

Catheter Policy & Guidelines.

Aim of Policy

To standardise the practise of urinary catheterisation across the South Eastern Sydney Area Health Service.

To minimise the risk of complications related to urinary catheterisation.

Indications for Catheterisation:

- To relieve urinary retention
- To bypass a urinary obstruction
- To collect a sterile specimen of urine
- To determine residual urine in cases of incomplete emptying of the bladder and the bladder scan shows a reading of above 150mls
- To empty the bladder, if necessary – before or after abdominal, pelvic or rectal surgery and in certain investigations.
- To allow urodynamic studies to be performed to assess bladder function
- To determine accurate urinary output
- To instil medication
- To relieve incontinence when skin integrity is threatened.

Principles of changing indwelling urinary catheters

- All registered nurses must follow the relevant catheter procedure guidelines for their area of practice.
- All registered nurses that have undertaken the appropriate education can perform all indwelling urinary catheter changes.
- Nurses are to follow universal precautions for all catheter changes as per facility guidelines.
- All catheter changes should be initially authorised by a medical practitioner.
- All registered nurses attending catheter changes must have sound knowledge of the lower urinary tract anatomy and physiology.
- All registered nurses should be aware of possible problems that can arise from catheterisation.
- All registered nurses must be aware of the patient's urological history and the reason for catheterisation
- All registered nurses must be aware of signs, symptoms and treatment of autonomic dysreflexia in spinal cord injury patients.
- All catheterisation should be undertaken using aseptic technique
- The use of the smallest gauge catheter where possible should be adhere to as a larger gauge may irritate the urethra causing bladder spasm and possible leakage.

- Female length catheters should be used in female patients to reduce the risk of catheter related problems. Female length catheters can also be used in males and females who have a supra pubic catheter.
- A closed system of drainage should be maintained at all times. Use of only sterile drainage bag or catheter valve. Breaking the catheter seal increases the risk for infection.
- First change of suprapubic catheter is at six weeks to ensure that the tract is fully patent. Subsequent changes are four weeks.
- All catheters become encrusted and colonised within 24 hours. It is false economy to leave a catheter insitu for periods greater than four weeks.
- Only symptomatic and Proteus infections require treatment. A urine specimen should only be taken at catheter change from the new catheter.
- All people with a urinary catheter should have an adequate fluid intake to prevent encrustation and infection. The urine draining should be clear and pale in colour.
- To decrease the risk of urethral or bladder neck trauma all indwelling catheters should be secured to the patient's thigh or abdomen with an appropriate anchoring device.
- All people with an indwelling catheter require ongoing catheter care and management.

Compiled by:

Margaret Louey, Cheryl Meade & Jeannette Werda – Nurse Continence Advisers

Taken from existing policy and procedure manuals from the following Hospitals and Community Health Centres

St. George Hospital

Sutherland Hospital

Garrawarra

War Memorial Hospital

Calvary/C.R.A.G.S.

Southcare

Community Health Services and Programs Northern Sector