

INDWELLING URINARY CATHETER INSERTION POLICY

		POLICY	
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1.0 INTRODUCTION

- 1.1. This policy is based on guidance from the National Institute for Health and Clinical Excellence (NICE, 2003). The NICE guidelines are intended to form the core of an infection-prevention strategy for reducing the risk of catheter-associated urinary tract infections (CAUTIs).
- 1.2. This policy is issued and maintained by the Executive Director of Nursing & Quality (the sponsor) on behalf of the Trust, at the version defined, which supersedes and replaces all previous versions.

2.0 POLICY STATEMENT

- 2.1 This policy has been designed to provide multi-professional teams with guidance regarding safe, effective patient assessment for catheter insertion and trial without catheter (TWOC).
- 2.2 This policy provides direction for all staff regarding their roles, responsibilities and actions in association with assessing the patient for urinary catheter insertion and timely removal.

Staff group(s)

The following staff would have received the appropriate training in order to carry out duties in relation to this policy:

- Doctors
- Registered Nurses
- Health care assistants/ clinical support workers

Clinical area(s)

This policy applies to the following areas within Sherwood Forest Hospital Trust:

- Adult in-patient wards
- Operating Departments
- Adult Clinics
- Emergency Department
- Clinical assessment areas
- X ray department (in order to allow bladder pressure studies B.P.S)
- This policy also applies to urology outreach nurses working in care homes and patients own home

Patient group(s)

This policy applies to male and female patients over the age of 16.

Exclusions

- paediatric patients 16 years and younger
- maternity patients under the care of maternity services

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust/ SFHFT	The Sherwood Forest Hospitals NHS Foundation Trust (SFHFT).
Staff	All employees of the Trust including those managed by a third party organisation on behalf of the Trust.
Insertion of indwelling catheter	Means any patient having a urinary catheter inserted which is to remain <i>insitu</i> following the initial voiding of urine.
Multi-disciplinary team	Any members of the medical and nursing staff that provide input and guidance to the ward staff in relation to insertion of an indwelling urinary catheter and subsequent TWOC
CCOT	Means a member of the Critical Care Outreach Team
NEWS	National early warning score is the locally used physiological track and trigger score – an aggregate score that facilitates the recognition of acute illness and deterioration in adult patients
HCSW	Healthcare Support Workers – generic term for unregistered nurses
SBAR	Situation/ Background/ Assessment/ Recommendation
SHCW	Senior Healthcare Workers – generic term for unregistered nurses who have received training to perform additional tasks and procedures.
RN	Registered nurse - a qualified nurse on the Nursing and Midwifery Council Register.
TVN	A Tissue Viability Nurse Specialist
UNS	A Urology Nurse Specialist
TWOC	Trial Without Catheter
Medical team	The lead consultant for the patient, any members of their team looking after the patient and any on call medical staff in charge of the care for the patient.
ANP	Assistant Nurse Practitioner
ANTT	Aseptic None Touch technique
ACP	Acute Care Practitioner (Newark)
NTL	Night team leader
BPS	Bladder Pressure Studies
CBD	Continuous bladder drainage
CISC	Clean Intermittent self-catheterisation
IPCT	Infection prevention and Control Team

4.0 ROLES AND RESPONSIBILITIES

Registered Nurse:

- The Registered Nurse (RN) is responsible for overseeing and reviewing all of the patients in their care supported by Health Care Support Workers (HCSW).
- The RN is responsible for monitoring their patients and liaising with the relevant members of the multidisciplinary team (MDT) for support and advice surrounding catheter insertions.
- The RN is responsible for communicating with those who will provide additional assistance when required.

- All RNs, ANPs, SHCW or medical staff must be competent to perform the insertion of the urinary catheter using ANTT.
- The RN is responsible for monitoring their patients and recording the ongoing need for the catheter.

The Practitioner Performing the catheterisation is responsible for:

- Attending and fulfilling the requirements of the theory training session
- Undertaking the required amount of supervised catheterisations (at least 5)
- The practitioner who is to perform the urinary catheter insertion is responsible for obtaining the patients informed verbal consent prior to insertion of the urinary catheter in accordance with the Trust's Policy for consent to examination or treatment and recording the insertion in the patient Medical and Nursing records on completion, ensuring that they note the type and size of catheter used.
- If the practitioner is a Health Care Support Worker, it is their responsibility to report problems and findings to the nurse in charge of the patient.

The Medical Team

- The medical team are responsible for requesting the insertion of an indwelling catheter using sound medical reasoning in relation to the insertion.
- The medical team are responsible for documenting the reason for catheter insertions in the medical notes.
- The medical team, supported by the members of the MDT where appropriate, are responsible for requesting the catheter to be removed as soon as it is no longer required. This must also be clearly documented in the patients medical notes.

