Clinical

Urinary Catheters, Reducing the Risk of Infection - SOP

Document Control Summary

<table>
<thead>
<tr>
<th>Status:</th>
<th>Replacement.</th>
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<td>Replacing: Reducing the Risk Infection Associated with Indwelling Urinary Catheters</td>
</tr>
<tr>
<td>Version:</td>
<td>V 1.0</td>
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<tr>
<td>Date:</td>
<td>September 2015</td>
</tr>
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<tr>
<td>Approved by:</td>
<td>Policy and Procedures Committee</td>
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<tr>
<td>Date:</td>
<td>15/10/2015</td>
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<tr>
<td>Ratified:</td>
<td>Policy and Procedures Committee</td>
</tr>
<tr>
<td>Date:</td>
<td>15/10/2015</td>
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<tr>
<td>Related Trust Strategy and/or Strategic Aims</td>
<td>Provide high quality services, built on best known practice and evaluated through service user and carer feedback and clear process and outcome measures</td>
</tr>
<tr>
<td>Implementation Date:</td>
<td>October 2015</td>
</tr>
<tr>
<td>Review Date:</td>
<td>October 2018</td>
</tr>
<tr>
<td>Key Words:</td>
<td>urinary drainage system, catheterisation</td>
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<tr>
<td>Associated Policy or Standard Operating Procedures</td>
<td>• Hand decontamination policy</td>
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<td>• Standard precautions and personal equipment policy</td>
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<td>• Aseptic &amp; Clean Dressing Technique</td>
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1. Introduction
The presence of a urinary catheter and the duration of its insertion are contributory factors to the development of a urinary tract infection (UTI’s), these are the second largest single group of healthcare associated infections (HCAI). The presence of a urinary catheter interferes with the natural defences including insertion, presence of a foreign body, absence of a flushing mechanism, biofilm formation and epithelial damage. The complication of infection and catheterised patient is now a serious issue because of the evolving development of multi resistant infection and an ever-diminishing range of antibiotics to treat them.

Potential sources of infection in a catheterised patient are at insertion of the catheter, the space between the catheter and urethra, the catheter lumen, the catheter connection to the valve/bag, the sample port, any reflux from the bag, the tap on the bag/valve, self-infection and cross infection by the patient, nurse, doctor, therapist or others.

2. Purpose
The purpose of the policy is to ensure that high standards of infection prevention and control are maintained to reduce the risk of urinary tract infections related to indwelling urinary catheters.

3. Scope
This SOP will apply to all registered and unregistered practitioners who undertake care associated with urinary catheters.

4. Measures to prevent infection in the catheterised patient.
- The choice of catheter size and material should be based on an individual patient assessment
- Patients with latex allergy/sensitivity should be given a latex free alternative catheter
- The catheter balloon should be 10mls size in adults and 3 -5mls in children unless otherwise indicated
- Where appropriate, a catheter valve may be used instead of a drainage bag
- Bladder irrigation, instillation and washouts must not be used to prevent catheter-associated infection
5. Assessing the need for urinary catheterisation
- An indwelling catheter should only be inserted following consideration of other management alternatives
- The patients need for a urinary catheter should be regularly reviewed and the catheter should be removed when it is no longer needed
- When a catheter is inserted, details of the date, size, type and reason for insertion should be documented in the patient notes. It is recommended that the lot number and date of expiry of the catheter are documented

6. Urinary catheter insertion
- Staff inserting urinary catheters should have been trained to do so and should ensure that they maintain their levels of competence
- Select a catheter that minimizes urethral trauma, irritation and patient discomfort, and is appropriate for the anticipated duration of catheterization
- Select the smallest gauge catheter that will allow urinary outflow
- Always use an aseptic technique
- Wash hands use sterile gloves
- A lubricant from a single use container should be used to minimise urethral trauma.
- Clean the urethral meatus prior to insertion of the catheter with saline or soap and water
- Use sterile equipment
- Insert catheter directly into urethra
- Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve

7. Urinary catheter care, continuing care
- Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve
- A link system should be used to facilitate overnight drainage, to keep the original system intact
- The connection between the catheter and the urinary drainage system is not to be broken, except for sound clinical reasons, for example changing the drainage bag in line with the manufacturer's recommendations
- Use clean gloves for any catheter care
- Items which carry the single use symbols should not be reused even on the same patient
- The service user and/or carers should be advised that the meatus should be cleaned daily as part of the patients daily hygiene routine
- Catheters should only be change when clinically indicated or according to the manufactures' instructions rather than routinely,
- Drainage bags should be changed when they become discoloured, contain sediment, smell offensive or are damaged. All bags must be changed at least every seven days in line with manufacturer guidelines
- When changing catheters in patients with a long-term indwelling urinary catheter, do not offer antibiotic prophylaxis routinely only consider antibiotic prophylaxis for patients who: have a history of symptomatic urinary tract infection after catheter change or experience trauma during catheterisation

8. Drainage bag
- Drainage bags with taps must be emptied when three quarters full to maintain urinary flow and prevent reflux
- Wash hands before and after handling the drainage system
- Use clean gloves to handle the drainage system and discard afterwards
- Empty bag as infrequently as possible
- Do not change the bag routinely, follow manufacturers recommendation
- Write date on bag when changed
- Empty urine into a clean single use container
- The drainage bag should be above floor level but below bladder level, to prevent reflux or contamination
- Use a bag with an integral measuring chamber if monitoring of urine output is required
- Do not change leg bags at night but connect to an overnight drainage bag
- Avoid the use of bladder instillations

9. Obtaining catheter specimens of urine
Take a sample if the patient
- Is systemically unwell
- Has rigors and severe fever
- Or is not responding to treatment

When taking a sample

- An aseptic technique should be used
- The sampling port should be used to obtain urine specimens
- The port should be swabbed with 70% alcohol preparation prior to obtaining the sample using a new needle and syringe
- If the port is self sealing, position the syringe in the centre of the sampling port. The syringe should be held perpendicular to the surface of the sampling port. Press the syringe firmly and twist gently to access the sampling port. Slowly aspirate urine sample into syringe and remove syringe from sample port.

10. Staff Training
As training is an essential component in improving practice and increasing awareness of risks staff will receive training with regards to this policy. The organisations expectations with regard to training are detailed in the Trust’s Training Needs Analysis

11. Process For Monitoring Compliance And Effectiveness
This policy will be reviewed three yearly or earlier in light of new national guidance or other significant change in circumstances.

Compliance with this policy will be monitored through the mechanisms detailed in the table below. Where compliance is deemed to be insufficient and the assurance provided is limited then remedial actions will be drawn together through an action plan. This progress against the action plan will be monitored at the specified committee/group. The results of the annual audit will be escalated to the appropriate committee/group where appropriate
<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Individual or department responsible for the monitoring</th>
<th>Frequency of the monitoring activity</th>
<th>Group/committee/forum which will receive the findings/monitoring report</th>
<th>Committee/individual responsible for ensuring that the actions are completed</th>
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<tr>
<td>Appropriate use of aseptic technique and PPE</td>
<td>Essential steps audits</td>
<td>Audit department IPC team</td>
<td>as appropriate</td>
<td>Infection Prevention and Control committee</td>
<td>Matrons and Ward managers</td>
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<td>Compliance with Infection Prevention and control policies and practices</td>
<td>Annual IPC audits</td>
<td>Clinical audit team</td>
<td>Annual</td>
<td>Infection Prevention and Control committee</td>
<td>Matrons and Ward managers</td>
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<td>Organisation’s expectations in relation to staff training, as identified in the training needs analysis</td>
<td>Training Reports</td>
<td>Learning and Development Department</td>
<td>Monthly</td>
<td>HR&amp;ODE Committee</td>
<td>HR&amp;ODE Committee</td>
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</tbody>
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12. References


3. RCN (2012), Catheter care. RCN guidance for nurses

