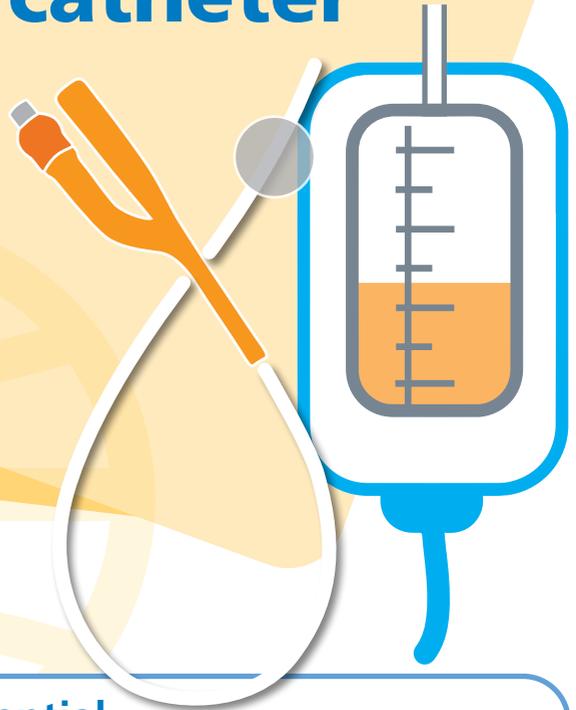


Passport



for patients with a urinary catheter



Private and confidential

This booklet contains important information to help you care for your catheter. Please read and discuss it with your nurse and keep it in a safe place in your home. The district nursing staff will also use it to obtain and record information about your care. You need to take this booklet with you and show it to healthcare staff when you go into other places of care such as hospital or respite care.

Patient name and details

Name

Address

DoB

NHS No

- This leaflet gives advice on how you should care for your catheter, what problems may arise and what to do if you experience problems.
- You may also speak to your neighbourhood team for advice if you have problems on the number below. Your district nurse will periodically change your catheter to a new one and this is done at least every 12 weeks.

Neighbourhood nurse contact details

☎ Day (8.30 - 17.00)

☎ Evening (17.00 - 22.00)

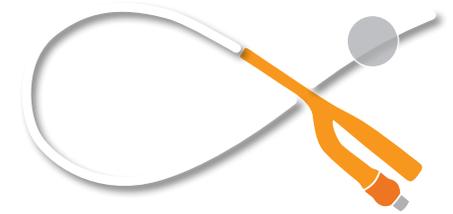
☎ Night (22.00 - 8.30)

Neighbourhood team:

What is a catheter?

- A urinary catheter is a hollow, flexible tube designed to drain urine from your bladder. It is a helpful treatment that many people use.
- Urine is made in the kidneys and is stored in the bladder before being emptied every few hours.
- Catheters are only needed when the bladder, for some reason, cannot empty as it should. This could be because of a disease or an obstruction in the pipe from the bladder.
- Some people will always need a catheter. For others it will be a temporary solution until the bladder is able to empty again normally.
- The catheter enters the bladder either through the urine tube (a urethral catheter) or a small incision made in the abdomen (a supra pubic catheter). In either route, the catheters are the same.
- A catheter stays in place because it has a small

balloon at its tip which is filled with water once it is placed in the bladder. Removing the water allows the catheter to be removed.



- A bag, or in some cases a valve, is attached to the catheter to contain the urine.
- Catheters can stay in place for varying lengths of time. PTFE catheters can only stay in for 4 weeks. All others can stay in for up to 12 weeks.
- There is a lot of variation in the length of time a catheter has to stay in place before it is replaced by a clean one or removed because you are once again able to pass urine naturally.
- Sometimes problems may occur and proper care of your catheter, as detailed in this leaflet, may reduce these.

Reducing the risk of urine infections

Hand washing

- Your skin is covered in bacteria (germs), too tiny to be seen, and while some are good for us (when they are in the right place), others are not if they get into a part of the body where they should not live.
- Having a catheter significantly increases your risk of getting a urine infection as it is easier for bacteria to enter and live in your bladder.
- Catheter infections can be serious and difficult to treat. **Sometimes the infections can be life threatening.**
- Hand washing and keeping clean significantly helps reduce the risk of getting urine infections.
- **Always** wash your hands thoroughly with soap and water before **and after** dealing with your catheter and drainage bags.
- Carers should do the same and also wear a new pair of disposable gloves each time. Wash hands after removing gloves.



Shower/ bathe daily if possible



Keeping clean

- Empty your urine bag and remove the straps before you shower/bathe. Dry your leg bag by patting it with a clean towel and reapply the straps.
- Wash the area where the catheter enters your body every day with mild soap and water and wash the catheter itself, wiping away from the body.
- Wash the area after you have opened your bowels and if the area gets dirty.

