Care plan

HOUDINI - make that catheter disappear



In patients with

delirium, always

avoid indwelling

urinary catheters -

even - if there is a

strong indication

for insertion and

consider the use

of intermittent

catheterisation.

self/carer

dementia or

Name: ADD STICKER

NHS number:

Clinical indication

Haematuria- clots and heavy

Obstruction/catheterised by a urologist (retention) –

Bladder scan amount: mL

Urology/gynaecology/perianal surgery/prolonged surgery

Decubitus ulcer - to assist the healing of a perianal/sacral wound in an incontinent patient

Input/output – monitoring accurate < hourly or acute kidney injury when oliguric

Nursing at the end of life

Immobilisation – neurogenic bladder – unstable fracture or neurological impairment (where all other methods of toileting are contraindicated)

Other

Verbal consent given	Yes	No	NA
If unable to consent, MCA best interests completed	Yes	No	NA
Admitted with passport/existing catheter		No	NA
Patient advice leaflet given/information explained and given	Yes	No	NA
Passport/card given	Yes	No	NA
Confirmed latex allergy (if yes, use all silicone catheter)	Yes	No	NA

Insertion

Date and time of insertion:

Print name and role of person responsible for catheter insertion decision:

Signature:

Aseptic non touch technique used including hand hygiene	Yes	No		
Urethral meatus/genitals cleaned with normal saline pre procedure	Yes	No		
Foreskin replaced	Yes	No	NA	

Type of catheter:
Reference number:
Sizo.

Always use the smallest size of catheter that will be effective. In

females insert the catheter 2.5cm beyond the point of urine flow before inflating the balloon, to help prevent urethral trauma.

Sterile anaesthetic lubrication used	mL	
Residual amount	mL	
Balloon type/mL in balloon		
Catheter securing device used		
Drainage bag used	yes 🔲 no 🗌 type:	
Date of use and expiry on catheter bag		
Expected duration/date of removal		
If patient has a catheter assessed as long term or retention unknown cause then referral to other health professionals considered; yes \(\sqrt{n} \) \(\sqrt{N} \sqrt{N} \)		

Don't inflate balloon pre insertion or until urine drains.

Care plan

Name: DOB: NHS nul

each day the IDC remains in place.

The risk of CAUTI increases 3-7%

Catheters in for more than 48 hours double the chance of CAUTI.

the urine in a patient with an indwelling using the needle free sampling port using outs routinely. Constipation managed Yes Yes Yes Yes Yes Yes Yes Yes Yes Hydration encouraged Š Š ş $\stackrel{\mathsf{o}}{\mathsf{N}}$ ŝ $\frac{9}{2}$ $\stackrel{\mathsf{o}}{\mathsf{Z}}$ $\frac{9}{2}$ $\frac{9}{2}$ Yes circuit not broken – closed sterile circuit or valve use 9 $\frac{9}{2}$ Š $\frac{9}{2}$ ş $\frac{9}{2}$ $\stackrel{\mathsf{o}}{\mathsf{Z}}$ $\frac{9}{2}$ $\frac{9}{2}$ $\frac{9}{2}$ Yes Yes Yes Yes Yes Yes Yes Yes Yes a CAUTI? Don't dipstick catheter. Send a sample to not use bladder washo Catheter secure, bag below the bladder, tube not kinked ^oZ $\stackrel{\mathsf{o}}{\mathsf{Z}}$ Š $\frac{9}{2}$ $\stackrel{\circ}{\mathsf{Z}}$ ٥ $\frac{9}{2}$ $\stackrel{\mathsf{o}}{\mathsf{Z}}$ Š $\frac{9}{2}$ Yes Yes Yes Yes Yes Yes Yes Yes Yes 9 $\frac{9}{2}$ $\stackrel{\mathsf{o}}{\mathsf{Z}}$ $\stackrel{\mathsf{o}}{\mathsf{Z}}$ $\stackrel{\circ}{\mathsf{Z}}$ $\frac{9}{2}$ $\stackrel{\circ}{\mathsf{N}}$ Emptied into a clean container $\frac{9}{2}$ Š $\frac{9}{2}$ Suspect a urinary c Yes Š Š ŝ 9 $\stackrel{\mathsf{o}}{\mathsf{Z}}$ $\frac{9}{2}$ $\stackrel{\mathsf{o}}{\mathsf{Z}}$ $\frac{9}{2}$ Š $\frac{9}{2}$ hygiene and clean gloves used Yes cleansing $\stackrel{\mathsf{o}}{\mathsf{n}}$ $\stackrel{\circ}{\mathsf{Z}}$ $\frac{9}{2}$ $\stackrel{\mathsf{o}}{\mathsf{z}}$ $\frac{9}{2}$ $\frac{9}{2}$ $\stackrel{\mathsf{o}}{\mathsf{Z}}$ $\frac{9}{2}$ $\frac{9}{2}$ (genital area) Yes Meatal answer 0 0 O O D I N I (O) 0 UDINI(0) 0 0 (O) I N I Q D I N I (O) Circle your z DINI z z z Continued indication _ _ _ $\overline{\Box}$ $\bigcirc \bigcirc$ ∩ 0 \supset \supset \supset \supset \supset 0 0 0 0 0 0 I ェ ェ I エ エ エ I エ エ number: and Notes Notes 4 Notes 5 Notes Notes Notes Notes Notes Notes Day a 10 9 $^{\circ}$

