

Document Type:	Standard Operating Procedure	
Reference Number : 2437	Version Number: 1	Next Review Date: 11 November 2022
Title:	Urinary Catheterisation (CFHD-SOP007)	
Document Author:	Clinical Manager Specialist Children's Community Nursing Service	
Applicability:	For Children & Family Health Devon Specialist Community Nurses And For Healthcare Professionals Employed by Children & Family Health Devon	

Protocol Statement

This protocol is intended to outline Children & Family Health Devon local procedures, and links to the following Children & Family Health Devon policy documents: Standard Operating Procedure for intermittent urinary catheterisation, Children & Family Health Devon Control of Infection Policy, Children & Family Health Devon Safeguarding Children Policy.

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1. Background

1.1 Catheterisation

Catheterisation is a way of emptying the bladder if passing urine is difficult or impossible. It involves inserting a catheter (thin, plastic tube) through the urethra into the bladder. Good hygiene is extremely important in clean catheterisation as it reduces the risk of developing a bladder infection, which is unpleasant and can sometimes lead to more widespread infection.

1.2 How does the urinary system work?

The urinary system consists of the kidneys, the bladder, the ureters and the urethra. The kidneys filter the blood to remove waste products and form urine. The urine flows from the kidneys, down through the ureters to the bladder. From here it passes through another tube called the urethra to the outside when urinating.

1.3 Why might a child/young person need catheterisation?

Children who are wet (incontinent) can also benefit from catheterisation as it will increase the amount of time they can stay dry during the day.

- Retention (acute or chronic)
- Measurement of urine output (input / output monitoring)
- End of life
- Comfort
- Immobility due to physical constraints

2. Definitions

Bladder: a muscular membranous sac in which urine is retained until it is discharged from the body.

Catheter: a flexible hollow tube inserted to drain urine from the bladder

Meatus: a passage or opening leading to the interior of the body.

Retention: the holding of urine in the bladder

Micturition: the act of passing urine

Sphincter: a circular band of muscle

Urethra: a duct by which urine is conveyed out of the body from the bladder.

3. Key points of the procedure

3.1.1 Equipment

You will need:

- Suitable clean surface to work from.
- Catheters
- Catheter pack
- Leur slip 5ml syringe to fill the balloon
- Gloves – sterile x 2 pairs at least
- Disposable wipes
- Absorbent sheet
- Water-based lubricant\ lignocaine gel (if required)
- Container for collecting urine (if not using a toilet)/ measuring container
- Distraction for child\ young person

Catheters can be pre-lubricated (coated with lubricating gel), self-lubricated (they become slippery when soaked in water) or non-lubricated.

Most catheters are disposable 'single use' catheters. Please do not re-use single use catheters as it can increase the risk of infection. Used catheters can be disposed of in household rubbish.

3.1.2 Instructions Catheterisation

1. Collect all the equipment needed.
2. Wash your hands with soap and water.
3. Get the child/young person into a comfortable position.
 - Sitting on the toilet.
 - Lying on their back.
 - Sitting in their wheelchair.
4. Clean the child/young person's genital area with warm water and mild soap if available.
 - Girls – clean the outside area first, then part their labia to clean thoroughly from front to back.
 - Boys – clean the tip of the penis using an inwards circular motion towards the urethra, gently pulling back their foreskin to clean underneath.
5. Wash your hands again with soap and water, apply gloves.
6. Open the catheter packaging – avoid touching the end of the catheter.
7. Add a small amount of lubricant to the outside surface of the catheter (unless it is a lubricated type).
8. Apply a small amount of lidocaine around the urethra pre insertion and leave for a few minutes.
9. Gently insert the tip of the catheter into the urethra.
10. Use gentle pressure to pass the catheter through the sphincter at the neck of the bladder.
11. Continue to insert the catheter into the bladder until urine starts to flow.
12. Inflate the balloon with 5mls water through the balloon port using a luer syringe.
13. Gently pull back on the catheter to check it is securely in place.