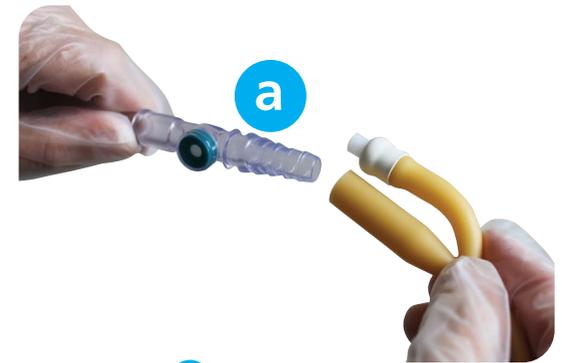
- Men should make sure the area under the foreskin is cleaned and then the foreskin pulled back over the glans (tip) of the penis.



- **Do not remove your URINE bag when showering / bathing.**

Changing your leg bag correctly

- Wash your hands before and after changing the bag.
- Change your leg bag every seven days, or sooner if it gets dirty or damaged.



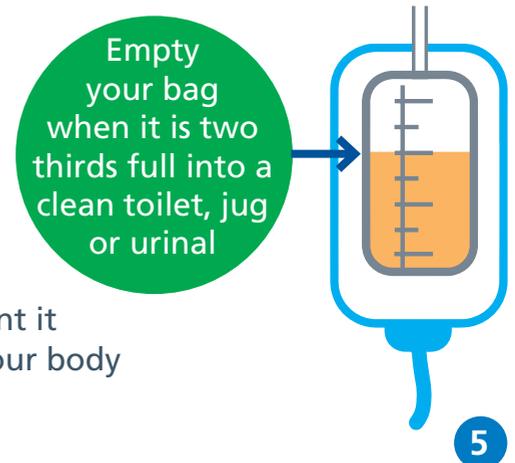
- **Do not touch the tip of the tube a** which gets pushed into your catheter.

Never reuse a leg bag after it has been removed.

Emptying your leg bag

Wash your hands before and after emptying the bag.

- **Do not let your leg bag get too full and heavy.** Support bag with straps and sleeve to help prevent it pulling and damaging your body and bladder.



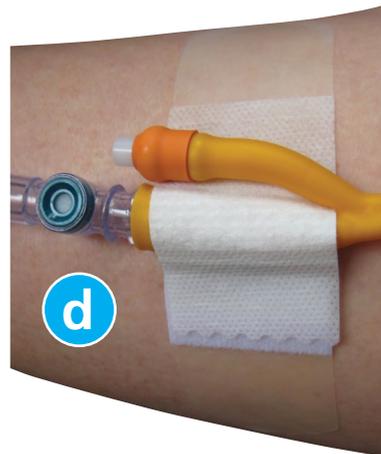
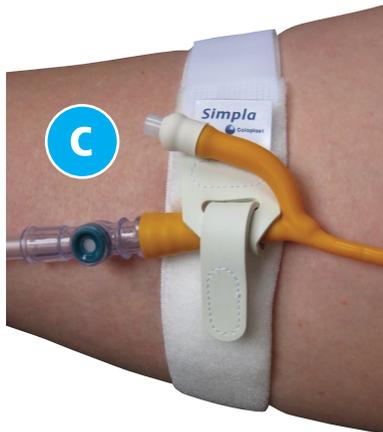
Connecting your night bag correctly

! Do not touch the tip of the night bag tube **b** which gets pushed into your leg bag.

- Connect a new night bag to your leg bag every night. Open the tap of the leg bag once the night bag is connected.
- Some night bags only need changing every seven nights. Such bags are usually used if a leg bag is not needed, eg. because the person does not get out of bed.



Securing and supporting your catheter and drainage bags is vital



Secure the catheter to your leg or tummy with a securing device as shown in **c** and **d**. This helps reduce the risk of pulling and causing harm to your body and bladder.

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Support your leg bag by either elastic straps **e** or a stretchy sleeve **f**.

+ Speak to your nurse if you do not have a securing or supporting device.

Support your night bag on a floor stand/bed hanger **g**.

Ensure your drainage bags are always positioned below the level of your bladder to help the urine drain.

! Never leave your drainage bag touching the floor as it may pick up bacteria.



Bowels

Eat a healthy diet and maintain an active bowel to avoid constipation as this may cause blocking or leaking of your catheter.

+ Speak to your nurse or doctor if you suffer from constipation.



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Fluids

- Drink enough fluids, unless advised otherwise by a healthcare professional.
- During the day urine should be very pale and clear - if not drink more!
- Check colour of urine in bag and drink enough to achieve either 1 or 2 on the above chart.



Storage of catheters and catheter products

- Store your products in a clean, cool and dry place out of direct sunlight and in their original packaging.
- Dispose of products if they are past their expiry date or if the packaging has been damaged.

