HomeMade
Smarter support at home

Management of Indwelling Urinary Catheters - Policy and Procedure

Purpose and Scope

The objective of this policy is to ensure the provision of safe and quality care for customers with indwelling catheters receiving support services in the community. This policy aims to reduce the risk of infection and other complications, and to ensure the competence of individuals involved in catheter management.

This policy applies to the delivery of paid support services for HomeMade customers within the community. It encompasses the roles and responsibilities of all staff and contracted service providers.

Background

The change of an Indwelling Urinary Catheter (IUC) in the community setting is a routine procedure that facilitates direct drainage of urine from the bladder, by urethral or supra-pubic methods. As in acute care settings, it is essential that aseptic technique and the use of sterile equipment and supplies are observed to ensure customer safety and infection prevention.

The community setting presents clinicians with unique work health and safety challenges, so it is important to ensure a safe, clean environment for both the customer and clinicians. Additionally, it is important to ensure that spare equipment is on hand in case of an accidental breach in asepsis or an emergency situation.

Any need for change of type or gauge of catheter size will be determined in consultation with the customer's Medical Practitioner. Customers should have a designated setup area in their homes for catheter care, with provisions for waste disposal.

Definitions

***PPE*:** Personal Protective Equipment

***CAUTI*:** Catheter Associated Urinary Tract Infection

***RN*:** AHPRA Registered Nurse

***Medical Authorisation*:** Medical authorisation refers to the formal approval granted by a qualified medical practitioner, typically a general practitioner or specialist, for specific medical procedures or interventions. In the context of catheter management, medical authorisation specifies details such as the type of catheter required (e.g., indwelling urinary catheter or suprapubic catheter), recommended frequency for catheter change, indications for catheterization, and any additional care instructions, such as irrigation or monitoring for complications. Medical authorisation ensures that catheter-related procedures are performed safely and in accordance with medical guidelines, taking into account the individual patient's medical history and current health status.

***Informed Consent*:** Informed consent is the voluntary agreement given by a patient or their substitute decision maker, after receiving adequate information about a proposed treatment or procedure, including its potential risks, benefits, alternatives, and implications. In the context of catheter management, obtaining informed consent involves explaining to the customer or their substitute decision maker the purpose of catheterisation, the procedure itself, potential risks such as infection or injury, alternative treatment options, and the expected outcomes. Informed consent ensures that customers or their substitute decision maker are fully informed participants in their care decisions and have the opportunity to ask questions and express preferences before consenting to catheter-related procedures.

Responsibilities

Support Partners:

Support Partners are responsible for assessing customers' care needs, developing comprehensive support plans including articulating within the support plan information about choosing appropriate support providers. Support Partners are responsible for updating customer support plans and budgets as needs change and evolve. They are responsible for liaising with customers and their representatives to ensure that the support provided meets their changing requirements. In alignment with HomeMade's Incident Management and

Deteriorating Customer Policy & Procedures, Support Partners promptly report any changes or difficulties associated with service delivery to the appropriate channels within HomeMade.

Clinical Nurses:

HomeMade's Clinical Nurses provide clinical support to Support Partners, customers and service providers. They perform clinical reviews to ensure that care provided is consistent with best practices and clinical guidelines. Clinical Nurses play a vital role in overseeing catheter management, providing direction to support providers, and ensuring adherence to this policy.

Contracted Service Providers who are Registered Nurses:

Registered Nurses contracted by HomeMade are responsible for management of indwelling catheters and suprapubic catheters as required. They provide direct clinical care to customers, ensuring that catheter management practices align with HomeMade's policies and procedures, including only performing management and/or changes of catheters where there is an up to date medical authorisation available. Registered Nurses also provide guidance and support to other service providers engaged in non-clinical catheter management.

Contracted Support Providers who are not Registered Nurses:

Support Providers contracted by HomeMade are integral to the provision of day-to-day care for customers with indwelling catheters. They follow the support plan developed by HomeMade, report any changes or difficulties encountered during service delivery to HomeMade, and perform tasks within their designated scope of practice. Support Providers adhere to HomeMade's Infection Control policy & procedure and remain alert to any signs of complications, escalating concerns to HomeMade.

Prohibited Actions:

Support Providers who are not Registered Nurses must not perform tasks that are outside of their scope of practice or require the expertise of a Registered Nurse or Medical Practitioner, such as changing indwelling or suprapubic catheters. For customers at high risk of Autonomic Dysreflexia (AD), HomeMade determines that catheter changes must occur in a hospital or clinical based setting.

Principles

- Limit unnecessary catheterisations and remove catheters as soon as they are no longer required, based on medical advice.
- Engage customers and carers in decision-making and monitoring of catheter care.
- All staff and service providers must utilise appropriate PPE during catheter management procedures to minimise infection transmission. This includes gloves, masks, and gowns as necessary, in accordance with HomeMade's Infection Control policy & procedure.
- Support Providers must maintain regular competency-based education on catheter management to ensure adherence to best practices.
- All Service Providers must provide accurate documentation of all catheter-related management and complications.
- All Service Providers must maintain adherence with HomeMade's Incident Management Policy & Procedure and Deteriorating Customer Policy & Procedure.

Procedure

General Precautions:

Insertion of urinary catheters must follow safe and aseptic techniques and requires authorisation from the relevant medical practitioner and informed consent.

The medical authorisation must specify the following:

- The type of indwelling urinary catheter required, supra pubic or urethral
- The recommended frequency for change and any other relevant care such as irrigation
- The indication for indwelling urinary catheter
- Whether the customer has any history of spinal cord injury
- Whether the customer has any history of autonomic dysreflexia
- The date the medical authorisation requires a review

Special caution should be exercised in certain situations such as potential need for force during insertion, recent hospitalisation due to catheter change, or patient conditions like artificial urinary sphincter implant or advanced bladder conditions.

The Registered Nurse is responsible for determining whether the procedure requires the support of a second person. Where a second person is required the Registered Nurse is responsible for determining the level of support required. If support from a second person is required that is clinical in nature such as handling procedure equipment, or bodily fluids, the second person must be a Registered Nurse. Where emotional or behaviour support is required, the second person may be a family member, carer or other support provider.

Possible complications of catheterisation

- Balloon inflation in somewhere other than the bladder may result in discomfort, pain, trauma, and haematuria
- False passage, associated with forced procedure
- Haemorrhage from traumatic catheterisation
- Symptomatic Catheter Associated Urinary Tract Infection (CAUTI)
- Urinary Sepsis

Catheter Associated UTI (CAUTI)

A CAUTI has similar symptoms to a typical urinary tract infection (UTI). These include:

- cloudy urine
- blood in the urine
- strong urine odour
- urine leakage around your catheter
- pressure, pain, or discomfort in your lower back or stomach
- chills
- fever
- unexplained fatigue
- vomiting

Any blood in the urine should be assessed immediately by the customer's medical practitioner.

Catheter Materials:

Preference is given to 100% Silicone catheters to minimise irritation and risk of infection.

Use of latex catheters is discouraged due to associated risks.

Urethral Catheter Changes in the Community:

Service Providers must provide any preparation or post procedure care information to customers including to maintain oral hydration, and to practise genital hygiene.

Prior to the catheter change, assess clinical risks including whether there are any signs of trauma or infection. If there are any signs of trauma or infection the customer must receive medical review prior to proceeding with the catheter change. Ensure proper preparation, including clamping or removal of the old catheter at least 20 minutes before performing the procedure.

ALERT:

- Do not clamp or remove the urethral catheter in customers with a history of Spinal Cord Injury above T6.
- However, these customers should be told to drink well two (2) hours prior to catheter change (risk of Autonomic Dysreflexia)

Clamping or the removal of the previous urinary urethral catheter for a short duration prior to insertion of the new catheter, allows the RN to:

- Confirm catheter is placed into the urinary bladder
- Observe the type of urine draining from the bladder
- Observe urine flowing through the catheter from the urinary bladder prior to inflation of the catheter balloon

If the customer is incapable of clamping the catheter or is non-compliant, the RN should remove the urethral catheter and discard the catheter and drainage equipment when first arriving at the customer's home, then wait for at least 20 minutes before inserting the new urethral catheter to ensure urine drainage from the bladder at catheter insertion occurs.

The RN must never leave the customer after insertion of the new urethral catheter until urine is observed to be draining from the newly inserted catheter.

Observation of urine flow and confirmation of bladder placement of the new catheter are essential steps.

Suprapubic Catheter (SPC) Changes:

Prior to catheter change, assess clinical risks including whether there are any signs of trauma or infection. If there are any signs of trauma or infection the customer must receive medical review prior to proceeding with the catheter change.

Additional considerations include assessing the stoma site for inflammation, discharge or over-granulation and ensuring appropriate catheter and drainage equipment availability.

The old catheter may be marked at point of entry to the SPC stoma with tape if this is helpful to the clinician.

ALERT:

- Do not clamp the catheter for customers with a history of spinal cord injury above T6 and / or a history of Autonomic Dysreflexia.
- However, these customers should be reminded to drink well for two (2) hours prior to catheter change
- Clamp / spigot all other customer's catheters at least 20 minutes prior to change.

Clamping of the previous SPC catheter allows the nurse clinician to:

- Ensure there is urine in the bladder at time of removal of old SPC catheter
- Observe the type of urine draining from the bladder when the new SPC catheter is inserted
- Confirm SPC catheter has been placed into the urinary bladder and remains sitting within the urinary bladder
- To enable the clinician to observe urine flowing via the SPC catheter prior to inflation of the catheter balloon

If the customer is incapable of clamping the catheter or is non-compliant the RN should clamp the leg bag with a catheter clamp device or spigot the SPC catheter when they first arrive at the customer's home, then wait for at least 20 minutes prior to removal and insertion of the new SPC catheter to ensure urine drainage from the bladder

After inserting the new SPC catheter into the SPC stoma wait for urine to drain before inflating balloon with 10mL sterile water

Ask the customer to cough, or gently apply pressure above the stoma site, if urine slow to drain

There should be no resistance felt at time of balloon inflation and the customer should not feel any pain or discomfort during balloon inflation if the SPC urinary catheter is positioned correctly within the urinary bladder

The RN must never leave the customer after insertion of the new catheter until urine is observed to be flowing from the newly inserted SPC catheter.

Urinary Catheter Maintenance Irrigation:

Irrigation may be utilised to maintain catheter patency and avoid unnecessary changes.

Indications include long-term catheterisation, end-of-life care, blocked catheters, and recurrent CAUTIs.

Prior to catheter irrigation, assess clinical risks including whether there are any signs of trauma or infection. If there are any signs of trauma or infection the customer must receive medical review prior to proceeding with the catheter irrigation.

Appendix

Contact details

Self Managed Support trading as HomeMade
ABN 88 638 372 960
1300 655 688 | info@homemadesupport.com.au
www.homemadesupport.com.au

Medical Authorisation for Indwelling Urinary Catheter Management

Care Recipient Details	
Care Recipient Name	
DOB	
Address	
Phone Number	

Authority for Indwelling Urinary Catheter	
☐ I hereby authorise the Community Health Nurse to attend the ongoing indwelling urinary catheter changes for the care recipient as stated above	
☐ I hereby authorise the Community Health Nurse to insert an indwelling urinary catheter for the care recipient as above and attend to ongoing catheter care as required	
End date of authorisation	

Indication for indwelling catheter	

Type of catheter	☐ Supra pubic ☐ Urethral
Spinal Cord Injury	☐ Yes ☐ No
History of Autonomic Dysreflexia	☐ Yes ☐ No
Minimum frequency of catheter change	
Minimum frequency of catheter irrigation	

Medical Practitioner	
Name	
Phone	
Email	
Signature	
Date	

Supporting Documents

- *Decision Making, Dignity and Choice Policy and Procedure*
- *Incident Management Policy and Procedure*
- *Initial Assessment Policy and Procedure*
- *Support Planning Policy and Procedure*
- *Deteriorating Customer Policy and Procedure*
- *Risk Management Policy and Procedure*
- *Infection Control Policy and Procedure*

Document Control

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