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| <p>Status: Guideline: Offers direction and guidance on good practice, need not necessarily be strictly adhered to.</p> | <p>Policy No: CLG 28 Revision No: Date Approved: 01/03/11 Review Date: 01/03/13</p> |
| <p>Title: Guidelines for the Prevention of Infection in and Trauma to the Cheshire Ireland Service User with a Urinary Catheter.</p> | |
| <p>Written by: Clinical Practice Project Group</p> | |
| <p>Approved by:</p> | |
| <p>Cross Reference: BPH O2, ICG O1, ICG O2</p> | |

1.0 Purpose

The purpose of these guidelines is to prevent infection in and trauma to the Cheshire Ireland Service User with a urinary catheter.

2.0 Scope

These guidelines refer to all Cheshire Services where catheters are used by Cheshire service users and managed by Cheshire Ireland staff.

3.0 Responsibility

- It is the responsibility of all staff involved in the management of catheter care to be familiar with and adhere to these guidelines.
- It is the responsibility of all service managers to ensure staff are familiar with the guidelines and to monitor compliance.

4.0 Definitions

N/A

5.0 Guidelines

A urinary catheter is a foreign object that has been introduced into the body. It is a prime opportunity for bacteria to find its way into the body and cause severe infection. Infection is an inevitable consequence of long-term catheterisation (Winson 1997). Most infections are asymptomatic as a protective layer of mucus on the bladder wall limits bacterial invasion and helps prevent systemic invasion (Getliffe 2003).

Urinary catheterisation is not without complications, therefore a comprehensive assessment of the individual and his/her needs should be carried out prior to catheterisation using the **Bladder Assessment Tool**.

Prior to catheterisation, check if the person has any known sensitivity to lignocaine, chlorhexidine or latex. Anesthetic gel may be contraindicated with some medications and medical conditions

6.0 Procedure

In an effort to reduce the risk of introducing and transmitting **infection**, the following guidelines should be followed:

- Daily bathing or showering is encouraged.
- Always observe Standard Precautions by adopting proper hand washing technique (Ref: ICG 02), wearing gloves (ICG 01) and protecting yourself from splashes and spillages using personal protective equipment (PPE).
- Empty catheter bags every 4 hours.
- Manufacturer's guidelines will be followed in relation to frequency of changing catheters. Consult Catheter Diary.
- Ensure that each service user has their own jug which is kept clean and dry after each use (moisture promotes the growth of bacteria).
- Ensure correct positioning of urethral catheter drainage bags. Catheter bags must not be left trailing on the floor.
- Ensure tubing is not kinked/bent when transferring the bag from one side to the other (prevents back flow).
- Ensure outlet valve of the catheter bag is cleaned with an alcohol swab or water and dried after emptying.
- Ensure that the closed urinary drainage system is not broken except for good clinical reason i.e. to change the bag in line with manufacturer's instructions. This is paramount in prevention of infection. Most bags come with a self-sealing sleeve that can be used to obtain samples of urine without introducing infection.

- Ensure clean environment in preparation areas and where stocks are stored.

When a urinary catheter is in place there is a risk of trauma to the urethra and/or bladder.

In an effort to avoid **Trauma** the following guidelines should be followed:

- Secure the catheter to the leg using a non allergenic tape.
- Leg bags should be secured to the leg with the straps where provided.
- Night bags should be secured to catheter stands.
- Bags should not be secured to bed sheets, side-rails or clothes.
- When turning, do not raise the catheter bag above the level of the bladder and allow enough leeway for movement.
- Empty catheter bags 4 hourly/or when 2/3 full to prevent their weight pulling down on the neck of the bladder.

Regular observation:

- Constipation
- Incorrect positioning of drainage tube
- Drainage bag over full
- Balloon under or over inflated
- Encrustation (Up to 50% of all users of long term catheters).
- Debris – if a service user's intake of liquids is low, the urine becomes concentrated and any debris is less likely to be flushed from the bladder.

Troubleshooting:

Symptoms of a Urinary Tract Infection:

It is important that all staff are familiar with recognizing the symptoms of urinary tract infections. Urinary tract infections do not always cause signs and symptoms, but when they do they can include:

- A strong, persistent urge to urinate
- A burning sensation when urinating
- Passing frequent, small amounts of urine
- Urine that appears cloudy
- Urine that appears bright pink or cola coloured – a sign of blood in the urine.
- Strong-smelling urine
- Chills
- Loss of appetite
- Nausea, vomiting

- Lower abdominal pain
- Lower back pain or discomfort.

Some service users experience UTI's again and again - these are called recurrent UTI's. If left untreated, recurrent UTI's can cause kidney damage.

Types of urinary tract infection:

Each type of urinary tract infection may result in more-specific signs and symptoms, depending on which part of your urinary tract is infected. Common types of UTI's include:

Cystitis, (bladder) the most common type of UTI, is a bladder infection that can occur when bacteria move up the urethra (the tube-like structure that allows urine to exit the body from the bladder) and into the bladder. Symptoms include: Pelvic pressure, lower abdomen pain, discomfort, frequent, painful urination, blood in urine.

Urethritis, when bacteria infect the urethra causing a burning sensation with urination.

Pylonephritis, a kidney infection that can occur when infected urine flows backward from the bladder to the kidneys, or when an infection in the bloodstream reaches the kidneys. Symptoms include; Blood in urine, upper back and side (flank) pain, high fever, shaking, chills and nausea.

7.0 References

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Urinary tract Infections, UTIS www.mayoclinic.com.