



Urinary catheter management

Introduction

This policy provides the principles on providing supports and services to participants 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 hidden 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 participants.

Assessment

Each individual NDIS participant's 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 participants is physiologically difficult. A thorough assessment of a client's 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. Workers providing supports to participants with catheters must be trained in the care of a catheter in order to assist participants with correct catheter management. Education and experience are vital to preventing infection, maintaining skin integrity and comfort.

Applicability

When

- Applies when are supporting participants with urinary catheters.

Who

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

Documents relevant to this policy

- Urinary catheter (easy read)

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

As a rule:

- All workers supporting participants 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 participants prior to any physical examination
- Always assess participant's knowledge of the purpose of catheterisation and explain your actions.



Worker responsibilities when supporting participants with urinary catheters

Support workers must be trained

Participants who are catheterised, self-catheterise or use intermittent catheterisation to empty their bladder are at greater risk of UTI and renal complications. Providers are responsible to care for and ensure participants are safe through due diligence.

This includes workers 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 workers 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 become misplaced in vagina (females)
- Check if catheter has not accidentally been expelled by bladder or urethral contraction (males)
- Check drainage tubing for patency
- Note any inability to void (urinary retention)
- Rapid drainage of urine might result in hypotension
- Diuresis might require Intravenous electrolyte replacement
- Note participant 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 of 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 workers know the signs of autonomic dysreflexia
- If stock is low re-order sterile stock and equipment.

Key management responsibilities when supervising workers supporting participants with urinary catheters

Responsibilities of key management personal are to:



- Ensure workers have current knowledge and a training plan to teach the standards of care for participants with catheters
- Regularly audit safe catheter management practises
- 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.