Addressograph



INFECTION PREVENTION & CONTROL AND CONTINENCE SERVICES Short Term Urinary Catheter Documentation & Care Bundle

INSERTION Date / / (Day 1)															
1. REASON FOR CATHETERISATION (please circle)															
Retention Residual Volume			Fluid Monitoring			Post Operative		Spinal / Epidural				Other Please state:			
mls															
2. CATHETER CHOICE (please circle) Does the patient have a confirmed latex allergy? NO / YES															
NO Latex allergy – use latex PTFE coated catheter Latex allergy – use silicone catheter										eter					
Female 12Fg	Male 14Fg FSS5	4Fg SS589		Haematuria Debris TURP		Paediatric	Female 12Fg			lale 4Fg		Haematuria Debris TURP		Paediatric	
FSS949 (F) FSS588 (M)	16Fg			State size:		State size:		550 (F) 501 (M)	FSS602			State size:Fg		State size:Fg	
2 INCEDES		EO	IINII			g								g	
3. INSERTIO	UN T	EC		_						MEC		ıo	<u> </u>		
Hand hygiene			YES	•	NO	Sterile gloves				YES	1	NO			
Facial protection						Urethral meatu	s clear	ned prior to)				Cathet	ter Sticker	
(If risk of splashing)						insertion (0.9%	ó normal saline)						`	ound on	
Apron /Gown						Instillagel use	ed						cathete	packaging)	
Sterile Field															
mls of water used to inflate the balloon															
Signed Print															

Catheter Specimen Urine (CSU)

CSU's are ONLY to be taken if there is a clinical suspicion of Infection, with the exception of Critical Care patients. For further details please consult the Trusts' policy.

Date	U'l suspe		If YES please state	aseptica	le taken ally from ter port	Results	Lab Specimen nos.	Treated	
	YES	NO	symptoms	YES	NO			YES	NO

Catheter Maintenance / Care Bundle

D A Y	DATE	Is the ca still nee		Drainage bag positioned below the bladder & off the floor		Gloves worn - manipulate catheter preceded & followed by hand hygiene		Urethral Meatal (catheter entry site) hygiene performed		Catheter circuit not broken (except for good clinical reason)		Overnight link system discarded (Leg bags only)		SIGN & Designation
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
2														
3														
4														
5														
6														
7		Cathet	ter draii	nage bag	g chang	ed? YES / NO		· · · · · · · · · · · · · · · · · · ·						
8														
9														
10														
11														
12														
13														
14		Cathet	ter draii	nage bag	g chang	ed? YE	ES / NO	1	1	ı				
15														
16														
17														
18														
19														
20														
21		Cathet	ter draii	nage bag	g chang	ed? YE	S / NO	1	1	ı				
22														
23														
24														
25														
26														
27														
28														
					CHANG	E THE CA	ATHETE	R, DRAIN	AGE B	AG & CO	MMEN	ICE NEW	DOCUM	ENTATION
Dat	Date catheter removed / /													

Nurse led catheter removal

Urinary catheter to be removed unless any of the following principles apply:

HOUDINI PRINCIPLES

Haematuria (only requires catheter if in clot retention)

Obstruction/Retention

Urology surgery

Damaged skin (open sacral or perineal wound in an incontinent patient)

Input/output, fluid monitoring

Nursing care end of life/comfort care

Immobility, due to physical constraint e.g. unstable fracture and unable to use bottles / bedpan

Further information and references regarding this document / Care Bundle are available in SBUHB 'Short Term Urinary Catheter Policy'.

For any other information please contact a member of staff from the Continence Services via e-mail or switch board: