

SOP for the Management of a Blocked or Leaking Urinary Catheter - Adult

Issue Date	Review Date	Version
August 2019	August 2024	1

Purpose

To provide guidance for the prevention and early identification and management of a blocked urethral or supra pubic urinary catheter to prevent catheter associated urinary tract infections

Who should read this document?

All personnel within University Hospitals Plymouth NHS Trust involved in caring for patients with an indwelling urinary catheter

Key Messages

This document will provide guidance on how to manage a blocked or leaking urinary catheter, reduce the risk of infection and maintain patient safety.

Awareness of reasons why a catheter may become blocked, and what early interventions can be done to resolve blockage, preserve the catheter and prevent infection.

Consider removal of catheter and alternatives to catheterisation where possible.

The SOP is applicable to adult patients within University Hospitals Plymouth NHS Trust with an indwelling urinary catheter.

Core accountabilities

Owner	Alison Carey, Bio-medical Device Specialist Nurse
Review	Infection Control Committee – August 2019
Ratification	Lenny Byrne, Chief Nurse
Dissemination (Raising Awareness)	Trust-wide
Compliance	NHSLA 1.2.8 & 2.2.8 CQC Essential Standards of Quality & Safety The Hygiene Code

Links to other policies and procedures

Guidelines for the management of the patient with a urinary catheter

Guidelines for Aseptic technique

Hand Hygiene Guidelines

Competency assessment for a patient requiring a bladder washout for clot retention

Bladder scan E-learning - can be added to e-learning profile from plh-tr.learninganddevelopment

Version History

1	August 2019	Document ratified at the Infection Control Committee
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The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available in the Document Library. Larger text, Braille and Audio versions can be made available upon request.

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Standard Operating Procedure (SOP) for the Management of a Blocked or Leaking Urinary Catheter - Adult

1 Introduction

Urinary Tract Infection (UTI) is the most common infection acquired as a result of Health Care, with 19% of Healthcare Associated Infections attributed to a UTI. Of these, between 43% and 56% are associated with a urethral catheter (Smyth et al 2008; Health Protection agency 2012). Microorganisms can gain access to the catheter by either the intraluminal or extraluminal routes (Loveday et al 2014). Intraluminal contamination can be caused by reflux of microorganisms from the urine bag, if it is placed at a level higher than the bladder; a full catheter bag or by flushing the catheter. An accumulation of bacteria on the catheter tip, known as biofilms, are highly resistant to antimicrobials (Chatterjee et al 2014). Deposits in the biofilm lead to encrustation, restricted flow, the formation of stones, and eventually catheter blockage (Hooten et al 2010). The urinary catheter is a high risk device for the development and transmission of infection, therefore the management of a blocked catheter needs to be considered and a process followed which avoids flushing the catheter. Catheter irrigation should not be performed routinely (in either short and long term catheters) to reduce Catheter Associated Urinary Tract Infections (CAUTI) or obstruction due to insufficient evidence (Gould et al 2009). The Department of Health (2007) reminds us that the catheter should be removed as soon as possible. Avoidance of catheterisation and consideration of alternative methods where possible is the most effective way of preventing infection. This SOP will provide guidance on how to minimise the risk of a blocked catheter. The SOP also gives consideration to biofilm formation and encrustation, and how to manage blockages that do occur. This SOP supports the Trust Guidance for the Management of a Patient with a Urinary Catheter.

2 Definitions

There are several reasons for catheter blockage:

- 1) Low urine volume – smaller volumes of urine can cause debris which can lead to blocking. Optimal hydration and monitor intake and output on a fluid balance chart.
- 2) Poor urine flow – can lead to an increase in encrustation and biofilm formation which can promote blocking from debris. Empty drainage bag, position below the bladder, and ensure there are no kinks in tubing.
- 3) Constipation – an over distended bowel can press on the catheter and prevent flow
- 4) Mechanical – Kinked or clamped tubing. Short leg bags unable to drain by gravity when patients are seated

3 Professional Resources

NMC

RCN

GMC

4 Key Duties

Trust guidance states that bladder irrigation, washouts and catheter maintenance solutions should not be used to prevent catheter-associated infection. This is supported by epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England (Loveday et al, 2014).

Cochrane review working group evidence (Hagen et al, 2010) only recommends bladder washout in bleeding and certain urological surgical procedures.

