Female Catheterisation and Removal Procedure

(Continence Manual)

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1. **AIM**

To provide staff with best practice guidelines for performing female catheterisation.

2. **SCOPE**

This procedure applies to all clinical staff, whether in a direct or indirect patient care role.

Adherence to the procedure is the responsibility of all Trust staff, including agency, locum and bank staff.

3. **LINK TO OVERARCHING POLICY**

3.1 Continence Manual

https://www.rdash.nhs.uk/27299/continence-policy/

3.2 LINKS TO RELAVANT POLICIES/PROCEDURES

Continence Manual | RDaSH NHS Foundation Trust

Infection Prevention and Control Manual | RDaSH NHS Foundation Trust

4. **PROCEDURE**

4.1 Female Catheterisation

First time female catheterisation must only be performed by a qualified Health Care Professional.

Catheters should only be used after all alternatives have been considered. Therefore it is essential that a urethral catheterisation assessment is performed before carrying out the catheterisation procedure. Reason for catheterisation must be clearly documented within the Catheter Integrated Pathway of Care (IPOC) within SystmOne and Catheter Passport. Please refer to Appendix 8 for Urethral Catheterisation Assessment Guidance.

4.2 Risk of Catheterisation

Using any form of catheterisation has associated risks. Therefore it is essential that a risk assessment is an integral part of catheter care. Please refer to Appendix 9 for risk assessment

4.3 Choice of Catheter and Catheter Equipment

Female patients are usually catheterised with a standard length catheter first, however the patient may then chose to have a female length catheter
for discretion and comfort.

Choice of catheter and equipment used must be clearly documented within the catheter IPOC within SystmOne and catheter passport.

Please refer to Appendix 10 for choice of Catheter and equipment

4.3 **Female Recatheterisation**

Band 3 Healthcare Assistants who have attended the Female Recatheterisation Study Day provided by the Specialist Continence Service and have completed the relevant Clinical Skills Package may perform simple female recatheterisation on uncomplicated female patients who have been assessed by qualified nurse.

4.3 **How To Perform Female Catheterisation**

Please follow link to the Royal Marsden

*Urinary catheterization: female - Royal Marsden Manual*

4.4 **How To Remove a Catheter**

Please follow link to the Royal Marsden

*Urinary catheter removal - Royal Marsden Manual*

4.5 **Documentation**

The Catheter Integrated Pathway of Care (IPOC) found within SystmOne provides a framework for best practice and follows RCN Guidelines for nurses on catheter care (2019). The IPOC supports the assessment process and should be followed by the Healthcare Practitioner to meet all the clinical and legal requirements for record keeping.

Each individual patient or carers should be given a ‘My Catheter Passport’ document. This document provides the patient with written information about their catheter management (please see Appendix 17).

There are 2 distinct sections within the passport – Patient and Clinical. The Patient Section supports effective care of the catheter in order to reduce the risk of infection and the Clinical Section includes essential information around the catheterisation itself and should contain the plan of care;— reason for catheterisation and plans for trial without catheter. There is also a Catheter Maintenance Section which can be completed by the Health Care Professional, carer or patient themselves.
5. **APPENDICES**

Appendix 8 Urethral Catheterisation Assessment Guidance  
Appendix 9 Risk Assessment  
Appendix 10 Choice of Catheter and Equipment  
Appendix 17 My Catheter Passport

Please see: Continence Manual | RDaSH NHS Foundation Trust where Appendices can be viewed or downloaded

6. **Reference**

Royal College of Nursing (2019) Catheter Care RCN Guidance for Health Care Professionals. London Catheter Care | Royal College of Nursing