14. Attach a catheter bag to collect the urine.
15. Dispose of all equipment in household rubbish.
16. Ensure child/young person is comfortable and dignity restored.
17. Wash your hands again with soap and water.
18. Document the time and date of catheter insertion.

3.2 Catheter Removal

3.2.1 Equipment

You will need:

- Suitable clean surface to work from.
- Catheters
- Catheter pack
- Gloves – sterile x 2 pairs at least
- Disposable wipes
- Absorbant sheet
- Distraction for child/young person.
- The appropriate syringe (normally 10ml syringe for routine catheters)
- Cleaning solution (this is usually normal Saline)

3.2.2 Procedure to Remove Catheter

1. Explain any potential symptoms they may experience following removal such as urgency, frequency and or discomfort.
2. Check the patient's records to see how much water was inflated into the balloon
3. Gather relevant equipment required for catheter removal including
4. Protect bed linen using protective covering.
5. Get the child/young person into a comfortable position.
 - Sitting on the toilet.
 - Lying on their back.
 - Sitting in their wheelchair.
6. Wash hands and put on gloves.
7. Place a container between patient's legs to receive the used catheter and to catch any urine spillage.
8. If necessary, clean around the meatus and catheter using warm water always swabbing away from the urethral opening.
9. Change gloves and attach syringe to catheter valve to deflate balloon. Do not pull on syringe but allow the solution to come back naturally
10. Ask child/young person to relax and to breathe in and out. As the child/young person exhales, gently remove catheter. Male patients should be warned of potential discomfort as the deflated balloon passes through the prostatic urethra.

11. Inspect the removed catheter for any signs of encrustation, especially if a new catheters to be inserted.
12. Clean the meatus and make the child/young person is comfortable.
13. Remove gloves and dispose of equipment appropriately.
14. Wash hands.
15. Document the date and time of catheter removal.
16. Encourage the patient to drink plenty of fluids. Discuss signs of any voiding difficulties.

3.2.3 Catheter Maintenance and Removal Difficulties

- Washing the urethral meatus with unperfumed soap and water during the daily bathing or showering routine is best practice. Vigorous cleansing may increase the risk of infection.
- Catheters and drainage bag must always be situated in such a way that will prevent the back flow of urine into the bladder. Do not allow the drainage bag to fill beyond three quarters full.
- The urinary drainage bag should be emptied frequently enough to maintain urine flow and prevent reflux, using a clean procedure and should be changed when clinically indicated.
- When emptying the drainage bag use a separate, clean container for each patient and avoid contact between the urinary drainage tap and the container.
- All indwelling catheters must have the balloon deflated prior to removal, and the catheter must be removed slowly to minimise trauma. The water is removed from the balloon using a syringe fitted into the catheter valve. Care needs to be taken to avoid violent suction, which will collapse the inflation channel making deflation of the balloon difficult.
- Catheter balloons alter following deflation with a noticeable change in the surface area, appearance and diameter. These changes are caused by the in filled water being removed when deflating the catheter balloon prior to removal. This causes the catheter balloon area to collapse and deform, causing either :

Crease formation where the catheter balloon area has collapsed

Ridge formation, where the catheter balloon when being deflated causes the balloon walls to come together causing either 2-4 ridges

- In addition 100% silicone catheters have a tendency to 'cuff' when deflated (A 'cuffing' effect is when the balloon area is forced towards the tip of the catheter).
- If deflation is not achieved, try a different syringe. Leave the syringe attached for 20 minutes. 'Milk' the catheter along the length between the thumb and finger to unblock or remove obstructions caused by debris or encrustation. Insert a few milliliters of air, and

- then draw back on the syringe – this creates a vacuum, which may precede deflation. Alternatively insert a few milliliters of sterile water, which may help clear a blockage.

3.3.1 Bladder washout

What are the advantages of doing a bladder washout?