Aseptic Non Touch Technique (ANTT) must be employed when any interventions with the urinary catheter are undertaken.

The Saving Lives High Impact Intervention provides guidance for on-going catheter care to reduce the risk of infection and blockages, and acts as an observation tool to monitor practice.

Catheter care should only be undertaken by those assessed as competent in these skills.

5 Procedure to Follow

To manage a blocked catheter, consider the following steps:

- Check for mechanical obstruction – ensure that the tubing is not clamped or kinked, that the drainage bag and tubing are below the level of the bladder. Empty drainage bag to prevent reflux of urine into the bladder.
- Bladder scan should be performed, by a competent practitioner to assess urine volume. Ensure that E-learning package is available and completed.
- Hydration of patient – record an accurate fluid balance with a daily volume aim appropriate for the patient. Monitor urine colour (see Appendix 1) and record volume output.
- Reposition the patient – maintain patency of catheter eyes.
- Consider if the catheter is needed – consider alternative options to catheterisation.
- Remove catheter – examine catheter tip for encrustation.
- If catheter continues to block refer to the Urology team.
- Bladder irrigation may be used for clot retention post-surgery – ensure that this is prescribed and is only performed by a practitioner who is assessed as competent to complete the bladder washout for clot retention.

- Ensure that Optiflo® S (0.9% Sodium Chloride) is available and prescribed, and that the assessment of its rationale for use is documented.
- Ensure that the outcome of treatment is assessed and documented.

Maintenance of long term urinary catheters – refer to full Trust Guidelines.

A catheter history (care plan or catheter passport) must be obtained from the community Health Care professional who manages the patients' long term catheter. Equally the care plan and/or passport must be updated accordingly and handed over on discharge.

The main cause of a frequently blocking long term catheter is encrustation on the catheter tip. The management strategy of a long term catheter may include earlier planned catheter changes to avoid crisis interventions, or the use of prescribed catheter maintenance solutions.

Urinary Catheter Assessment and Monitoring Form (UCAM) to assess the catheter history and management for each individual patient and must be completed daily for the duration of the catheter dwell time.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document had been approved by the Harm Free Care group and ratified at the Infection Control Committee.

Non-significant amendments to this document may be made, under delegated authority from the Chief Nurse, by the nominated author. These must be ratified by the Chief Nurse and should be reported, retrospectively, to the Harm Free Care group

Significant reviews and revisions to this document will include a consultation with the Matrons, the Urology Specialists and the Continence Team. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author will be responsible for agreeing the training requirements associated with the newly ratified document with the Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

For any queries regarding the management of a blocked catheter please refer to the Continence Nurses, Chestnut Clinic, Telephone Ext. 30081

Any complications associated with the urinary catheter must be reported using the Datix system.

9 Reference Material

Chatterjee,S. Maiti,PK. Dey,R. Kundu, AK. Dey,RK (2014) Biofilms on indwelling urologic devices: Microbes and antimicrobial management prospect. *Annals of medical and health sciences research*, 4(1), 100-104

Department of Health (2007). High Impact Intervention No 6. Urinary catheter care bundle.

Gould,CV. Umscheid, CA. Agarwal,RK. Kuntz,G Pegues,DA. And the Healthcare Infection Control Practices Advisory Committee. (2009). Guidelines for prevention of catheter-associated urinary tract infections, 2009.

Hagen S, Sinclair L, Cross S. Washout policies in long-term indwelling urinary catheterisation in adults. *Cochrane Database Syst Rev* 2010;(3):CD004012.
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Smyth ETM, McIlvenny G, Enstone JE, et al. Four country healthcare associated infection prevalence survey 2006: overview of the results. *J Hosp Infect* 2008;69:230-248

Royal College of Nursing; Catheter Care. RCN Guidance for Health Care Professionals. Clinical Professional Resource 2019

10 Acknowledgements

Daniella Florindi - Clinical Educator for Cardiac Intensive Care

Alison Endean - Continence Specialist Nurse

Linda Ellis - Continence Specialist Nurse

Shona Cornish – Community Nurse professional Lead



Are you drinking enough?		
Colours 1-3 suggest normal urine		
1		Check the colour of your urine against this colour chart to see if you're drinking enough fluids throughout the day. If your urine matches 1-3, then you're hydrated.
2		
3		
Colours 4-8 suggest you need to rehydrate		
4		If your urine matches 4-8, then you're dehydrated and you need to drink more.
5		
6		If you have blood in your urine (red or dark brown), seek advice from your GP. Please be aware that certain foods, medications and vitamin supplements can change the colour of urine.
7		
8		

