Advice Sheet for Carers

Management of Patients with Indwelling Urinary Catheters.

A catheter is a thin hollow tube, which is passed into the bladder to drain urine. It is kept in place by a small balloon at its tip filled with sterile water, which prevents it from falling out. The urine will drain through the catheter and is usually collected in a drainage bag; alternatively a catheter valve may be used.

Urinary catheterisation carries a high risk of urinary tract infection (UTI) and is one of the leading causes of healthcare associated infections.

There is a direct relationship between the duration of catheter use and the risk of infection. The longer a catheter is in place, the greater the risk of infection, therefore patients with long term urinary catheters are at a high risk of acquiring an infection and becoming ill.

If your patient/client is showing signs of clinical infection, any one of the following symptoms may indicate an infection:

- Abdominal pain
- Fever
- Foul smelling urine
- Presence of debris or blood in urine
- Abnormal urethral discharge

This must be reported immediately to their GP or Community Nursing Team

**Carers should undertake appropriate instruction or training prior to carrying out catheter care outlined as follows:**

**General principles of infection control**

Hand washing is the *single most important measure for preventing cross infection*. Hands must be washed with soap and water and dried with disposable towels (e.g. kitchen roll), or clean terry towel, before and after patient contact. Hand sanitiser or alcohol gel can be used if there is no access to soap and water, or for rapid decontamination of physically clean hands. (Detergent wipes can be used if physical soiling is present on hands followed by an application of hand sanitiser).

Healthcare personnel must wash their hands and wear a new pair of clean, disposable gloves before manipulating a patient’s catheter and removed after each episode of care, followed by effective hand washing. (Dispose of with normal household waste).

A disposable plastic apron must be worn at all times when undertaking clinical care as there is a risk of contaminating clothing with bodily fluids. Plastic aprons must be
removed after each episode of care and disposed of. (Dispose of with normal household waste).

**Care of patient/client**

The patient/client's genital area (or supra pubic catheter site) and catheter tubing should be cleaned daily with soap and water and dried with a clean towel or disposable paper towel. In male patients/clients ensure the area under the foreskin is also cleaned (It is important that the foreskin is returned to its usual position after cleansing). Talc and creams should not be used around the catheter

Indwelling catheters must be connected to a sterile closed urinary drainage system (or valve).

The connection between the catheter and the urinary drainage system must not be broken, except for good clinical reasons (for example changing the bag in line with the manufacturer’s recommendations).

Urinary drainage bags should be emptied frequently enough to maintain urine flow and prevent reflux, in accordance with manufacturers guidelines, or as instructed by the GP or Community Nursing Service

Urine samples must be obtained from a sampling port using an aseptic technique.

**How to change leg drainage bags**

- Empty bag into the toilet or suitable container.
- Wash hands.
- Open packet of the new bag.
- Put on a pair of clean disposable gloves.
- Remove protective dust cap from new catheter without touching the end of the tubing.
- Pinch catheter just above the connection this will prevent urine leaking whilst changing over bags.
- Disconnect old leg bag from the catheter.
- Push end of the new bag firmly into the catheter and connect securely.
- Double bag used catheter bag and dispose of with normal household waste.
- Remove gloves and dispose.
- Wash hands.
Night bags

A sterile non-reusable night drainage bag must be connected to the leg/day bag in order to facilitate overnight drainage. This will keep the original system intact, therefore reducing the risk of infection. **Under no circumstances should night drainage bags be washed and reused.**

How to connect night drainage bag

- Wash hands.
- Open packet of new bag.
- Put on a pair of clean disposable gloves.
- Remove dust cap from the night drainage bag.
- Push the tubing firmly into the drainage tap of the leg bag.
- Open the drainage tap of the leg bag to allow urine to drain into the night bag.
- Position night bag below the level of the bladder; ensure it is not in contact with the floor. The bag must be appropriately secured preferably using a catheter stand, if this is not possible please discuss with the District Nursing team for suitable alternatives.
- Empty used catheter bag, double bag and dispose of with normal household waste.
- Remove gloves and wash hands.

What to do if the catheter does not appear to be draining

- Ensure there are no kinks in the catheter, leg or night drainage bag tubing.
- Make sure the leg or night drainage is positioned below the level of the bladder/waist.
- Inform GP or District Nursing Service if catheter still appears blocked.