



**Infection.
Prevention.
Control.**

You're in safe hands

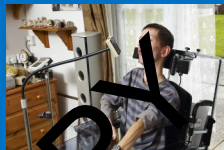
NHS

Urinary Catheter Passport

A guide to
looking after a
urinary catheter

(for service users and
healthcare workers)

2nd Edition



Contact details

Service user

Name

Address

Postcode

Contact No.

Community Nurse

Name

Routine
contact No.

Emergency
Contact No.

MRSA Alert

☐

Please tick the box if the service user has a history of MRSA in their urine.
See page 27 for service user management.

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Overview

This Urinary Catheter Passport will help to provide continuity of patient care and provides advice for service users and staff.

The term 'service user' is used to describe patients, residents and clients.

The Passport should be issued after insertion of a urinary catheter and service users should be advised to take it to all catheter related clinic appointments and hospital admissions.

SECTION 1

Information for
service users

SAMPLE COPY

Section 1 - Information for service users

Will I have discomfort when a catheter is inserted?

Lower abdominal discomfort can be experienced for a short time when a catheter is first inserted. If this continues, contact your nurse or doctor for advice.

When will my catheter need changing?

Your nurse or doctor will advise you on how often your catheter needs changing and where this will happen, e.g. hospital or community. Further catheter supplies will be prescribed by your GP or Community Nurse.



Do I still need my catheter?

Your ongoing need for a catheter should be reviewed by your clinician on a regular basis. However, please feel free to ask if you still need a catheter.

Every week:

- Replace the leg bag or valve every seven days. To help prevent infection, only disconnect the leg bag or valve to replace it with a new one
- When replacing the bag or valve, avoid touching the connecting parts

What is a urinary tract infection?

A catheter allows bacteria (germs) to enter the body. This can cause an infection in the urethra or bladder. This type of infection is known as a urinary tract infection (UTI).

Symptoms of a UTI include:

- High temperature (fever)
- Shaking chills
- Blood in urine
- Kidney pain in your lower back or abdomen
- Confusion

area from front to back to prevent contamination from the back passage. Dry the area thoroughly.

- Do not use antiseptic, talc or creams in the area where the catheter enters the body.
- Avoid using bubble bath or bath salts, as these can cause irritation.
- When having a bath or shower, empty the bag, remove the supportive straps or sleeve and bathe or shower as normal.

What should my urine look like?

Healthy urine colour			Try and drink more				
1	2	3	4	5	6	7	8

- Urine should be a light yellow colour. If it is orange or dark brown, you may not be drinking enough fluid.
- You should drink at least 1½ to 2 litres /

SECTION 2

Information for healthcare workers

SAMPLE COPY

Section 2 - Information for healthcare workers

Introduction

A urinary catheter is a thin flexible hollow tube that drains urine from the bladder into a drainage bag. It is inserted either into the urethra or through a hole made in the abdomen (suprapubic). The catheter is held in place by a small balloon filled with sterile water.



At least 23% of all infections are due to a urinary tract infection (UTI) and of those, 80% are due to the use of urinary catheters. All service users with a urinary catheter are at increased risk of acquiring a UTI and the longer a catheter is in place, the greater the risk. Good infection control practices are essential to prevent infection. It is also

important that the need for a urinary catheter should be reviewed on a regular basis by a registered nurse.



Emptying a catheter bag

A catheter drainage bag should **not** be emptied more often than necessary as this increases the risk of infection. However, the bag must be emptied when it is no more than two thirds full, to avoid back flow of urine into the bladder. There is an increased risk of acquiring an infection when the catheter bag is emptied. Therefore, it is essential to follow good practice:

- ◆ Before emptying the bag, always wash hands and wear a disposable apron and gloves
- ◆ In a hospital or care setting, the tap on the drainage bag should be wiped with an alcohol wipe before opening the tap and after closure, to reduce the risk of transmission of infection. In a person's own home, use a clean tissue to wipe the tap after closure to prevent drips
- ◆ Empty the urine into a container by opening the drainage tap

- ◆ Before changing the bag, always wash hands and wear a disposable apron and gloves
- ◆ When detaching the used bag from the catheter, to prevent contamination and infection, do not touch the end of the catheter
- ◆ When removing the cap from the new catheter bag tube do not touch the end of the tube
- ◆ Empty the urine from the bag into a sluice or toilet and dispose of the bag as non-infectious/offensive waste. In a person's own home, double wrap the bag and dispose of as household waste
- ◆ Remove disposable gloves and apron and wash hands
- ◆ Always record when the bag is changed

Overnight drainage bags

If a leg bag is used during the day, an additional larger linked



SECTION 3

Catheterisation records

SAMPLE COPY

Section 3 - Catheterisation records

Catheterisation records

Each urinary catheterisation should be recorded in this passport as well as the appropriate nursing/medical records. Completion of the passport will enhance continuity of care for the service user between both community and hospital settings.

1. Following the first catheterisation, record the details on pages 2 and 29.
2. Record each subsequent catheterisation details starting on page 30.
3. If the service user has a MRSA positive result in their urine, this should also be recorded on pages 2 and 28.
4. Please complete all tick boxes as appropriate.

When to take a specimen of urine

Urine specimens should only be taken if there are indications of a clinical infection (see below). The taking of routine urine specimens should be avoided to help reduce inappropriate prescribing of antibiotic treatment. A specimen of urine should be sent to the laboratory if the service user has two or more of the following symptoms:

- High temperature (fever)
- Shaking chills
- Blood in urine
- Kidney pain in your lower back or abdomen
- Confusion

As much relevant clinical information, for example, symptoms, current or recent antibiotic treatment, should be included on the specimen form.

Record date of positive result for MRSA in the urine (other sites are not applicable, for example, nose, wounds)

1.

4.

2.

5.

3.

6.

Details of first catheterisation

Reason for first catheterisation	
Date	
Catheter type and size	
Problems experienced during catheterisation	
Antibiotic prophylaxis given	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give reason:
Can catheterisation be undertaken in the community?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'no' please indicate below:
Date of next change	
Primary staff name	

Drainage system used/ordering codes

Leg bags	
Night bags	
Catheter valves	

Catheterisation records

Date			
Is a catheter still required?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give reason:		
Type of catheter			
Size			
Reason for catheter change			
Any problems with the catheterisation			
Antibiotic prophylaxis given	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give reason:		
Date of next change and location		Hospital <input type="checkbox"/> Community <input type="checkbox"/>	
Staff name (please print)			

Further advice

Further advice can be obtained from your local Community Nurse (see page 2).

Further copies

To order further copies, please contact:
Community Infection Prevention and Control Team
on 01423 557340 or ipcccommunity@hft.nhs.uk

References

Department of Health and Health Protection Agency (February 2013) *Prevention and control of infection in care homes—an information resource*

Loveday HP et al (January 2014) epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection* Volume 86, Supplement 1, Pages S1-S70

NICE Clinical Guideline 139 (March 2012) *Infection Prevention and control of healthcare-associated infections in primary and community care*

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Tel: 01423 557340

www.infectionpreventioncontrol.co.uk

April 2018
Version 3.00

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