Indwelling Urinary Catheterisation Assessment

Catheterisation is recognised as a skilled aseptic non-touch procedure that requires appropriate training and competences. When considering catheterisation nurses must follow the Royal College of Nursing (RCN) Guidelines for nurses (2019) on catheter care.

**Indications for a urinary catheterisation**

| Drainage          | Prostatic hyperplasia  
|                  | Acute or chronic retention  
|                  | Hypotonic bladder  
|                  | Pre and post pelvic surgery  
|                  | Measurement of urine output  
|                  | To empty the bladder during labour  
| Investigations    | Urodynamics  
|                  | x-ray investigations  
| Instillation      | To irrigate the bladder  
|                  | For the instillation of drugs  
| Management of incontinence | For End of Life patients - where catheterisation allows patients to cope with pain, frequency of micturition and maintenance of dignity  
|                  | Facilitating continence and maintain skin integrity (when all conservative treatment methods have failed)  

**ACUTE RETENTION**

Retention of urine can be acute or chronic. Chronic retention can be associated with either low or high intravesical pressure

**Acute retention**
- Presents with inability to pass urine for several hours
- Usually associated with lower abdominal pain
- Bladder is visible and palpable
- Bladder is tender on palpation

**When to use with caution**
- Recent urethral surgery
- Unexplained haematuria
- History of false passages /strictures
- Pelvic or perineal trauma-fractured pelvis
- Urinary infection

**CHRONIC RETENTION**

Chronic retention is usually relatively painless. High pressure chronic retention can cause hydro nephrosis and renal impairment

- Can present as late-onset enuresis
- May also present with hypertension
- Low pressure chronic retention presents with symptoms of bladder outflow obstruction
- Need to perform neurological examination to exclude disc prolapse
- Patients with chronic retention and renal impairment need urgent urological assessment
Contra indications for urethral catheterisation

- Lack of consent
- Urethral Stricture/obstruction
- Undiagnosed haematuria
- History of difficult urethral catheterisation-including malformed genitalia
- Previous failed attempt
- Radical prostatectomy within 3 months
- Mental health or cognitive status may affect the patient’s ability to give consent or cope with catheter care. Confused patients may attempt to forcibly remove the catheter which could lead to urethral trauma and infection.
- The patient may have dexterity and mobility problems which may affect the ability to manage the catheter and drainage systems. Carer availability must also be considered to undertake catheter care in these circumstances

**HOUDINI**

When deciding if a catheter is still required, staff should consider the HOUDINI nurse led protocol which considers acceptable rationales for patients being catheterised.

<table>
<thead>
<tr>
<th>Haematuria</th>
<th>visible haematuria</th>
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</thead>
<tbody>
<tr>
<td>Obstruction</td>
<td>Urinary Retention</td>
</tr>
<tr>
<td>Urology</td>
<td>surgery/retention</td>
</tr>
<tr>
<td>Decubitus Ulcer</td>
<td>an open sacral or perineal wound in patient who is incontinent</td>
</tr>
<tr>
<td>Input/Output</td>
<td>fluid monitoring - (Should only be used in the acute setting)</td>
</tr>
<tr>
<td>Nursing end of life</td>
<td>For comfort</td>
</tr>
<tr>
<td>Incontinence</td>
<td>only when all other alternative methods of management have been exhausted (this may include aids/ ISC and discussion with the Specialist Continence Sister</td>
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</table>

If the answer to all of the above is no then the patient should be referred to the Specialist Continence Service for a Trial Without Catheter as soon as possible to reduce the risks of Catheter Associated Urinary Tract Infections (CAUTI’s).

The reason for catheterisation should be reviewed at each catheter intervention to see if it can be removed