5.0 APPROVAL

This policy has been approved at the Trust's Urology Governance meeting.

6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

6.1 Overview

To follow the framework for rationale for insertion of a urinary indwelling catheter as detailed in the High Impact Intervention and Saving Lives. At SFHFT, insertion of urinary catheter is approved for the following conditions/procedures:

- Retention of urine
- Instillation of medication (chemotherapy)
- For investigations i.e. bladder pressure studies
- Fluid balance monitoring
- Continence (when all other methods have proved unsuccessful)
- Checking residuals (not encouraged, use bladder scanner)
- Other i.e. pre/peri-operative if required for operation to be performed.
(Further information on each of the above can be found in section 5.3)

6.2 Prior to catheterisation

The practitioner who is to perform the urinary catheter insertion is responsible for obtaining the patient's informed verbal consent prior to insertion of the urinary catheter in accordance with the Trust's Policy for consent to examination and treatment

All catheterisations should be undertaken using a Blue Argyle catheter, (unless the patient has been assessed as requiring a different type of catheter that is on the approved formulary) using ANTT. In specialist areas, clinics and high risk patients a Silver Catheter (bardex ic) may be used; this will be at the Urology Nurse Specialist or Urology medical team's request.

The recommended size for urethral catheters for an adult male is 14ch or 16ch. Standard length catheters should always be selected when performing a urethral catheterisation on a male patient. A female length catheter must **never** be passed urethrally on a male patient.

The recommended size for a female patient is a 14ch catheter and for most mobile patients a female length catheter should be used. Some women with restricted mobility prefer to have a standard (formerly called a male length catheter) as they find it easier to care for.

Before passing any catheter the patient should be consulted to ascertain their needs in respect of catheter selection. Please note in certain circumstances other types of catheters are employed when caring for patients with urological conditions. If in doubt consult a member of the urology team.

The person carrying out the catheterisation must have the relevant knowledge and training to carry out the procedure safely.

The person carrying out the catheterisation is responsible for recording the insertion in the patient's medical and nursing note records on completion, ensuring that they record the type and size of catheter used.

The RN is responsible for monitoring their patients and recording the ongoing need for the catheter **weekly** for patients who have an indwelling catheter for retention of urine; **daily** for patients who have an indwelling catheter inserted for any of the other approved conditions/interventions.

Please ensure [Appendix A – Urinary Catheter Insertion & Monitoring Form](#) is printed from the intranet and used for documentation purposes.

6.3 Reasons for urinary catheterisation: (as listed in 5.1)

a) Retention of urine

Bladder scanners should be used to identify the amount of urine being retained in the bladder. There is no definitive amount of urine being retained that will trigger the need for an insertion of an indwelling catheter. A guideline is 500ml, but dependent on age, medical history and the patient's general condition at the time this may well vary. The decision to insert an indwelling urinary catheter needs to be carried out by the medical team following review of the patient

b) Instillation of medication

This procedure should be carried out in the designated area identified for the treatment to be administered. The duration of placement and the integrity of the catheter need to be documented each time. BCG and Mitomycin are given on the Day Case Unit at King's Mill Hospital and Minster Ward at Newark Hospital

c) For investigations i.e. bladder pressure studies

This procedure should be carried out in the designated area identified for the investigation to be undertaken. This Procedure is carried out in the X-ray Department and Clinic 7 at King's Mill hospital.

d) Fluid Balance Monitoring

If the patient is catheterised for a different reason and their condition deteriorates it is the responsibility of the RN caring for the patient to follow the guidelines set out in the The Observations Policy for Adult Patients (Obs and NEWS).

If the patient is not catheterised and if either of the following two parts of the Observations Policy applies:

- 1) the patient scores 3 for a single parameter on NEWS the doctor and the CCOT or similar (if on duty) must be contacted immediately and observations must be increased to hourly
- Or
2. the patient scores an aggregate score of 5 or more the doctor and the CCOT or similar (if on duty) must be contacted immediately and observations must be increased to hourly. If the patient's clinical area is not covered by CCOT then use local escalation procedure.

The RN looking after the patient is required to inform the CCOT/ACP and the medical team about the patient's condition using SBAR. The advice of the CCOT/ACP should be recorded in the medical notes The medical team should advise on the need for the insertion of an indwelling urinary catheter for closer monitoring of the patient.

If the patient is not yet catheterised and the following part of the Observations policy applies:

1. The NEWS score still remains at 5 or more after initial treatment, the Registrar and CCOT or similar (if on duty) must be contacted to review the patient and then subsequently, if appropriate, the Anaesthetic Registrar on call for the Integrated Critical Care Unit (ICCU) must be contacted for advice.