By carrying out a bladder washout you may:

- Reduce the chance of infection.
- Relieve discomfort.
- You prevent the need for a catheter change.
- Reduce blockages from debris

What are the disadvantages of a bladder washout?

You are introducing a fluid that is not normally in the bladder.

Every time you disconnect your catheter from your drainage bag or flip flow valve you are exposing an entry site for infection.

What do I need to carry out this procedure?

A bladder tipped plastic catheter syringe

- Sterile saline/water at room temperature
- Alcohol disinfection wipes for cleaning the connection between the catheter and the bag/flip flow valve
- Sterile/clean container.

How do I perform the washout?

1. Select a clean area where the procedure can be carried out.
2. Collect all the equipment you will require and wash your hands.
3. Using the catheter tipped syringe draw up between 10 and 30mls of fluid.
4. If it is an indwelling catheter clean the catheter connection between the catheter itself and the bag/flip flow valve with an alcohol wipe and disconnect from the catheter.
5. Insert the catheter tipped syringe into the end of the catheter and gently push the fluid into the bladder by pressing on the plunger of the syringe, then if removing mucous carefully draw back the fluid into the syringe.

6. If the fluid withdrawn is cloudy or has mucous in it repeat Step 3 until the fluid drawn back is clear.
7. Wipe the end of the catheter with an alcohol disinfection wipe and reinsert a new drainage bag into the catheter.

Please note that you do not always get the same amount drawn back as you insert, if this happens more than once reattach the catheter and allow the fluid to drain into the catheter bag. If the child experiences pain at any stage during the procedure you should stop the procedure.

4. FAQ

Cloudy or smelly urine or:

- This may be a sign of infection.
- Take a sample of urine using the catheter and send for testing.
- A course of antibiotics may be needed.
- Encourage drinking plenty of fluids.

Pain when inserting the catheter:

- This usually improves in time.

blood in the urine may be a sign of infection, it may also be a sign of bladder irritation. At end of life this may be an indication of renal failure, bladder spasm, reduced fluid intake.

5. Linked policies, procedures and guidance

Catheter care: RCN guidance for nurses. (2012) Royal College of Nursing.
NICE guidelines and guidance on infection control and catheter care. (2012)

<https://www.nice.org.uk/guidance/qs61/chapter/quality-statement-4-urinary-catheters>

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2437		
Document title:	Urinary Catheterisation		
Purpose of document:			
Date of issue:	11 November 2019	Next review date:	11 November 2022
Version:	1	Last review date:	
Author:	Clinical Manager Specialist Children's Community Nursing Service		
Directorate:	Child Health		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Head of Service, Children with Additional Needs		
Date approved:	4 November 2019		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
11 November 2019	1	New	Head of Service, Children With Additional Needs

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Urinary Catheterisation		Version and Date		01/11/19	
Policy Author		Clinical Manager Specialist Children's Community Nursing Service					
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.							
Who may be affected by this document?							
Patients/ Service Users <input checked="" type="checkbox"/>		Staff <input type="checkbox"/>		Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favourably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below							
Age		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Gender Reassignment		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Race		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Disability		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Gender		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Pregnancy/Maternity		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				Sexual Orientation		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				Religion/Belief (non)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				Marriage/ Civil Partnership		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.							
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion							
Is inclusive language ⁵ used throughout?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Are the services outlined in the policy fully accessible ⁶ ?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Does the policy encourage individualised and person-centred care?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>	
EXTERNAL FACTORS							
Is the policy a result of national legislation which cannot be modified in any way?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)							
To support clinical care							
Who was consulted when drafting this policy?							
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input type="checkbox"/>		Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>		Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?							
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts							
Action				Person responsible		Completion date	
AUTHORISATION:							
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them							
Name of person completing the form		Clinical Manager Specialist		Signature			

	Children's Community Nursing Service		
Validated by (line manager)	Head of Service, Children with Additional Needs	Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.