

CC75 - Catheter Care Policy and Procedure

Purpose

- To guide practice in the use and management of indwelling catheters.

Scope

- Proposed use, and use of indwelling catheters.

Policy

- Note: This policy is provided as a generic policy and procedure for use when no other more applicable guidelines are available or mandated. Local institutional or regional guidelines, professional guidelines, and statutory body guidelines should, if they exist, be used in preference to this policy.
- Catheter insertion and management will only be performed by staff with the appropriate level of training, skills and authorisation.
- Indwelling catheters will be actively managed in order to maintain the comfort, privacy and dignity, and infection-free status of the Service User, while maintaining staff protection and overall infection control.
- Any Service User requiring, or who may require, an indwelling catheter will be risk assessed and an individual plan of care prepared which is specific to their personal care and medical needs, physical and medical condition, physical environment, and personal wishes.
- Changes of catheter management status, such as initial use, catheter change, issues met and changed management regimes will be communicated to all staff on duty at the time of the change, and the attention of staff drawn to the need to read the Care Plan during the next staff hand-over.
- Before carrying out any operations on catheter systems, perform hand hygiene and don clean gloves, and a plastic apron if local procedure dictates.

Procedure

Catheter insertion

- Refer to current clinical guidelines, such as the Royal Marsden Manual of Clinical Nursing Procedure.

Catheter maintenance

- Monitor the catheter system at the intervals specified in the Care Plan, checking that tubing and drainage bag are secure and in the proper position to maintain efficient flow while preserving privacy and dignity, and that no blockages are evident.
- Assess urine for clarity, colour, odour or the presence of blood by visually inspecting the urine in the tube, bag or at the sample port or when emptying the drain collection system.
- Maintain a closed drainage system by utilising pre-connected, sealed catheter-tubing junctions.
- Maintain unobstructed urine flow and keep the catheter and collection tube free from kinking.
- Keep the collection bag below the level of the bladder or hips at all times (Note: Exercise particular care to keep bag off the floor).
- Empty the collection bag regularly using a separate, clean collection container for each Service User.
- Replace the collection bag according to the detailed instructions of the system manufacturer and according to training, and of authorised to do so by the Registered Manager. If in doubt ask the Registered Manager to allocate the task to a person with the required skills and authority.

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- i Provide daily peri-care.
- i Perform hand hygiene before and after any contact with the catheter system.

i **Emptying the catheter**

- i Empty the collection system at regular intervals as specified in the plan of care.
- i Perform hand hygiene and don clean gloves and a plastic apron.
- i Provide a clinical waste disposal container adjacent to the working area.
- i Disengage the outlet tube from housing, direct the outlet tube into a collection container, and release the clamp to empty urine from the collection system. Avoid splashing.
- i Re-engage the clamp and reinsert the outlet tube into the housing.
- i Place gloves and apron in the disposable container and dispose of according to local clinical waste disposal procedures.
- i Perform hand hygiene.

i **Urine sampling**

- i This procedure may only be performed by staff with the relevant training and skills, and authorisation in writing by the Registered Manager.
- i Request that the procedure be carried out by a suitably skilled and authorised person if in doubt.
- i Check the Service User's Care Plan for any indication of issues, including the distress of the Service User, on previous sampling occasions.
- i If delivering the sample to the GP surgery for onward transmission to the laboratory, check the latest available deposit time at the surgery and the availability of transport to the surgery. Arrange the transport and plan the sample taking to meet any deadlines.
- i Inform the Service User of the proposed sampling, and the reason(s), and reassure them if necessary.
- i Perform hand hygiene and don clean gloves and a plastic apron.
- i Provide a clinical waste disposal container adjacent to the working area.
- i Occlude or kink the drainage tubing a minimum of three inches below the sample port until urine is visible under the access site.
- i When urine is visible under the sample port, swab the surface of the sampling port with an antiseptic wipe.
- i Using aseptic technique, use a disposable syringe (body only) to slowly draw off a sample through the access port.
- i Transfer the specimen into a specimen container, label and place in a transport pouch.
- i Replace any clamps moved or removed and unkink all tubes. Check the safe and comfortable operation of the catheter system before any other procedures. Check that the catheter bag and tubes are positioned in such a way as to preserve the privacy and dignity of the Service User.
- i Send specimen to the laboratory immediately or refrigerate until transported.

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- i Place used syringe, gloves and apron in the disposable container and dispose of according to local waste disposal procedures.

- i Perform hand hygiene.

Key Lines of Enquiry Table

Key Line of Enquiry	Primary	Supporting	Mandatory
C.S5 - How well are people protected by the prevention and control of infection?	✓		✓

Note: All QCS Policies are reviewed annually, more frequently, or as necessary.

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