Intermittent Catheterisation Procedure
(Continence Manual)
1. **AIM**

   To provide staff with best practice guidelines for performing Intermittent 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 **Intermittent Catheterisation**

   Intermittent catheterisation should always be considered for incomplete emptying as a first option rather than indwelling catheterisation (NICE 2019), providing this is safe and acceptable alternative for the individual and carer(s). It can be used as treatment for voiding problems due to disturbances or injuries to the nervous system, non-neurogenic bladder or obstruction with incomplete emptying.

   It is therefore essential that a urethral catheterisation assessment is performed before carrying out the catheter procedure. Reason for catheterisation should 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 **Female Re-catheterisation**

   Band 3 Healthcare Assistants who have attended the Female Catheterisation Study Day provided by the Specialist Continence Service and have completed the relevant clinical skills package may perform simple female re-catheterisation with an intermittent catheter on
uncomplicated female patients who have been assessed by a registered nurse.

4.3  **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.

Though intermittent catheterisation has a reduced infection rate when compared to indwelling catheters, there is still a risk.

Intermittent catheterisation should not be commenced solely on the residual urine. Before commencing a patient on intermittent catheterisation, their symptom severity, renal function, risk assessment, psychological and physical ability to perform intermittent catheterisation and residual urine must be considered.

4.4  **Catheter Choice**

Male patients can only be catheterised with a standard length. The choice of catheter and equipment used should be clearly documented within the catheter IPOC within SystmOne and catheter passport.

Please refer to Appendix 10 for choice of Catheter and equipment.

4.5  **Teaching Intermittent Self-catheterisation (ISC)**

For further advice on patients performing ISC contact the Specialist Continence Service who will carry out a full assessment and the patient’s ability to manage the procedure. It should also be noted with the patient’s consent a carer/spouse can be taught to perform ISC.

4.6  **Frequency**

The frequency and continued usage of intermittent catheterisation is based on the following:

- Symptom severity improvement
- Quality of life and life style indicators
- Volumes drained related to times of urinary output (Please refer to Appendix 13 for frequency guide)
- Clinical requirement
- Renal function

Intermittent catheterisation may need to be increased during periods of urinary tract infections.

For further advice regarding frequency and continued usage of intermittent catheterisation, please contact the Specialist Continence Service.
4.7 12 month review

All patients who perform Intermittent Self-catheterisation will be reviewed every 12 months by the Specialist Continence Service.

4.8 Performing Female Intermittent catheterisation
Please follow link to the Royal Marsden Manual

4.9 Performing Male Intermittent catheterisation
Please follow link to the Royal Marsden manual

4.10 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.

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

Appendices are published on the Continence Manual’s webpage where they can be accessed, downloaded.

Appendix 8 Urethral Catheterisation Assessment Guidance
Appendix 9 Risk Assessment
Appendix 10 Choice of Catheter and Equipment
Appendix 13 Intermittent Catheter Frequency Guide
6. Reference


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