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Name: ADD STICKER DOB: NHS number:

Trial without catheter

When there is no longer a rationale for an indwelling urinary catheter consider a trial without catheter (TWOC) - ensure that blood urea and electrolytes are within a normal range for the patient prior to proceeding.

If the patient is on alpha blockers for acute urinary retention, please make sure that they have been used for the recommended period before TWOC.

Patients with nocturnal polyuria may only pass small amounts of urine during the day as their diuresis is predominantly at night. It is important that the success of the TWOC is not based solely on bladder diaries and residual urine volumes must be considered.

Patients with neurological conditions such as multiple sclerosis may need to fill their bladders to a high capacity before they can initiate a good detrusor contraction to fully empty the bladder. Voiding on request may result in artificially poor emptying and specialist advice may be required.

Consider planning for a TWOC to improve bladder tone consider the use of a catheter valve to promote tone.

If your patient fails a TWOC, consider teaching them or a carer intermittent selfcatheterisation.

Date of TWOC	
Outcome	pass 🗆 fail 🗀
If re-catheterised was catheter passport started?	yes □ no □
Ensure sufficient supplies	yes □ no □
Ensure referral to onward services	(for review by?)
Notes:	
Signature:	Designation:

Trial without catheter (TWOC) flowchart

Plan for time of removal, usually at 6am/midnight in inpatient settings or early morning in community. Encourage normal fluid intake (around 2L/day unless restricted). Commence an accurate fluid balance chart. Wait for 4-6 hours and encourage the patient to pass urine if desired. If unable to pass urine, If able to pass urine, check bladder volume with a measure volume and record bladder scan. post-void residual (PVR) record on fluid balance/document in community settings. If >400mL, drain If <400mL, re-If residual If residual is <400mL and patient bladder with an assess in 1-2 hours >400mL, drain with intermittent selfis comfortable, an intermittent self and encourage to catheter immediately. pass urine. reassess in 1-2 hours. catheter immediately. Maintain normal fluid intake and if patient voids check residual after 2 hours prompt patient to pass urine. If unable to pass urine, If patient can pass urine, measure check bladder volume with volume and post-void residual. Bladder scan immediately. If volume >400mL re-If second If second residual catheterise for 5 days on free residual <400mL, >400mL, drain with drainage and consider care re-assess in 1-2 an intermittent selfplanning options/onward hours. Maintain catheter immediately referral. normal fluid intake. and re-assess in 2 hours. If third residual If third residual <400mL and is >400mL, teach residual volume intermittent self Adapted from: Yatim J, is <1/3 of total catheterisation if Wong K, Ling M, Tan S, voided volume, appropriate. Re-Tan K and Hockenberry TWOC successful. catheterise with an M (2016) A nurse driven Discharge patient indwelling urinary process for timely with advice. catheter on 5 days free

drainage and consider

care planning options

eg use of valves to

train bladder and improve bladder tone

or onward referral.

References can be found at https://improvement.nhs.uk

removal of urinary

Journal of Urology

Nursing 1-6.

catheters. International