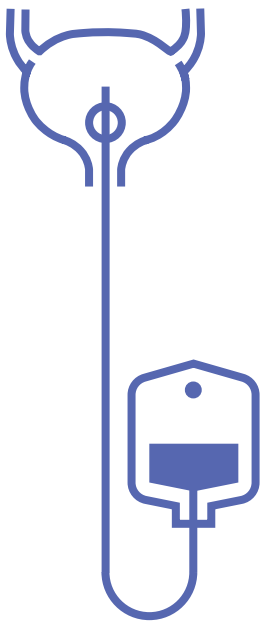
Urinary Catheter Quick Reference Guide

Device-Related Infection Prevention Practice (DRIPP)

Assessment

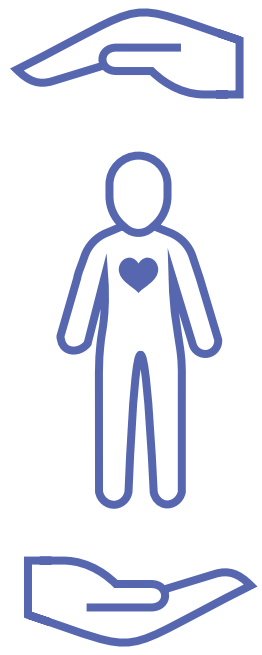
1. Assess whether a urinary catheter is clinically indicated; avoid unnecessary placement[1,2]
2. Assess post void residual urine using a bladder ultrasound scanner (where available) to guide the decision to catheterise[2]
3. Consider alternatives to urinary catheterization e.g. intermittent catheter, sheath[2]
4. Rationale, informed consent and indication must be documented[3]

Insertion



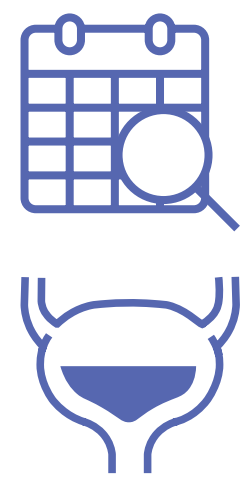
1. Select the smallest gauge catheter to minimise urethral trauma and discomfort[1,2]
2. Use sterile equipment and ANTT* (or other standardised aseptic technique) for the insertion of a urinary catheter [2,6]
3. Clean the urethral meatus (with sterile saline[2] or chlorhexidine[4])
4. Use sterile lubricant[1,2]
5. Use a securing device[3]
6. Record date of insertion, volume of urine drained, and plan for review/removal[2]

Daily care



1. Decontaminate hands and don clean non-sterile gloves before catheter manipulation[2]
2. Decontaminate hands following glove removal[2]
3. Maintain closed system[1,2]
4. Perform daily meatal hygiene[2]
5. Position the drainage bag below the level of the bladder; prevent contact with the floor[2,3]
6. Ensure adequate hydration[5]
7. Urine samples (if required) must be obtained from a sampling port using ANTT* (or other standardised aseptic technique) [1,3,6]

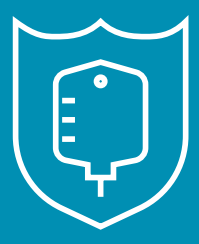
Review and Removal



1. Review daily and document clinical indication and duration for urinary catheter[2]
2. Assess bowel movements, hydration and alpha blockers (if applicable) prior to removal[5]
3. Remove the urinary catheter as soon as no longer indicated[2,3]
4. Ensure careful TWOC* assessment to determine a pass/failed attempt[5]

Patient transfer and discharge

1. Patients discharged should have a documented management plan and be informed of the:
   - reason for catheter
   - date for review/removal
   - appropriate referral(s) e.g. TWOC clinic urology, continence advisor[2,5]
2. Provide equipment supplies for 7 days[5]
3. Ensure appropriate onward referral for catheter management[5]



*ANTT - Aseptic Non-Touch Technique[6] *TWOC – Trial without catheter

- Healthcare practitioners (HCP) should have the skills, knowledge and be competent to carry out urinary catheter procedures they perform[2,5]
- Ensure patients, relatives and carers are given information with the reasons for the catheter, catheter care and plan for review/removal[5]

Scan for more information

References

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3. NICE Quality standard [2014) Quality statement 4: Urinary catheters https://www.nice.org.uk/guidance/qs61/chapter/quality-statement-4-urinary-catheters
4. Mitchell et al (2019) Chlorhexidine versus saline in reducing the risk of catheter associated urinary tract infection: A cost-effectiveness analysis International Journal of Nursing Studies (97) pp1–6
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6. Rowley and Clare (2020) How widely has ANTT been adopted in NHS hospitals and community care organisations in England and Scotland? British Journal of Nursing. 29:924-32

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NHS England

ips Infection Prevention Society

BAUN British Association of Urological Nurses

ACA Association for Continence Advice — Driving Excellence in Bladder and Bowel Care

ASAP The Association for Safe Aseptic Practice