Urinary Catheterisation Aftercare Procedure

(Continence Manual)
1. **AIM**

   The aim of this procedure is to provide staff with the information required to manage and care for patients with a urinary catheter.

2. **SCOPE**

   This procedure applies to all 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

   [Continence Manual | RDaSH NHS Foundation Trust](#)

   3.2 LINKS TO RELAVANT POLICIES/PROCEDURES

   [Continence Manual | RDaSH NHS Foundation Trust](#)

   [Aseptic non-touch Technique (IPC Manual)](#)

4. **PROCEDURE**

   4.1 Patient aftercare advise

   Following catheterisation patients should be given the following advice on:

   - How to care for the leg bag/catheter valve (Please refer to Appendix 10)
   - How to change a leg bag (please refer to Appendix 14)
   - How to empty a leg bag (please refer to Appendix 15)
   - How to attach a night drainage bag (please refer to Appendix 16)
   - Catheter passport should be given and discussed
   - How to order repeat prescriptions
   - Who to contact if they experience any problems or concerns

   4.2 Collecting a Catheter Specimen of Urine (CSU)

   Dipstick testing is not an effective method for detecting urinary tract infections in catheterised adults. This is because there is no relationship between the level of pyuria and infection in people with indwelling catheters (the presence of the catheter invariably induces pyuria without the presence of infection). To ensure that urinary tract infections are diagnosed
accurately and to avoid false positive results, dipstick testing should not be used (NICE 2017).

- Samples must be obtained from a sampling port using an aseptic technique

- Samples must only be obtained when the patient is symptomatic, there should be no routine sampling

- Never disconnect the closed system to obtain a urine specimen

- Never collect a sample of urine from the drainage bag as this does not represent the bacteria in the bladder and could lead to over-prescribing of antibiotics

Urine samples for Microscopic Culture and Sensitivity must be sent in a Urine Primary Tubes (UPTs), red top containing boric acid which acts as a preservative. Refrigeration of urine is therefore rendered unnecessary and the sample will last for at least 48 hours at room temperature without any negative affect upon the final result. Urine samples for all other urine tests should still be collected in their currently used containers.

- When report states ‘possible contamination’, it is because there are microorganisms in the sample but NO white cells. White cells would be present if infection was present.

Please refer to the Royal Marsden Manual

[Urine sampling: catheter specimen of urine - Royal Marsden Manual](#)

4.3 Catheter Associated Urinary Tract Infections (CAUTI's) and When to Change a Catheter

If the urinary catheter has been insitu for more than 7 days and the patient is about to commence antibiotics for a confirmed CAUTI, if possible, change the catheter at the beginning of the course of antibiotics.

4.4 Discharge of Patients from Hospital

Patients that are newly catheterised and are to be discharged should be given the relevant equipment to take home.

These include:

- 1 x Prefilled catheter
- 1 x Tube of anaesthetic jelly
- 2 x Night bags
- 1 x Normal Saline

- 1 x Dressing pack
- 2 x leg bags/valves
- Catheter passport
A discharge form should be completed and sent through to the Single Point of Access. A copy should go home with the patient.

Compliance with this will ensure patients are not re-admitted with blocked catheter before Community Nurses can obtain supplies. Planned care should visit the patient as soon as possible after receiving the referral to ensure that the patient has the appropriate equipment and to identify any problems or concerns that the patient may have following discharge.

4.5 Catheter passport

Each individual patient or carer should be given a ‘My Catheter’ passport document. This document provides the patient with written information about their catheter management (please refer to 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 10 Catheter Selection and Equipment

Appendix 14 Procedure for changing a leg bag

Appendix 15 Procedure for Emptying a Catheter Bag

Appendix 16 Procedure for Connecting a Single Use Night Bag

Appendix 17 My Catheter Passport

These appendices can be found on the Continence Manual | RDaSH NHS Foundation Trust home webpage.