Catheter Management
Policy, Guidelines & Framework

Current Version

Service Area	Disability, Aged, Community	**Version**	1.1
Process Owner	Governance Lead | CEO | COO	**Date of Issue**	May 2023
Approved by	Chief Executive Officer	**Review**	May 2025

Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2020	Tahla Small	ACT Health	Catheter policy
1.1	4/2022	Tahla Small	UC Hospital	Critric twin flush

In conjunction with:

- All National Policies

Contents

Catheter Care

POLICY STATEMENT
"To provide best practice in managing, educating and supporting client/participants requiring short/ long term management of urinary catheters." (ACT Health Policy adaption)

SCOPE
This policy applies to all employees of National assisting care recipients with catheter care and management.

POLICY
ACT Health Policy - Management of Supra Pubic Catheter: Community Based Patient

- Following initial insertion, the tract will take 10 days to four weeks to become established. If the catheter becomes blocked or dislodged within this initial phase, expert medical advice should be sought as soon as possible. The patient should return to the treating hospital for management.
- Prior to first change of a suprapubic catheter the 'Medical Officer's Orders for Urinary Catheter Management' clinical record form (form no. 40950) must be completed and signed by the referring medical officer.
- Community nurses may perform the first and subsequent suprapubic catheter changes, where the catheter is a balloon catheter (Foley) and NOT a Bonanno (Pigtail)
- First change of suprapubic catheters can be performed in the ambulatory clinic or in the client/participant's own home unless otherwise documented by specialist or General Practitioner (GP)
- The size of the catheter should be no smaller than 16Fg in adults with a 10ml balloon

PROCEDURE

- Ensure patient has had adequate fluid intake prior to procedure
- Catheters should not be clamped prior removal
- Always endeavour to re-insert same size catheter where possible
- If unable to re-insert a catheter, insert a nelaton catheter to keep stoma open and arrange prompt transport to treating hospital for catheter reinsertion
- Urinary Catheters need to be changed at intervals that meet each client/participant's specific needs and comply with manufacturers' recommendations (usually 6 to 12 weeks). Careful evaluation of each catheter change will enable the nurse to establish each patient's individual catheter change routine. Use a 'Urinary Catheter Management Chart' to assist with this process
- Stabilising the catheter to the abdomen as well as to the upper thigh with a securement device is vital to reduce adverse events such as dislodgement, tissue trauma, hyper-granulation, inflammation and infection
- SPC stoma sites do not routinely require a dressing after the first 24 hours of initial insertion. If the site is discharging a temporary sterile gauze dressing should be applied
- Ensure the patient is informed of the procedure should the catheter become dislodged and that contact numbers are in place for Community Nursing team leader, the LINK after hours service and the treating hospital

- Where difficulties are experienced or anticipated seek medical assistance
- Where a catheter is required to be removed permanently, medical orders should be obtained from the treating doctor and documented Inpatient's file.

ACT Health Policy – Management of an Indwelling Urinary Catheter

ALERT: In patients with an Indwelling Urinary Catheter, it is important to remove any obvious signs of encrustations from around the urethral meatus. To achieve this, the catheter must be washed gently with warm soapy water at the start of the procedure and during the patient's daily wash/shower. Avoid back and forth movement of the catheter at the urethral meatus as this may cause unnecessary trauma or irritation and may increase the risk of infection or pressure injury. Observe for any signs of pressure areas or trauma at the urethral meatus. Document findings in appropriate patient records

The purpose of this section is to provide clinical care so as to:

- Maintain a patent urinary drainage system
- Prevent urinary tract infections
- Promote patient comfort
- Provide education for self-management of urinary drainage systems

Perineal/ penile care: Inpatient specific procedure:

- Explain procedure to patient and ensure privacy
- Ensure catheter is securely anchored at all times
- Routine daily perineal/ penile care is performed Drainage bag must be kept below the patient's waist to prevent reflux of urine back up the IDC
- Encourage a two to three litre fluid intake unless contraindicated
- Record output, clarity, colour and odour
- Perform and record urinalysis where indicated
- Observe for Haematuria
- Watch for Haematuria and diuresis in patients with chronic urinary retention
- Adjust the Patient Accountability and Care Plan to indicate IDC insitu and associated peri-toilets required for hygiene needs

Training Requirements

- All service delivery registered nursing staff are required to hold a valid First Aid. Employees are required to undertake First Aid 3rd yearly. This is a part of the employee's contractual obligations and at the cost of the employee, not National.
- Altura Online Training Platform available for registered nurses and recommended annually if actively practicing skill.
- Competencies within 1 year of employment, dependent on client/participant requirements.
- National will provide additional resources and access to catheter care management training throughout the calendar year for registered nursing staff.
- New Nurses to have a watch and learn buddy shift and a show and do buddy shift with registered nurse for catheter changes.
- Attend individualised client competency at client discretion with assessor competency

Citric Twin Flush (Uro-Tainer Twin SUBY G) Procedure: CLINICAL

OVERVIEW

B. Braun Uro-Tainer® Suby G 100mL or Twin (2 x 30mLs)

Indication: A midly hypotonic fluid that is less irritating as a result of the addition of magnesium. This fluid is specially designed to prevent phosphate crystallisation and dissolve existing calcification in indwelling catheters.

