URINARY CATHETER MANAGEMENT

Policy Code: 1138	URINARY CATHETER MANAGEMENT

Scope

This policy applies to all CASS Care Ltd staff undertaking urinary catheter management and caring for participants.

Definitions

There are three urinary catheters commonly encountered which are explained below.

Term	Definition
Indwelling catheter (IDC)	An **indwelling catheter (IDC)** is inserted via the urethral opening of the penis or vulva and held in place via a small balloon inflated with water. It is changed every four to 12 weeks. A drainage bag attaches to the tube to collect urine.
Suprapubic catheter	A **suprapubic catheter** (SPC) is inserted into the body below the belly button in the lower abdominal area. Urine drains from the bladder via a drainage bag of the same type used with an IDC. An SPC catheter is changed every four to 12 weeks.
Uridome	A **uridome** is a condom-like device that attaches directly to the penis. It is attached each evening before bed and removed each morning. Overnight it is attached to a drainage bag to collect urine.
Intermittent catheter	The catheter insertion and removal several times a day to empty the bladder.

Principles of urinary catheter management

CASS Care Ltd principles of urinary catheter management are:

- following infection management procedures,
- replacing and disposing of catheter bags safely,
- monitoring catheter position,
- monitoring skin condition around the catheter, and
- maintain charts and records.

Role and responsibilities

Registered nurse

Our registered nurse will:

- only work within the scope of their practice and prior experience,
- attend to catheter care management, including the insertion or changing of catheters, only if they have extensive practical experience in inserting or changing a catheter in both male and female participants, and
- supervise and guide support workers in the provision of catheter care.

Support Workers

Our support workers will:

- follow the Urinary Catheter Management Care Plan as provided by CASS Care Ltd,
- report to the DS executive team, clinical team or registered nurse any changes or variations to seek advice,
- never change the Care Plan and follow the Care Plan,
- take part in training on the use of equipment, manual handling, and risk management as determined by CASS Care Ltd,
- report any issues arising from the delivery of personal care to the DS executive team, clinical team for further advice, and
- identify and report to the DS executive team, clinical team any identified gaps in their skills required to deliver supports.

Support workers may:

- perform any task on the Urinary Catheter Management Care Plan, apart from those that must be performed by a registered nurse (as nominated above),
- undertake catheter care as follows:
  - empty the drainage bag,
  - change the drainage bag,
  - clean around the catheter entry site,
  - ensure no apparent kinks are in the catheter tubing,
- attach the night bag to the day bag (afternoon staff), and
- observe and report if:
  - urine is not clear, has an unusual odour,
  - there is debris in the urine, or urine output is reduced, and
  - the catheter entry site is red.

Care Plan

The Urinary Catheter Management Care Plan will be reviewed regularly. The participant will be provided information regarding adjusted procedures using their preferred communication method

(where applicable).

The Care Plan includes:

- maintaining infection management procedures,
- managing a specific type of catheters (i.e. IDC, suprapubic, intermittent),
- replacing and disposing of catheter bags safely,
- maintaining charts/records (i.e. output and intake, bag changes),
- monitoring catheter position,
- monitoring skin condition around the catheter, and
- recognising, responding and reporting blockages, dislodged catheters, and deteriorating health or infection signs.

The participant's health status is regularly reviewed by the DS executive team, clinical team and a qualified health practitioner (e.g. registered nurse).

The support worker will obtain the participant's consent before commencing urinary catheter management care.

Staff training

Support workers are provided with general and participant-specific training according to the training plan, each participant's needs and their urinary catheter management plan. These training include:

- basic understanding of the urinary system for males and females,
- appropriate and monitoring of hydration,
- types of catheters,
- procedures and challenges in inserting catheters in males and females (intermittent catheters only),
- common complications associated with using different types of catheters,
- indicators of complications that require intervention and understanding of when to involve a health practitioner,
- infection management procedures,
- identify how to respond/report signs of deteriorating health, and
- emergency management of a catheter.

Safe care

Our staff will consult with the participant, their family, carer or advocate to identify, recognise, and respond to or report problems relating to urinary catheter care (e.g. irritation, dehydration, infection, blockages and signs of deteriorating health). Our support worker will involve a qualified health practitioner (e.g. general practitioner, registered nurse) if any risk factors are present with the participant.

Equipment

When providing urinary catheter care, the following equipment is required:

- disposable gloves (powder free),
- disposable apron,
- goggles/face mask,
- lubricant (water-based),
- catheters (i.e. indwelling, suprapubic, intermittent),
- urine bags (i.e. leg and overnight),
- leg tape,
- stand for an overnight bag, and
- bag or receptacle for medical waste.

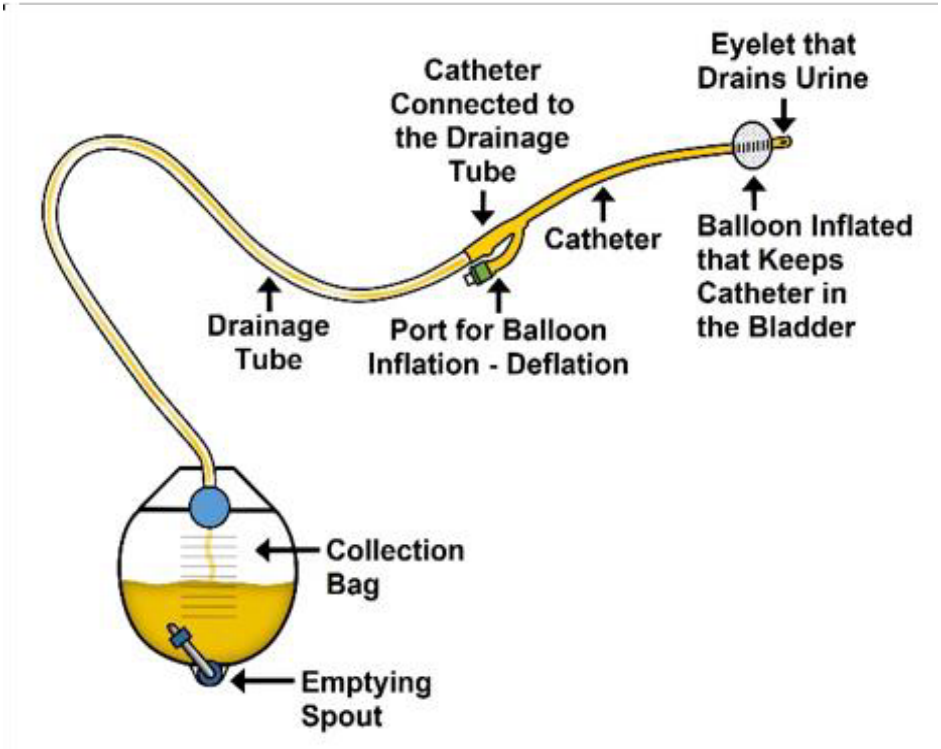
Procedure

Catheters are generally necessary when someone cannot empty their bladder. If the bladder is not emptied, urine can build up and lead to pressure in the kidneys. The pressure can lead to kidney failure, which can be dangerous and may result in permanent damage to the kidneys.

Catheter types

A urinary catheter is a hollow, partially flexible tube that collects urine from the bladder and leads to a drainage bag. Urinary catheters' sizes and types vary; they can be made of rubber, plastic (PVC) or silicone.

Diagram 1. Urinary catheter tube



The three most common types of urinary catheters include:

1. **Indwelling or Suprapubic**: A thin, flexible tube continuously drains urine from the bladder via the urethra (indwelling) or an insertion site in the lower abdomen above the pubic bone (suprapubic). It is kept in the bladder via a balloon inflated with a specified amount of sterile water.
2. **Intermittent:** Involves inserting and removing a catheter into the bladder via the urethra several times a day, emptying contents into a container (then emptied in the toilet) or directly into the toilet.
3. **External:** This catheter is placed outside the body. It is typically necessary for men who do not have urinary retention problems but have serious functional or mental disabilities, such as dementia. A device that looks like a condom covers the penis head, and a tube leads from the condom device to a drainage bag.

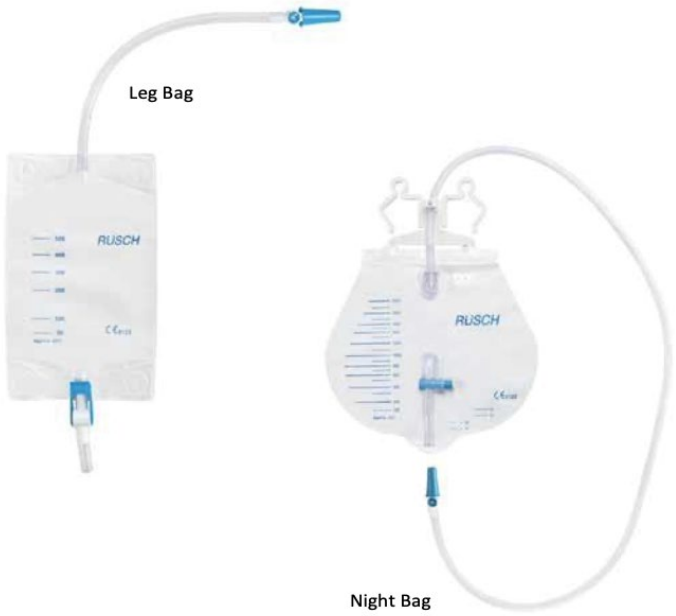
Catheter care and equipment

When providing catheter care, our support workers will:

- perform strict hand hygiene when attending to catheters, including emptying the drainage bag,
- ensure the correct positioning of the catheter tubing so that it is not tugged or pulled by securing the tube to the thigh with an appropriate catheter strap,
- wash the catheter entry point daily, using downward strokes away from the entry area to avoid introducing microorganisms into the body,
- monitor the skin and record any redness or swelling,
- encourage adequate fluid intake to promote a healthy urine output,
- empty the drainage bag regularly, never allowing it to overfill as backflow may occur, which sends urine back towards the bladder and may cause infection and pain,
- record the dates for when the catheter will need to be replaced by a registered nurse (usually six to 12 weeks, depending on the type of catheter),
- record when the catheter bag is emptied, and the urine volume may also need to be recorded, and
- Report to DS executive team and clinical team when the catheters is blocked, dislodged, sign of deterioration or infection

Urinary catheter drainage bag procedure

Two types of bags are used to drain urine – a leg bag and an overnight bag. Different brands have different interlocking clamps and access to drainage. The participant's Care Plan lists the specific type of urinary drainage bags that support workers will use.



Leg bag

The leg bag is:

- a sterile bag that must always stay connected unless being changed (weekly),
- worn under clothing and is usually attached to the leg above the knee with a pair of straps,
- strapped securely to prevent the bag from trailing or dragging on the catheter, and
- emptied into the toilet when it is over half full (or every two hours) as indicated on the bag (it is never to be more than three-quarters full).

Before changing the leg bag, the support worker will:

- wash hands,
- put on appropriate PPE,
- hold the catheter firmly at the Y joint, tightening to reduce urine leakage,
- carefully twist the leg bag out of the catheter (ensuring not to pull on the catheter),
- remove the used leg bag,
- connect a new leg bag, ensuring not to touch the tip of the bag, so it remains sterile,
- use bottom clamps to close and secure to the participant's leg, as desired,
- discard the used bag according to the Management of Waste Policy and Procedure and the Infection Management Policy and Procedure,
- remove PPE, and
- wash hands.

Overnight bag

Before removing the leg bag and putting it on an overnight bag, the support worker will:

1. wash hands,
2. put on appropriate PPE,
3. empty the leg bag (without removing the leg bag from the catheter),
4. confirm the night bag clamp is closed and attach it to the outlet of the leg bag,
5. open the leg bag clamp,
6. check the night bag is hanging on the bed or the nightstand, so gravity enables the correct flow of urine down the catheter through the leg bag and into the night bag,
7. remove PPE, and
8. Wash hands.

The next morning, the support worker will:

1. wash hands,
2. put on appropriate PPE,
3. clamp the leg bag closed (the leg bag is changed weekly unless otherwise specified in the Care Plan),
4. remove the night bag,
5. record the amount of urine, if required, and empty,
6. dispose the overnight bag,
7. remove PPE, and
8. wash hands.

Intermittent catheter procedure

The procedure involves passing an intermittent catheter down the urethra into the bladder. Registered Nurse or Clinical nurse specialist will refer to a participant's Urinary Catheter Management Care Plan to determine the specific size and type of intermittent catheter. The Catheter Care Form will outline catheterisation times and other necessary information.

Male catheters

Registered Nurse or clinical nurse specialist will undertake the following procedures.

1. Wash and dry hands.
2. Wear required PPE.
3. Adjust the participant's clothing so that the penis is accessible.
4. Use soap and water (or moistened towelettes) to wash and dry the area.
5. If the participant is not circumcised, the foreskin will be pulled back, and the area washed.
6. Place the unopened catheter packet with the clear side facing downwards on a flat surface.
7. Peel back from the coloured end of the catheter for five centimetres.
8. Gently grasp hold of the funnel to stabilise the catheter and prevent it from flicking out of the packet.

9. Slowly peel the paper side of the packet and remove it altogether (without touching the catheter). The catheter should remain in a clear packet.
10. Drop lubricant onto the tip of the catheter and along the tube for about five centimetres.
11. Without touching the catheter (grasp hold of it through the packet), pick it up and hold it like a pen in their dominant hand and then peel back the clear packet to reveal the tip of the catheter.
12. With the non-dominant hand, grasp the penis and hold it at an angle.
13. Gently but firmly, push the catheter into the penis five centimetres. Hold the shaft of the penis firmly so that the catheter does not fall out.
14. Peel back the paper to expose another five centimetres of the catheter to be inserted.
15. Continue to insert the catheter in this way.
16. Resistance may be encountered where the catheter reaches the neck of the bladder and the closed sphincter muscle. The catheter is not to be forced. The support worker will ask the participant to cough, bear down (as though they want to pass urine), or deep breathe while applying gentle pressure against the resistance and continuing to insert the catheter.
17. Remove the paper entirely and wait for the urine to flow.
18. Return the penis to its natural position and hold onto the catheter until the urine flow stops.
19. Ensure urine flow is directed into the toilet or container.
20. Press gently over the bladder area as more urine may flow out when the urine has stopped.
21. Gently pull the catheter out and dispose of it in the bin or according to the Care Plan.
22. Replace the foreskin, if necessary.
23. Wash and dry the area thoroughly.
24. Discard catheters and packaging as per the Infection Management Policy and Procedure and the Management of Waste Policy and Procedure.
25. Remove PPE.
26. Wash and dry hands well.

<u>Female catheters</u>

Registered Nurse or clinical nurse specialist will undertake the following procedures.

1. Wash and dry their hands.
2. Wear appropriate PPE.
3. Assist the participant in a comfortable position and adjust clothing to access the urethra.
4. Use soap and water (or moistened towelettes) to wash the area and then dry.
5. Place the unopened catheter packet on a flat surface, the clear side facing downwards.
6. Peel back from the coloured end of the catheter for five centimetres.
7. Gently grasp hold of the funnel to stabilise the catheter and prevent it from flicking out of the packet.
8. Slowly peel the paper side of the packet and remove it entirely without touching the catheter, and the catheter will remain in the clear packet.
9. Drop lubricant onto the catheter's tip and about five cm along the tube.
10. Without touching the catheter (grasping hold of it through the packet), pick it up and hold it like a pen in their dominant hand and peel back the clear packet to reveal the tip of the catheter.
11. Using the non-dominant hand, the worker gently parts the labia to expose the urethra.
12. Gently insert the catheter into the urethra and push it until urine begins to drain gently.
13. If the catheter appears stuck, remove the catheter and try again.
14. Hold on to the catheter until the flow of urine stops.
15. Make sure to direct the flow of urine into the toilet or container.
16. When the flow has stopped, ask the participant to cough and press gently over the bladder as more urine may flow out.
17. Gently pull the catheter out, place it in a bowl, or dispose of it in the bin.
18. Wash and dry the area.
19. Discard packaging as per the Infection Management Policy and Procedure and the Management of Waste Policy and Procedure.
20. Remove PPE.
21. Wash and dry hands.

Care of skin and urethral care

The urethra and general genital area have soft membranes that are easily harmed. Therefore, the skin surrounding the urethra will be cared for by observing:

- redness or swelling, and
- infection (discoloured mucus or pus, strong odour, pain or abnormal discomfort).

If any of the above are noted, our support workers will document them appropriately and inform the DS executive team and clinical team or the registered nurse.

Problems and complications in urinary catheter management

The participant's fluid intake, including alcohol and caffeine (which increase the amount of urine they produce), is monitored and calculated using the Daily Fluid Intake and Output Form. The participant may require extra catheterisation. Urethral strictures may become a problem; if this is the case, the DS executive team, clinical team and the registered nurse will be informed.

Managing urinary bypassing of a catheter

Urine may be coming from the participant's urethral opening or leaking around the catheter insertion point. Should this occur, a support worker will assess the catheter for patency and:

- blocked catheter tubing (sediment or blood will be visible in the tube),
- kinked tubing,
- over-full drainage bag, and
- clamped catheter.

The support worker will assess for faecal impaction or constipation. A full rectum can cause pressure on the bladder, leading to unstable bladder contractions and occluding or blocking the catheter.

If a support worker follows the above steps and urinary bypass is still evident, they will notify the registered nurse or the DS executive team and clinical team as the catheter may require changing.

Observe, document and report

If specific conditions or symptoms are identified, observations will be documented and reported to the supervising registered nurse or the DS executive team and clinical team who will arrange a medical review. Conditions and symptoms may include:

- persistence or worsening pain in the lower abdomen,
- a persistent, localised pain,
- new pain since catheter insertion,
- minor bleeding post-insertion and ongoing 12 hours after being initially reported and investigated,
- absence of urine flow – if there has been no urine collected in the drainage bag for more than four hours or the participant's abdomen is swollen and tender, the registered nurse will be contacted immediately to organise an urgent medical review,
- strong odour or cloudy urine,
- blood in urine,
- chills or fever above 37.5 degrees,
- lower back pain,
- abnormal leakage around the catheter,

- swelling at the catheter insertion site, especially in men, and
- disorientation or change in mental status.

References

- NDIS (Quality Indicators) Guidelines 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS Practice Standards Skills Descriptor - High-intensity Skill Descriptor
- NDIS Practice Standards and Quality Indicators 2021

Reviewing and approving this policy		
Freque ncy	**Person responsible**	**Approval**
3 years	**Clinical Team and DS Executive Team**	**RACS & DS Committee**

Policy review and version tracking			
Review	**Date Approved**	**Approved by**	**Next Review due**
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Version 2	**May 2025**	**RACS & DS Committee**	**May 2028**