Community Infection Prevention and Control, Haringate and District NHS Foundation Trust
[www.nhs.uk/infectionpreventionandcontrol.co.uk](http://www.nhs.uk/infectionpreventionandcontrol) September 2018

Competency for the insertion of a urinary catheter into a male

Name:	Ward/Department:
Employee Number:	Email address:

Aim:	To demonstrate competent and confident insertion of a urinary catheter into a male
Objectives:	The practitioner will be able to: <ul style="list-style-type: none"> - Demonstrate an understanding of the knowledge and skills necessary for male urinary catheterisation - Demonstrate competency in performing the procedure
Update:	Competence to be reviewed annually at appraisal and refresher training is recommended at least every five years
Training Prerequisite: <i>(Please Tick)</i>	Prior to this assessment, I have successfully completed the following: <ul style="list-style-type: none"> - Completed Trust e-learning or evidence completed in another Trust <input type="checkbox"/> - Attended a catheterisation workshop or evidence completed in another Trust <input type="checkbox"/> - Awareness of PHNT Policies and Guidelines supporting this procedure <input type="checkbox"/> - Undertaken sufficient supervised practice to be competent and confident to undertake summative assessment of this skill <input type="checkbox"/>

Assessment Criteria	Competent Y/N
PREPARATION OF PATIENT AND ENVIRONMENT	
1. Candidate explains and discusses the procedure with the patient and gains informed consent, after assessing the need for insertion first, using a Urinary Catheter Assessment and Monitoring Form (UCAM);	
2. Candidate positively identifies the patient;	
3. Candidate identifies allergy status of patient and uses this information to select appropriate equipment;	
4. Candidate pulls the curtains around the patients bed space (if not contra-indicated) and ensures adequate lighting;	
5. Candidate elevates the bed to an appropriate height and moves furniture, to enable uninterrupted passage of catheterisation trolley to bed side when brought in later;	
6. Candidate explains to the patient the required position for the procedure – supine position, with legs extended. At this stage undergarments are removed and a modesty blanket applied, if appropriate;	
7. Candidate encourages / supports the patient to clean genitalia, if required, prior to catheterisation;	
PREPARATION OF CANDIDATE AND EQUIPMENT	
8. Candidate understands the principles of ANTT and is able to identify key sites and key parts that need protecting within this activity;	
9. Candidate demonstrates hand hygiene using Ayliffe six stage technique and applies apron;	
10. Candidate thoroughly decontaminates a 2 tier stainless steel trolley with disinfectant wipes and allows it to dry;	
11. Candidate selects appropriate catheterisation equipment required, observing integrity of sterile packaging and expiry dates and places on the bottom tier of the prepared trolley. Candidate checks Instillagel with a Registered Practitioner if a HCA;	
12. Candidate takes the trolley to the patient’s bedside, maintaining the cleanliness of the trolley;	
13. Candidate positions a disposable pad under the patients buttocks;	
14. Candidate encourages / supports the patient into the required position for the procedure;	

