



**Infection.
Prevention.
Control.**
You're in safe hands

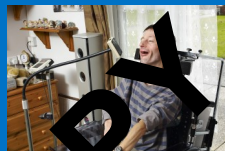


My Catheter Passport

A guide to
looking after a
urinary catheter

(for service users and
healthcare workers)

4th 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 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

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Section 1 - Information for service users

Introduction

This section of the booklet will give you advice and information on looking after your urinary catheter.

It is important to remember to take this booklet to all catheter related clinic appointments and hospital admissions.

What is a urinary catheter?

A urinary catheter is a flexible hollow tube used to drain urine from the bladder. The catheter is inserted into the urethra, which is at the tip of the penis or just above the vagina, or inserted through a hole made in the abdomen (suprapubic catheter). The urine flows into a bag which is secured to your leg. Some people may have a valve at the end of the catheter instead of a drainage bag.



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.



How do I look after my catheter?

Every day:

- Always wash your hands before and after handling your catheter, valve or drainage bag
- Wash the area where the catheter meets your body (insertion site) and carefully remove any debris. This reduces the risk of infection (see page 1). This also should be done after every bowel movement
- Inspect the area where the catheter meets your body
- If the insertion site becomes red, inflamed or painful, contact your nurse or doctor
- Ensure the drainage bag is kept below the level of the bladder
- Empty the urine from the leg bag when it is no more than two thirds full
- Ensure your catheter has an anchoring device and two leg straps to prevent pulling and damage to the urethra

- Move the catheter anchoring device daily, from leg to leg, to avoid pressure damage to the skin and urethra
- If you have a catheter valve instead of a leg bag, you should open the valve and empty your bladder:
 - When you feel it is full
 - Before going to bed
 - During the night if necessary
 - First thing in the morning and at least every 3-4 hours during the day
 - Before opening your bowels

- A night bag should be attached to the leg bag or valve if required for overnight drainage.



Open the valve to allow drainage into the night bag

In the morning, close the valve and remove the night bag, drain the urine into the toilet. Double wrap the bag in newspaper or plastic bags and place into your household waste bin

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
- New or worsening delirium/debility (new onset confusion)

Contact your GP as soon as possible if you think you have a UTI. Antibiotic treatment will only be prescribed if you have clinical signs and symptoms of a UTI.

How can I reduce the risk of getting a urinary tract infection?

- Wash your hands before and after touching your catheter to remove bacteria (germs).
- Wash your skin in the area where the catheter enters your body with soap and warm water at least once a day and after a bowel movement.
- Men should carefully wash under the foreskin (unless they have been circumcised). Dry the area thoroughly and ensure the foreskin is replaced over the end of the penis.
- Women should always wash the genital 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 $1\frac{1}{2}$ to 2 litres / 3 to 4 pints per day, unless you are

advised otherwise by your doctor.

- Some medication and foods may cause discolouration of urine.
- If your urine is cloudy and does not improve after drinking more, contact your Community Nurse.
- If your urine is blood stained or has specks of blood in it contact your Community Nurse.
- If you are passing bright red blood contact your GP.



What should I do if my catheter is not draining or it is leaking?

One or more of the following actions may help:

- Have you been drinking enough? If you are dehydrated you will not produce urine
- Check the drainage bag is below the level

of the bladder, especially when sitting

- Make sure the tubing is not twisted, stretched, pulled tight or restricted by tight clothing
- Check the drainage bag is connected correctly
- Check the valve or tap is open
- Make sure the straps, securing the leg bag to your leg, are positioned behind the tube on the leg bag
- Check the bag is not full
- Empty your catheter bag, lift it to hip height for approximately 30 seconds and then replace to the original position. Drink a glass of water and change your position and walk around if possible
- Are you constipated? If so this can prevent your catheter from draining



- Eating a variety of foods, including plenty of fruit and vegetables, helps to prevent constipation
- If your catheter is still not draining after one hour or you have leakage of urine, please contact your Community Nurse

What about sex?

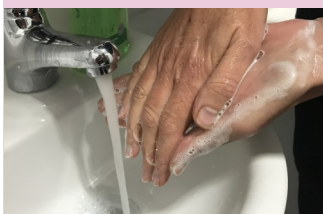
A suprapubic catheter or the use of intermittent catheterisation may be considered for those with an active sex life.

Sexual intercourse can still be enjoyed with a urethral catheter. Please seek advice on how this may be practised safely. Please don't be embarrassed to ask your Community Nurse.

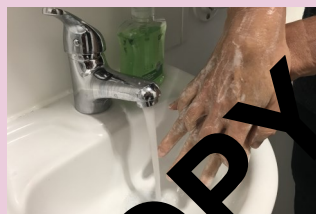
When should I ask for help?

- If your catheter has come out.
- If your urine is blood stained.
- If you notice skin damage due to the catheter.

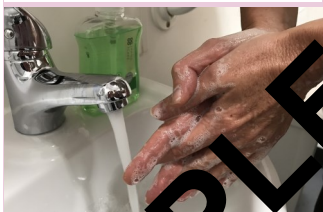
Handwashing guide to reduce the spread of infection



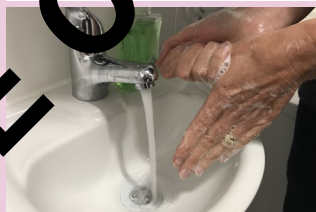
1. Wet hands under warm running water, apply liquid soap, rub hands palm to palm with a circular action



2. Rub back of both hands and between fingers



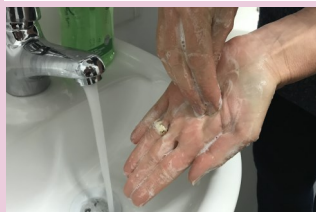
3. Rub hand palm to palm and between fingers



4. Rub both thumbs with a twisting action



5. Link hands and rub backs of fingers in palms



6. Rub both palms with finger tips, rinse hands under warm running water and dry thoroughly

SECTION 2

Information for
healthcare
workers

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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.

Catheter hygiene

Routine personal hygiene, such as a daily bath or shower, is important to maintain catheter

hygiene. For those who are unable to bathe or shower, staff should inspect the urethral meatus and wash the genital area including around the catheter at least daily with soap and water. If there is any skin redness, inflammation or trauma, this should be reviewed by a healthcare professional.

- ◆ For women, it is important to wash the genital area from front to back to prevent contamination from the anal area.
- ◆ For men, retract and wash under the foreskin (unless circumcised), dry the area thoroughly and ensure the foreskin is replaced.
- ◆ A catheter fixation device or strap should always be used to prevent trauma. This should be moved daily, from leg to leg, to avoid pressure damage to the skin and urethra.

Catheter bags should be securely supported with leg straps or on a stand.

Inspect the urethral opening daily for signs of pressure damage. Registered Nurses should complete an incident report for any

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