

Document Type:	Standard Operating Procedure	
Reference Number : 2438	Version Number: 1	Next Review Date: 11 November 2022
Title:	Intermittent Urinary Catheterisation (CFHD-SOP005)	
Document Author:	Service Lead	
Applicability:	For Children & Family Health Specialist Community Nurses And For Healthcare Professionals Employed by Children & Family Health Devon	

Contents

1. [Background](#)
2. [Definitions](#)
3. [Key points of the procedure](#)
4. [Linked policies, procedures and guidance](#)
5. [FAQ](#)

1. Background

1.1 Clean intermittent catheterisation

Clean intermittent catheterisation is a way of emptying the bladder if passing urine is difficult or impossible. It involves passing a catheter through the urethra into the bladder.

Good hygiene is extremely important in clean intermittent 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 clean intermittent catheterisation?

Children/young people who have spinal problems, such as spina bifida or a spinal cord injury, may find it more convenient to use clean intermittent catheterisation. It is also suggested if a child/young person has trouble emptying their bladder completely – leaving a small amount of urine behind in the bladder can increase the risk of infection.

A child/young person who is end of life may have some difficulties or discomfort in emptying their bladder and intermittent catheterisation can manage this.

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 Equipment

You will need:

- Suitable clean surface to work from.
- Catheters
- Catheter pack
- 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

Catheters can be pre-lubricated (coated with lubricating gel), self-lubricated (they become slippery when soaked in water) or non-lubricated. Lidocaine gel can be used to lubricate catheters and provide some relief from the discomfort of the procedure.

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.

3.2 Instructions for Intermittent Catheterisation.

This is an aseptic procedure not a sterile one.

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.
 - 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 and put on 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. Gently insert the tip of the catheter into the urethra.
9. Use gentle pressure to pass the catheter through the sphincter at the neck of the bladder.
10. Continue to insert the catheter into the bladder until urine starts to flow.
11. Hold the other end of the catheter over the container or toilet.
12. Keep the catheter in place until the flow of urine stops.
13. Slowly remove the catheter, pausing if urine starts to flow again.
14. Dispose of the catheter as instructed.
15. Wash your hands again with soap and water.
16. Document time and date of catheterisation and amount of urine drained.

4. Linked policies, procedures and guidance

Catheter care: RCN guidance for nurses. (2012) Royal College of Nursing.

https://www2.rcn.org.uk/_data/assets/pdf_file/0018/157410/003237.pdf

NICE guidelines and guidance on infection control and catheter care. (2012)

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

5. FAQ

A child/young person who is end of life may present with strong, concentrated urine due to:

- Renal failure
- Reduced fluid intake
- Reduced absorption

Cloudy or smelly urine:

- This may be a sign of infection.
- Take a sample of urine using the catheter and take it to your GP for testing

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:	2438		
Document title:	Intermittent Urinary Catheterisation		
Purpose of document:			
Date of issue:	11 November 2019	Next review date:	11 November 2022
Version:	1	Last review date:	
Author:	Service Lead		
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 Clinical Director of Pharmacy		
Date approved:	6 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 Clinical Director of Pharmacy

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)		Intermittent catheterisation	Version and Date	01/11/19	
Policy Author		Service Lead			
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 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"/>	Sexual Orientation	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"/>	Religion/Belief (non)	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"/>	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 practice					
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 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		Service Lead		Signature	

Validated by (line manager)	Head of Service, Children with Additional Needs	Signature	
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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 pdf.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.