SURGICAL ASEPTIC NON TOUCH TECHNIQUE (ANTT)	
15. Candidate opens and prepares necessary equipment using an aseptic non touch technique (ANTT). SurgicalANTT will be used for catheterisation;	
16. Candidate gels hands after touching non sterile equipment;	
17. Candidate correctly applies sterile gloves;	
18. Candidate applies sterile drape using ANTT;	
19. Candidate retracts the foreskin (if present) and cleans the glans penis, using normal saline;	
20. Candidate inserts the required amount of Instillagel into the urethra and allows the gel 5 minutes to work;	
21. Candidate removes top pair of gloves (if double gloved) ensuring remaining sterile gloves are not contaminated OR candidate removes gloves, gels hands and applies another pair of sterile gloves;	
22. Candidate places the sterile receiver bowl between the patients legs;	
23. Candidate maintains a gentle but firm grasp of the penis behind the glans, raising it until it is almost extended;	
24. Candidate aseptically introduces the tip of the catheter into the urethral orifice;	
25. Candidate advances the catheter until 15-25cm has been inserted and urine starts to flow;	
26. If resistance is felt candidate increases the traction of the penis slightly and / or asks the patient to strain and / or cough. If resistance is still felt, DO NOT catheterise but get Medical advice;	
27. Candidate inserts the catheter further, prior to inflating the balloon by instilling the sterile water included with the catheter into the channel for water;	
28. Candidate withdraws the catheter slightly and connects to the drainage system using ANTT;	
29. Candidate secures the catheter to the patient using a stat lock device or G-strap;	
30. Candidate attaches the catheter bag to the bed, if a leg bag is not used, and ensures it is below bladder level but not touching the floor;	
31. Candidate gently returns the foreskin to its normal position;	
32. Candidate takes a catheter specimen of urine (CSU) if indicated;	
33. Candidate writes the date of insertion on the catheter bag;	
34. Candidate takes note of residual urine drained to record on UCAM form and fluid chart;	
35. Candidate supports patient into a comfortable position and ensures that the patient has their call bell;	
36. Candidate retains catheter packaging;	
37. Candidate disposes of waste as per Trust Policy;	
38. Candidate discards PPE as per Trust Policy and thoroughly washes hands;	
39. Candidate decontaminates trolley and returns it to its storage position;	
DOCUMENTATION AND ONGOING CARE	
40. Candidate documents insertion in patient's notes and completes a UCAM form, applying catheter information label (sticky label on catheter packaging) and completes all areas. Candidate commences a fluid chart;	
41. Candidate provides education to the patient regarding on-going catheter care including fluid intake, hygiene, early removal;	
42. Candidate is able to discuss importance of Saving Lives and demonstrates regular catheter reviews;	
43. Candidate is aware of actions to take if a catheter fails to drain as per Trust Policy;	
44. Candidate is aware that they must only have 2 attempts at catheterisation before referring to a more experienced Practitioner / Doctor;	
45. Candidate is aware of Patient Passport, hospital to home packs and Script-Easy;	

ASSESSOR	
I certify that has completed all the required competencies	
Signed:	Print Name:
Position:	Date:

CANDIDATE	
I confirm that I have had theoretical and practical training on the insertion of a urinary catheter and consider myself to be confident and competent to use this device without further training. I agree to comply with the Trust policies and procedures at all times.	
Signed:	Print Name:
Position:	Date:

MANAGERS AUTHORISATION	
Manager's signature providing authority for practitioner to undertake the insertion of a urinary catheter.	
Signed:	Print Name & Date:

ACTION PLAN (if competencies not achieved)	
If not competent must remain under supervision until assessed as competent, if still not competent after second attempt manager must refer to performance management policy and date must be planned for reassessment of competence	
<p>Assessor's signature:..... Candidate's signature:</p> <p>... ..</p>	

Storage of this completed assessment document and associated evidence should remain with the manager's training records and assessment of competence should be recorded on Healthroster. Any medical device training that has taken place must be recorded on OLM under the appropriate training category. Please send the L&OD Admin team a **copy** of this completed form: plh-tr.learninganddevelopment@nhs.net **OR** L&OD Admin Team, 2nd Floor, NU Building

Competency for the insertion of a urinary catheter into a female

Name:	Ward/Department:
Employee Number:	Email address:

Aim:	To demonstrate competent and confident insertion of a urinary catheter into a female
Objectives:	The practitioner will be able to: <ul style="list-style-type: none"> - Demonstrate an understanding of the knowledge and skills necessary for female urinary catheterisation - Demonstrate competency in performing the procedure
Update:	Competence to be reviewed annually at appraisal and refresher training is recommended at least every five years
Training Prerequisite: <i>(Please Tick)</i>	Prior to this assessment, I have successfully completed the following: <ul style="list-style-type: none"> - Completed Trust e-learning or evidence completed in another Trust <input type="checkbox"/> - Attended a catheterisation workshop or evidence completed in another Trust <input type="checkbox"/> - Awareness of PHNT Policies and Guidelines supporting this procedure <input type="checkbox"/> - Undertaken sufficient supervised practice to be competent and confident to undertake summative assessment of this skill <input type="checkbox"/>