Recommend rinse frequency: 2 to 3 times per week depending on the scope of the problem, unless prescribed differently by the doctor. The fluid must remain in the catheter for 5 minutes.

Composition: Per 100mL: Citric acid monohydrate 3.23g, mild magnesium oxide, 0.38g, sodium bicarbonate 0.7g, edetate disodium 2H2 O 0.01g in water for injection. pH = 4.2

Contraindications

- It is important to monitor the clients blood pressure prior to, during and post procedure. If the blood pressure becomes out of ranges, cease the flush, and contact the general practitioner for further assistance.

Procedure

1. Check medical order in client file.
2. Gain consent for procedure and document.
3. Ensure that the client is in a comfortable position, lying down or sitting in their wheelchair.
4. Gather all necessary supplies:

1x Citric twin flush
1x “bluey”
1x Gloves
1x watch or phone
1x blood pressure monitor
1x new catheter day bag.

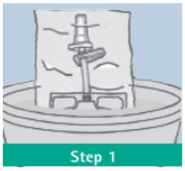
5. Attend hand hygiene – follow five moment of hand hygiene.
6. Warm the solution (in the packaging) in lukewarm water for approximately 5-10 minutes.
7. Disinfect the table and set up supplies, opening any packaging.
8. Attend blood pressure – record in vital signs
9. Attend hand hygiene and don gloves
10. Check expiry date and medical order before beginning.

11. Clamp citric twin flush and loosen the cap.
12. Detach the client's catheter bag and discard appropriately (record urine amount in bag).
13. Using aseptic technique attach the citric twin flush to the end of the catheter.
14. Unclamp the white clamps and hold the flush to approximately 90 degrees (do not squeeze).
15. Re clamp the flush and wait for 5 minutes.
16. After five minutes unclamp the white part of the flush and allow the contents to flow back using gravity method.
17. Attend blood pressure – record in vital signs chart.
18. Unclamp the green part of the flush and hold at 90 degrees allow the contents to flow.
19. Clamp the flush and wait 5 minutes.
20. After 5 minutes unclamp the green part of the flush and hold bag downwards allowing the contents to flow back.
21. Assess the flush for colour and sediment return.
22. Detach the citric twin flush.
23. Attach new catheter bag and write the date and time bag changed.
24. Attend hand hygiene – follow five moment of hand hygiene.
25. Attend final blood pressure – record in vital signs chart.
26. Attend hand hygiene – follow five moment of hand hygiene.
27. Document in progress notes.

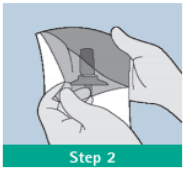
Reference List

B Braun (2020) website https://www.bbraun.com/en/products/b1/uro-tainer-twin-subyg.html
Data on file: Brill H, Bactericidal activity of Uro-Tainer in Quantative Suspension Test according to EN13727:2003.

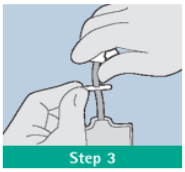
INSTRUCTIONS FOR USE



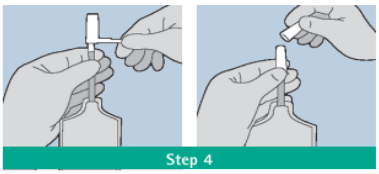
If desired, warm the Uro-Tainer® in lukewarm water. In the meantime, wash your hands thoroughly.



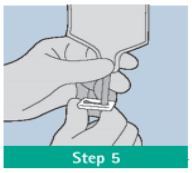
Cut open the plastic wrapper and remove the Uro-Tainer® from the package.



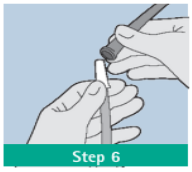
Using the slide clamp, close off the Uro-Tainer® cannula.



Remove the safety ring and pull off the protective cap from the Uro-Tainer® catheter tip, without touching the catheter tip.