Then with guidance from the CCOT/ACP and medical team the RN caring for the patient needs to arrange for the insertion of a catheter.

For further information please refer to appendix 2a, 2b and 2c of the [Observations and Escalation Policy for Adult Inpatients.](#)

The catheter needs to be removed as soon as the patient is physically and medically fit. It is the responsibility of the medical team with the help and assistance of the RN and CCOT/ACP.

If a patient's condition starts to deteriorate or s/he becomes acutely or critically ill close monitoring of fluid volume status will be required. This will necessitate accurate recording of all fluid input/output. In some cases this will require the insertion of a urinary catheter. Advice is always available from CCOT or NTL at the King's Mill site, ACPs at Newark or Hospital at Night Team, based at King's Mill hospital.

Patients scoring an NEWS of 3 (on any one parameter) or an aggregate score of 5 or more are at risk of deterioration and require review by CCOT , NTL or ACP (depending on site) and the doctor.

Every attempt will be made to restore respiratory and/or cardiovascular stability to facilitate oxygenation and perfusion of the kidney and thus avoid the need for a catheter. If stabilisation is protracted, a urinary catheter must be inserted for ongoing close monitoring. The use of the catheter should be reassessed on a daily basis and documented in the nursing and medical notes

The catheter should be removed at the earliest opportunity, however trial without catheter should only take place when fluid volume has normalised.

e) Continence

Urinary catheter insertions for patients who need continence and pressure area care should be a last resort and following a formal assessment of continence. The RN should follow the guidelines set out in the Generic Pressure Area Management Guideline to ensure optimum care is given to the patient in relation to pressure area care and continence. If the guidelines are deemed by the nursing or medical team not to be working, then the RN should liaise with the TVN for further guidance.

f) Other i.e. pre/ peri-operative if required for operation to be performed.

If the patient requires a catheter to be inserted for an operation then this should be carried out using the correct techniques and equipment and should be taken out post operatively.

Regardless of the reason for the indwelling urinary catheter, this should be removed as soon as the patient is physically and medically fit to do so. This is the responsibility of the Medical Team with the help and assistance of the RN.

6.4 Trial Without Catheter

A clinical decision is made by the patients' doctor as to the requirements of the catheter. Therefore a trial without catheter may be recommended as the patients, health determines

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
CAUTI	IPCT	AUDIT	MONTHLY	IPCT
MRSA SCREENING	ADMITTING WARD	AUDIT	WEEKLY	IPCT

8.0 TRAINING AND IMPLEMENTATION

Nurses and Health Care Support Workers must have attended mandatory catheterisation study day and have reached the desired standard for competency which includes at least 5 supervised catheterisations.

The training is delivered by the Urology Nurse Specialists on a monthly basis which can be accessed via the on-line booking system for the trust/ education centre.

Medical students must undertake mandatory training within their last year and have competently completed a male and female catheterisation as well as completing the theoretical training.

An attendance register of any training completed must be sent to the OLM Administration Officer: Training, Education and Development Department, King's Mill Hospital.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix B](#)
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

This policy has been developed with reference to the following guidance

- National Institute for Health and Clinical Excellence (NICE CG2, 2003) Infection control. *Prevention of Healthcare-associated infection in primary and community care.* available at www.nice.org.uk
- Department of Health (DH, 2005) *Saving Lives. High Impact Intervention number 6.*
- *High Impact Actions & Energise for Excellence In Care. Implementation Plan June 2010/2011*

Related SFHFT Documents:

- Relevant Infection Prevention and Control Policies eg disposal of waste, hand hygiene, personal protective equipment
- Policy for consent to treatment, examination and care
- Pressure Area Management Policy
- Generic Pressure Area Management Guideline
- The Observations and Escalation Policy for Adult Patients

11.0 KEYWORDS

Catheterisation, TWOC, form, documentation

12.0 APPENDICES

[Appendix A – Urinary Catheter Insertion and Monitoring Form](#) (hyperlinked to intranet)
[Appendix B](#) - Equality Impact Assessment

Appendix B - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Indwelling Urinary Catheter Insertion Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment:			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	no	n/a	n/a
Gender	no	n/a	n/a
Age	no	n/a	n/a
Religion	no	n/a	n/a
Disability	no	n/a	n/a
Sexuality	no	n/a	n/a
Pregnancy and Maternity	no	n/a	n/a
Gender Reassignment	no	n/a	n/a
Marriage and Civil Partnership	no	n/a	n/a
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	no	n/a	n/a

What consultation with protected characteristic groups including patient groups have you carried out? <ul style="list-style-type: none">
What data or information did you use in support of this EqIA? <ul style="list-style-type: none"> From within the policy
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? None known
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.
Name of Responsible Person undertaking this assessment:
Signature: Chris Bumstead
Date: 09/03/2022