Assessment Criteria	Competent Y/N
PREPARATION OF PATIENT AND ENVIRONMENT	
46. Candidate explains and discusses the procedure with the patient and gains informed consent, after assessing the need for insertion first, using a Urinary Catheter Assessment and Monitoring Form (UCAM);	
47. Candidate positively identifies the patient;	
48. Candidate identifies allergy status of patient and uses this information to select appropriate equipment;	
49. Candidate pulls the curtains around the patients bed space (if not contra-indicated) and ensures adequate lighting;	
50. Candidate elevates the bed to an appropriate height and moves furniture, to enable uninterrupted passage of catheterisation trolley to bed side when brought in later;	
51. Candidate explains to the patient the required position for the procedure – supine position, heels together and knees apart without undergarments. At this stage undergarments are removed and a modesty blanket applied, if appropriate;	
52. Candidate encourages / supports the patient to clean genitalia, if required, prior to catheterisation;	
PREPARATION OF CANDIDATE AND EQUIPMENT	
53. Candidate understands the principles of ANTT and is able to identify key sites and key parts that need protecting within this activity;	
54. Candidate demonstrates hand hygiene using Ayliffe six stage technique and applies apron;	
55. Candidate thoroughly decontaminates a 2 tier stainless steel trolley with disinfectant wipes and allows it to dry;	
56. Candidate selects appropriate catheterisation equipment required, observing integrity of sterile packaging and expiry dates and places on the bottom tier of the prepared trolley.	

Candidate checks Instillagel with a Registered Practitioner if a HCA;	
57. Candidate takes the trolley to the patient's bedside, maintaining the cleanliness of the trolley;	
58. Candidate positions a disposable pad under the patients buttocks;	
59. Candidate encourages / supports the patient into the required position for the procedure;	
SURGICAL ASEPTIC NON TOUCH TECHNIQUE (ANTT)	
60. Candidate opens and prepares necessary equipment using an aseptic non touch technique (ANTT), Surgical ANTT will be used for catheterisation;	
61. Candidate gels hands after touching non sterile equipment;	
62. Candidate correctly applies sterile gloves;	
63. Candidate applies sterile drape using ANTT;	
64. Candidate performs meatal hygiene;	
65. Candidate identifies urethral opening and inserts the required amount of Instillagel and allows the gel 5 minutes to work;	
66. Candidate removes top pair of gloves (if double gloved) ensuring remaining sterile gloves are not contaminated OR candidate removes gloves, gels hands and applies another pair of sterile gloves;	
67. Candidate places the sterile receiver bowl between the patients legs;	
68. Candidate aseptically introduces the tip of the catheter into the urethral orifice in an upwards and backwards direction;	
69. Candidate advances the catheter until 5-6cm has been inserted and urine starts to flow;	
70. Candidate inserts the catheter further, prior to inflating the balloon by instilling the sterile water included with the catheter into the channel for water;	
71. Candidate withdraws the catheter slightly and connects to the drainage system using ANTT;	
72. Candidate secures the catheter to the patient using a stat lock device or G-strap;	
73. Candidate attaches the catheter bag to the bed, if a leg bag is not used, and ensures it is below bladder level but not touching the floor;	
74. Candidate takes a catheter specimen of urine (CSU) if indicated;	
75. Candidate writes the date of insertion on the catheter bag;	
76. Candidate takes note of residual urine drained to record on UCAM form and fluid chart;	
77. Candidate supports patient into a comfortable position and ensures that the patient has their call bell;	
78. Candidate retains catheter packaging;	
79. Candidate disposes of waste as per Trust Policy;	
80. Candidate discards PPE as per Trust Policy and thoroughly washes hands;	
81. Candidate decontaminates trolley and returns it to its storage position;	
DOCUMENTATION AND ONGOING CARE	
82. Candidate documents insertion in patient's notes and completes a UCAM form, applying catheter information label (sticky label on catheter packaging) and completes all areas. Candidate commences a fluid chart;	
83. Candidate provides education to the patient regarding on-going catheter care including fluid intake, hygiene, early removal;	
84. Candidate is able to discuss importance of Saving Lives and demonstrates regular catheter reviews;	
85. Candidate is aware of actions to take if a catheter fails to drain as per Trust Policy;	
86. Candidate is aware that they must only have 2 attempts at catheterisation before referring to a more experienced Practitioner / Doctor;	
87. Candidate is aware of Patient Passport, hospital to home packs and Script-Easy;	

