

EXAMPLE POLICY TEMPLATE FOR CATHETER CARE

CATHETER CARE

Name: Anonymous Care Ltd

Introduction

A catheter is a thin, hollow, flexible tube designed to drain urine from the bladder. The catheter is kept in place by a small balloon filled at its tip with sterile water, which prevents it from falling out. It is inserted into the bladder through the urethra; this is a small opening above the vagina in women, and it runs along the length of the penis in men. In some people, it may be necessary to insert the catheter into the bladder through an incision through the abdominal wall. The catheter is attached to a drainage bag which collects the urine.

The Policy

Drainage Bags

- leg bags should be worn in a comfortable position against the thigh, knee or calf area (according to individual preference) and secured to the leg by straps or a sleeve or holder.
- the belly bag is worn as a bum bag and is secured by a soft belt around the waist
- to minimise the risk of infection, it is essential for hands to be washed and disposable gloves worn before and after emptying or changing the bag
- when emptying the bag, make sure that the outlet does not come into contact with the toilet or other receptacle and that the outlet tap is dried with a disposable wipe following emptying
- the drainage bag should only be disconnected from the catheter when necessary, to reduce the risk of introducing infection
- it should be changed every 5–7 days unless discoloured or soiled.
- when applying a new drainage bag to the catheter it is important to not touch the sterile connector when removing the cap
- all drainage bags are designed for single use only and must not be re-used
- if a drainage bag is disconnected from the catheter for whatever reason then a fresh bag must always be reapplied
- at night, connect a larger capacity bag onto the leg bag.
- the outlet tap on the leg bag should be in the open position to allow the urine to flow into the night bag.
- when removing the protective cap from the night bag do not touch the sterile connector which attaches to the outlet tap

- a stand for the night bag will be provided, and it should be used to promote effective drainage.
- to disconnect the night bag from the leg bag: wash your hands, put on gloves, close the outlet tap on the leg bag and disconnect the tubing from the tap.
- dry the outlet tap with a disposable wipe.
- empty the night bag into the toilet and dispose in clinical waste

Catheter Valves

The aims of using a catheter valve are:

- To get the bladder used to holding a volume of urine again
- To improve the bladder capacity
- To get the bladder to hold between 300-500ml of urine
- To have the catheter valve closed off all day except when the bladder is drained 4-5 times per day by opening the valve for a couple of minutes (or until drainage stops)
- if the bladder is not emptied regularly then abdominal discomfort may be experienced as the bladder becomes full, or there may be leakage of urine around the catheter
- This may be managed by the individual or may need assistance from staff
- Wash hands and wear disposable gloves for this procedure

Care of the Catheter Valve

- the catheter valve should be changed every 5–7 days. to minimise the risk of infection
- wash hands and put on disposable gloves before and after emptying or changing the valve
- when emptying the valve, make sure that the outlet does not come into contact with the toilet or another receptacle and the outlet tap is dried with a disposable wipe following emptying
- At night attach an overnight bag to the valve and once the night bag is connected, the valve should be in the open position to allow urine to drain
- to disconnect the night bag from the valve, wash your hands, put on gloves, close the outlet tap on the night bag and disconnect the tubing from the valve making sure that the valve is closed.
- dry the outlet tap with a disposable wipe.
- empty the night bag into the toilet and dispose in clinical waste

Disposing of Catheter Valves

- Wash hands and put on disposable gloves
- Place the catheter valves in a clinical waste bag

Nutrition and Exercise

- it is important for a person with a catheter to have a good fluid intake, to help prevent infection and avoid constipation; (2 litres is often the standard amount recommended, unless indicated otherwise by a doctor or nurse.)
- a healthy, balanced diet helps prevent constipation, constipation can prevent the catheter flowing freely (as a full bowel presses on the catheter) and is a common cause of leakage around the catheter
- where possible, gentle exercise will help the catheter to drain.

Indicators of a Urine Infection

- the urine becomes cloudy, contains blood or smells offensive
- the individual complains of a stinging or burning in the bladder or of lower back pain.

The district nurse or GP should be notified and the individual should also be encouraged to have a good fluid intake.

Blockage of the Catheter

One of the common complications of long-term catheter use is encrustation by mineral salts, leading to catheter blockage. Crystalline deposits can form on the retention balloon, obstruct the eye holes and block the urine drainage channel.

Bacterial infections make the urine alkaline, so that crystals form on the catheter surface. These obstruct the flow of urine so that the bladder steadily distends.

This can become very painful. Urine retained within the bladder can either leak around or bypass the catheter causing incontinence, or it can flow back or 'reflux' to the kidneys, which can lead to serious kidney and bloodstream infections, pyelonephritis and septicemia. About half of all long-term catheter users experience catheter encrustation and blockage at some time). Sudden catheter blockage can be distressing. It can occur at any time and is a common emergency.

This may also occur if the catheter or tubing becomes kinked, there is an irritation in the bladder, a build-up of debris occurs in the catheter, or if the individual is constipated. In which case

- check the catheter and tubing and release any kinks
- check the drainage bag is not too full
- make sure the leg or night bag is positioned below the level of the bladder or waist to allow for urine drainage

- if no urine is draining then action must be taken

Prevention

When an individual has a long-term catheter in situ, the responsibility for care falls on the nurse. Nurses are trained in urethral and suprapubic catheterisation procedures and are familiar with the potential complications and how to treat them.

Catheter care is essential for individual well-being. Catheter blockage is a common problem which needs to be approached methodically, identifying the cause and taking remedial action to prevent it recurring.

Managing blocked catheters is not only a difficult task for nurses, it also increases pressure on emergency services and causes distress to individuals. In 1991, Kohler-Ockmore found there was a lack of sound scientific knowledge concerning the use of bladder wash-outs. Getliffe (1996) stated that the evidence surrounding the use of wash-outs remained confusing and conflicting, and Evans and Godfrey (2000) stated that the efficiency of bladder maintenance solutions had yet to be proven.

Until the controversy surrounding the use of bladder-maintenance solutions has been resolved, the only method of management left to nurses is to try to pre-empt the blockage of a catheter by changing it before it blocks. For example, if a catheter appears to block every three weeks it would be acceptable to change it routinely every two weeks, hopefully avoiding a blockage and distress for the individual.

When assisting in showering or bathing

- hands must be washed before and after handling the catheter or drainage bag
- disposable gloves must be worn
- the area around the catheter must be washed with soap and water at least daily or after every bowel motion
- before assisting the individual to shower or bathe, empty the drainage bag but leave it connected
- avoid using talc or creams around the catheter.
- Ensure that the catheter does not get pulled or damaged.

Guidance

- Infection prevention and control Quality standard [QS61] Published date: April 2014
- Healthcare-associated infections: prevention and control in primary and community care Clinical guideline [CG139] Published date: March 2012 updated: February 2017.