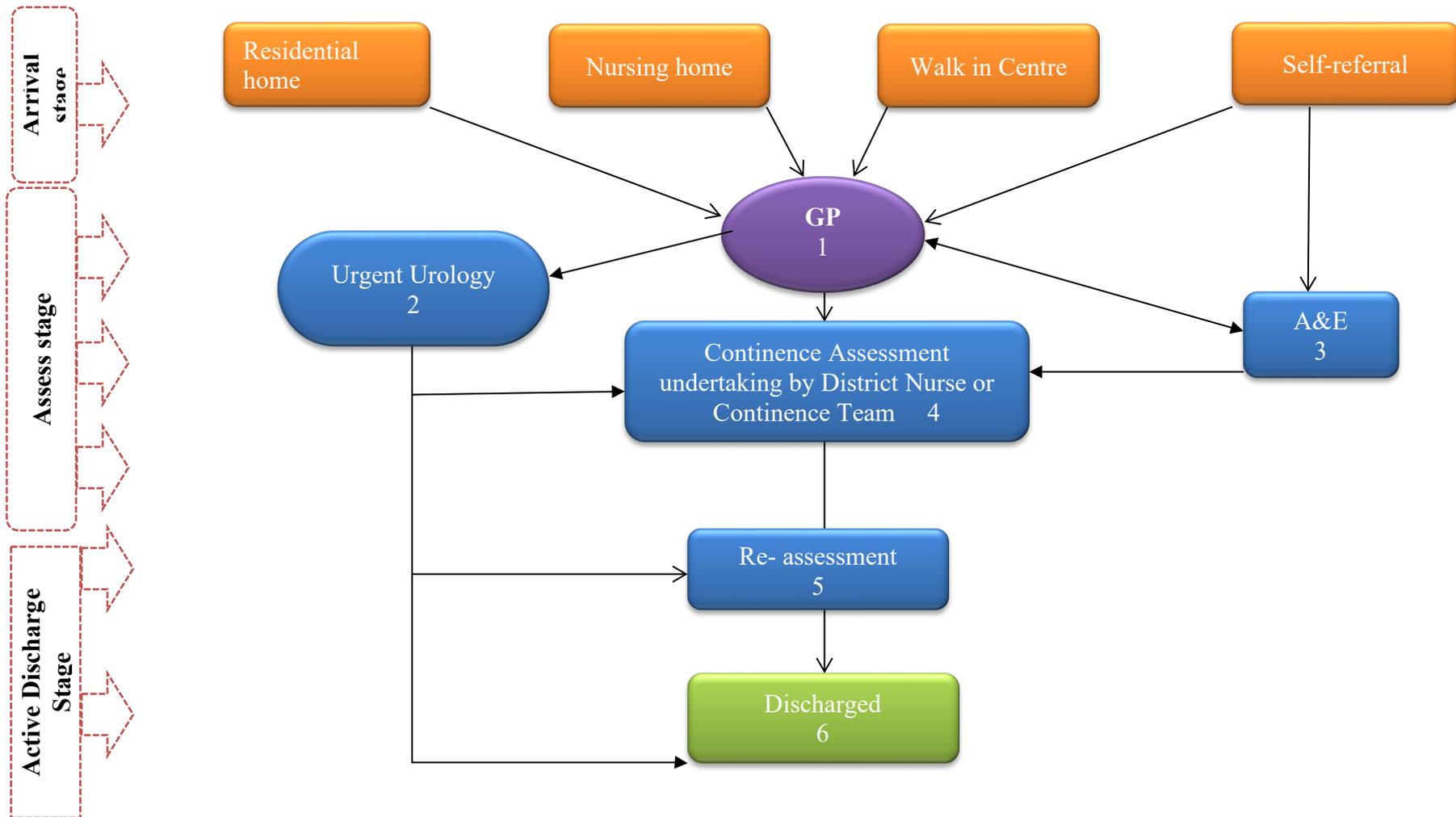
## IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

<b>Policy number and policy version V4</b>	<b>Policy Title Catheter Policy</b>	
<b>Reviewing Group</b>		<b>Date reviewed:</b>
<b>Implementation lead: Print name and contact details</b>		
<b>Implementation Issue to be considered (add additional issues where necessary)</b>	<b>Action Summary</b>	<b>Action lead / s (Timescale for completion)</b>
Strategy; <b>Consider</b> (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	References updated	
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form		
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record <b>MUST</b> be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed		
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	References updated	
Financial cost implementation Consider Business case development	None	
<b>Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation</b>	None	

Attachment 1 Pathway for patients to promote continence

### Patients Footsteps for Continence Care



**Attachment 2 Pathway for patients requiring catheterisation**