ASSESSOR	
I certify that has completed all the required competencies	
Signed:	Print Name:
Position:	Date:

CANDIDATE	
I confirm that I have had theoretical and practical training on the insertion of a urinary catheter and consider myself to be confident and competent to use this device without further training. I agree to comply with the Trust policies and procedures at all times.	
Signed:	Print Name:
Position:	Date:

MANAGERS AUTHORISATION	
Manager's signature providing authority for practitioner to undertake the insertion of a urinary catheter.	
Signed:	Print Name & Date:

ACTION PLAN (if competencies not achieved)	
If not competent must remain under supervision until assessed as competent, if still not competent after second attempt manager must refer to performance management policy and date must be planned for reassessment of competence	
<p>Assessor's signature:..... Candidate's signature:</p> <p>... ..</p>	

Storage of this completed assessment document and associated evidence should remain with the manager's training records and assessment of competence should be recorded on Healthroster. Any medical device training that has taken place must be recorded on OLM under the appropriate training category. Please send the L&OD Admin team a **copy** of this completed form: plh-tr.learninganddevelopment@nhs.net **OR** L&OD Admin Team, 2nd Floor, NU Building

**Competency – Blocked urinary catheters – Instillation of Catheter
Maintenance Solutions (Single Lumen Urinary Catheters)**

Name:	Ward/Department:
Employee Number:	Email address:

Aim:	To enable Registered and Assistant Practitioners within the Trust to competently and confidently perform manual bladder irrigation via single lumen urinary catheters in adult patients
Objectives:	<p>The practitioner will be able to:</p> <ul style="list-style-type: none"> - Follow the Standard Operational Procedure for a blocked catheter & exhaust ALL other options prior to irrigating a urinary catheter - Able to discuss the clinical rationale to perform urinary catheter Irrigation, including Alternative treatment options and management of a blocked urinary catheter - Discuss an understanding of the knowledge and skills necessary and demonstrate competency in performing the procedure
Update:	Competence to be reviewed annually at appraisal and refresher training is recommended at least every three years
Training Prerequisite: (Please Tick)	<p>Prior to this assessment, I have successfully completed the following:</p> <ul style="list-style-type: none"> - Catheterisation, ANTT competencies <input type="checkbox"/> - Awareness of PHNT Policies and SOP supporting this procedure <input type="checkbox"/> - Undertaken sufficient supervised practice to be competent and confident to undertake summative assessment of this skill <input type="checkbox"/> - Completed bladder scan e learning and be assessed as competent in practice <input type="checkbox"/> - Trust Guidelines for the management of a patient with a urinary catheter <input type="checkbox"/>

EXCLUSION CRITERIA	
1	Known allergy to the required preparation or any of its ingredients
2	Catheter irrigation within the last 12 hours
3	Open surgery to bladder, kidney; or urinary tract within the previous week. Within 24 hours of trans urethral surgery
4	Patients known to have a bladder tumour
5	Patients undergoing a course of antibiotics for urinary tract infection

ASSESSMENT CRITERIA	Competent Y/N
PREPARATION OF PATIENT AND ENVIRONMENT	
6. Positively identify the patient;	
7. Assess the need for irrigation and document this using a Urinary Catheter Assessment and Monitoring Form (UCAM), and also within the patients clinical notes;	
8. Explain and discuss the procedure with the patient and gains informed consent;	
9. Checks the prescription chart (or e-PMA) for the correct Optiflo® bladder irrigation solution, including strength, route, time, prescribed dose, expiry date and any additional instructions;	
10. Identifies allergy status of the patient and use this to select the appropriate equipment;	