Open the cannula by sliding the clamp back. Let a few drops of Uro-Tainer® fluid drip into the catheter so that all air is removed from the cannula.



Connect the Uro-Tainer® catheter tip to the catheter.

Let the fluid flow in by gravity. Let the fluid sit in the catheter for 5 mins by closing the clamp, unless the Uro-Tainer® is being used for mechanical rinsing (Polihexanide and NaCl 0.9%) If using PHMB or NaCl no need to wait for 5mins.

Reopen the clamp and let the fluid flow back by holding the Uro-Tainer® down. When it is full, close the clamp and uncouple the Uro-Tainer® from the catheter.

Note:

If using Uro-Tainer® Twin repeat steps 7 and 8 when using the 2nd solution chamber.

Urinary Drainage Bag Management: Community Specific

Urinary Drainage Bag Types

- Leg bags are available in a range of capacities: 350ml, 500ml, and 750ml.
- Tubing on leg bags is available in different lengths, (5cm to 40cm) and can be tailored to individual patient's requirements (adjustments can be made with extension tubing and connecting pieces).

Management

- Urinary drainage bags should be positioned below the level of the bladder to prevent harmful reflux of urine.
- Leg bags can be placed on the thigh or calf and secured to the leg using straps provided, to prevent urethral trauma and damage to the bladder wall.
- Aseptic technique should be used when attaching urine drainage bags directly to the catheter.
- Urinary drainage bags should be emptied when half to two thirds full.
- Urinary drainage bags should be replaced as per manufacturer's recommendations; every seven days for regular bags or at the time of catheter change for long life leg bags

Closed Drainage System Types

- Closed link system is used to facilitate overnight drainage and is appropriate for use with indwelling urethral and supra-pubic catheter drainage systems.
- Closed drainage systems are available in drainage bags with a two litre capacity and drainage bottles with a four litre capacity.
- Closed drainage systems are supplemented by the linking of a larger two litre capacity bag or urinary drainage bottle with a four litre capacity to the outlet of the sterile leg
- The linked overnight drainage system need not be sterile but must be cleaned daily to minimise the bacterial growth and extend the life of the bag. Manufacturer's instructions for cleaning should be observed (outlined below)

Catheter Valve System

A catheter valve may be used in place of a urinary drainage bag, allowing bladder filling and intermittent drainage. Catheter valves are recommended as single use only items and should not be reused. Manufacturer's instruction regarding frequency of change should be observed. Bard catheter valves are changed weekly, Coloplast Simpla catheter valves are changed at the time of catheter change. For client/participants/ carers to use this system, they need to have:

1. The cognitive ability to learn strategies to prevent infection and/or urinary complications
2. An understanding of the principles associated with catheter management
3. The ability to independently manage their catheter care, or a carer who is willing to ensure safe management
4. The awareness of bladder sensation and recognition of bladder fullness, and manual dexterity to manipulate the outlet tap

ALERT: Catheter valves are inappropriate for client/participants with detrusor instability, lack of bladder sensation or client/participants who are confused.

Instructions for patient/ carer regarding changing of drainage bags/valves:

- Wash hands
- Disconnect bag/valve from catheter
- Connect new bag/valve to catheter - avoid touching clean/sterile connections
- Wiping connection with alcohol wipe is not necessary

Instructions for patient/ carer regarding cleaning of overnight drainage:

- Rinse with cold water to prevent agglutination of urinary proteins
- Wash with warm soapy water (dishwashing liquid)
- Rinse with clean water
- Allow to drain and dry (by hooking bags onto a wire coat hanger from a bathroom rail)
- Night drainage bottles may be left to dry in an upturned position on a clean towel
- 'Urosol', a deodorant and detergent cleansing agent, may be used to dissolve urinary crystals. Vinegar or bicarbonate of soda may be used as a substitute
- Use of bleach should be avoided as it may damage rubber and plastic

Training Requirements

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- National will provide additional resources and access to catheter care management training throughout the calendar year for registered nursing staff.
- Attend individualised client competency at client discretion with assessor competency

REFERENCES

ACT Health, Urology – Catheter Insertion and Management, Bladder Irrigation, Nephrectomy and Trans Urethral Prostatectomy (TURP) accessed from http://health.act.gov.au/research-data-and-publications/policyand-plans-0 on 5 April 2018.
The Joanna Briggs Institute Urinary Catheter (intermittent): Management
The Joanna Briggs Institute Urethral Catheter (Older Person): Removal
The Joanna Briggs Institute Urethral Catheter: Emptying Drainage
The Joanna Briggs Institute Suprapubic Catheter: Site Dressing