11. Demonstrate the knowledge of the risk factors involved in the procedure and the ability to recognise any adverse reactions, how to manage and treat these, for example, over distension of the bladder or anaphylaxis;		
PREPARATION OF EQUIPMENT & ENVIRONMENT		
12. Decontaminate a 2 tier stainless steel trolley with disinfectant wipes and allow it to dry; Select the appropriate sterile equipment to the bottom tier, noting integrity of sterile packaging and expiry dates;		
13. Prepare the patient for the procedure – ensure comfort and allow the practitioner access to the catheter. Place an absorbent sheet under the catheter;		
14. Use Standard PPE, including apron and eye protection;		
15. Re-check the Prescription for the correct Optiflo® bladder irrigation solution (with a Registered Practitioner if a HCA);		
Catheter Maintenance Solutions		
PRODUCT	PROPERTIES	INDICATION for USE
OPTIFLO® S Irrigation Solution	0.9% Saline 50mL	First line treatment for mechanical irrigation to remove clots or NON-ENCRUSTED debris and to maintain patency
OPTIFLO® S Irrigation Solution	0.9% Saline 100mL	
OPTIFLO® G Irrigation Solution	3.23% Citric Acid 50mL	Only for routine and regular prescribed community use to prevent catheter encrustation in long term catheters
OPTIFLO® G Irrigation Solution	3.23% Citric Acid 100mL	
OPTIFLO® R Irrigation Solution	6.0% Citric Acid 50mL	May be used as a last resort where all else has failed to remove ENCRUSTED debris
OPTIFLO® R Irrigation Solution	6.0% Citric Acid 100mL	
PROCEDURE		
16. At the patients' bedside open and prepare the outer wrappers of the equipment using an aseptic non touch technique (ANTT). Surgical ANTT will be used for bladder irrigation;		
17. Clean the catheter connection with Sani-Cloth CHG 2% whilst it is still connected;		
18. Disconnect the catheter bag from the catheter; observe for an obvious signs of blockage, discharge or encrustation;		
19. Remove tear tab from cap and twist the cap to break the seal. Insert the nozzle into the catheter and gently instil the prescribed OPTIFLO® Irrigation Solution.		
20. Gently compress and release the bellows for one minute and allow the fluid to drain back into the container. Hold below the level of the catheter for gravity to assist drainage. DO NOT FORCE. Note the content and consistency of the withdrawn fluid before discarding;		
21. It may be necessary to repeat with a second application until urine flows freely;		
22. It is common for patients to experience slight discomfort or bladder spasm following the procedure. Give prescribed analgesia accordingly;		
23. Unsuccessful irrigations MUST be referred to a Urology Specialist for further assessment and on-going management plan, normally replacement of the catheter;		
24. Clean the bag inlet attachment with Sani-Cloth CHG 2% and attach a new catheter bag;		
25. Clean again with Sani-Cloth CHG 2%;		
26. Dispose of all clinical waste as per Trust Policy and clean the trolley with detergent wipes;		
DOCUMENTATION AND ONGOING CARE		
27. Document your intervention in the patients' notes and on the UCAM form. Note the amount of fluid instilled and withdrawn and record this on the fluid chart;		
28. Provide education to the patient regarding on-going catheter care including fluid intake, hygiene, bowel care, correct position of the catheter bag and early removal;		
29. Refer to the Continence Team or to a Urology Specialist if any problems have occurred ;		
30. Annotate the Patient Passport if required;		

Reference:

1. BNF 76, September 2018-March 2019. Section 7, Genito-Urinary System. Catheter Maintenance Solutions. Page 772
2. Competency assessment for a Patient requiring a bladder wash out for clot retention (LN & RL 2016) Lynher (Urology ward). Specialist procedure for the irrigation of 3 way urinary catheters.

ASSESSOR	
I certify that has completed all the required competencies	
Signed:	Print Name:
Position:	Date:

CANDIDATE	
I confirm that I have had theoretical and practical training on bladder irrigation with catheter maintenance solutions and consider myself to be confident and competent to use this device without further training. I agree to comply with the Trust policies and procedures at all times.	
Signed:	Print Name:
Position:	Date:

MANAGERS AUTHORISATION	
Manager's signature providing authority for practitioner to undertake manual bladder irrigation.	
Signed:	Print Name & Date:

ACTION PLAN (if competencies not achieved)	
If not competent must remain under supervision until assessed as competent, if still not competent after second attempt manager must refer to performance management policy and date must be planned for reassessment of competence	
<p>Assessor's signature:..... Candidate's signature:</p> <p>.....</p>	

Storage of this completed assessment document and associated evidence should remain with the manager's training records and assessment of competence should be recorded on Healthroster. Any medical device training that has taken place must be recorded on OLM under the appropriate training category. Please send the L&OD Admin team a **copy** of this completed form: plh-tr.learninganddevelopment@nhs.net **OR** L&OD Admin Team, 2nd Floor, NU Building