- +** **Stock:** Discuss with your nurse how stock is ordered. Bags are dispensed in 10s. Most people need a box of leg bags (10) every 10 weeks but will need 30 single use night bags each month. It is advisable to always have 3 catheters, but not more, available.

Disposal of used catheters and catheter products

Place used products into two bags before putting them into your household waste bin.

- +** **If you have an infection,** ask your nurse for advice as you may need to use a special bin.



Possible problems – what to do if:

Your catheter is not draining

- Check the tubing is not kinked or squashed.
- If possible, try changing your position or walking about.
- Check your drainage bag is not full and in need of emptying.
- Check your drainage bag is below the level of your bladder.
- Consider if you need to drink more or open your bowels.
- +** **If it is still not draining, contact your nurse as your catheter may need to be changed.**

Your catheter is leaking where it enters your body

- Check the tubing is not kinked, pulled or squashed.
- Make sure your bag is fully supported and not pulling.
- If possible, try changing your position or walk about.
- Avoid caffeine, fizzy drinks and alcohol as these may cause leaking.
- +** **If leaking is an ongoing problem, contact your nurse.**

Your catheter is pulled out or falls out

- +** **Contact your nurse to have a new catheter inserted.**

If you feel unusually unwell and have any of the following symptoms:

- a fever.
- blood in your urine.
- unusual confusion.
- unusual tiredness.
- pain near your bladder or lower back pain.
- feeling like you want to vomit or you are vomiting.

+ You may have a urine infection. Contact your nurse or doctor.

See page 11 for more information on catheter associated infections.

If you are prescribed antibiotics for a urine infection, you should contact your neighbourhood team and ask them to arrange to change your catheter while you are taking antibiotics.



+ Discuss with your nurse the possibility of:

- trying without your catheter (TWOC) as not all are permanently needed.
- using a catheter valve (a discreet product to use instead of a leg bag).
- intermittent catheterisation (using a removable catheter to periodically drain urine from your bladder – this will help reduce the risk of urine infections).

+ Contact your nurse if you would like advice on:

- sex and catheters.
- disposal of continence products.
- advice on using catheter valves.
- intermittent self catheterisation.
- different products - there are lots of different options and some may be better for you than others.

The contact details are on page 2.

Have you got signs and symptoms of a catheter associated urinary tract infection (CAUTI)?

Diagnosis of a CAUTI must always involve assessing for clinical signs and symptoms compatible with a CAUTI. Signs and symptoms include:

- Fever.
- Rigors, shivering, shaking.
- New onset or worsening confusion / delirium.
- Malaise / lethargy with no other identified cause.
- Back pain.
- Pelvic discomfort / pain.
- Acute haematuria.

Dip stick testing of urine must **NOT** be used to diagnose a CAUTI, because:

- Patients with a urinary catheter are likely to always have non visible haematuria due to ongoing trauma of the catheter.
- Patients with a urinary catheter are likely to have bacterial colonisation of their urine due to the presence of the catheter.
- These can all be normal findings in a catheterised patient and in isolation does not indicate infection.



When to take a catheter sample of urine (CSU):

- A CSU should only be obtained when a diagnosis of CAUTI has been made.
- Obtain the CSU before the patient commences antibiotics.
- The CSU will help guide antimicrobial treatment but does not help in establishing the diagnosis.
- Obtaining a CSU when there is no clinical evidence of a CAUTI may lead to a false positive result and unnecessary treatment with antibiotics.

How to obtain a CSU:

- Obtain the specimen aseptically via the drainage bag needle free sampling port.
- Clean the sampling port with a 70% isopropyl alcohol swab and allow to dry.
- CSUs may also be obtained aseptically during catheterisation.
- The sample should normally be sent in a red -topped (boric acid containing) sterile container and filled to the line.
- A false negative culture result can occur with a small urine volume.



Changing the catheter:

- Patients who have a diagnosis of a CAUTI should have their catheter changed with appropriate antibiotic cover.
- Change the catheter after the patient has commenced antibiotics for the CAUTI.

Catheterisation records

To be completed by nursing staff.

All healthcare workers should record details of urinary catheterisation in the sections below as well as the appropriate nursing / medical records.

Completion of the booklet will enhance continuity of care for the patient between both community and hospital settings.

Catheterisation details

Reason for catheterisation	
Date of first catheterisation	
Catheter type and size	
Any problems experienced during catheterisation	
Allergy to latex, lidocaine, chlorhexidine?	
Can this catheter be changed in the community?	
Name, date and signature	

Drainage system used and ordering codes

Leg bags	
Night bags	
Catheter valves	

Patient registered with DAC

Patients who have a history of MRSA in urine or at catheter entry site or history of CAUTI around catheter change need antibiotic prophylaxis / decolonisation as per local guidelines.

Prophylactic antibiotics

Does the patient need prophylactic antibiotics at catheter changes/removal?	
Details of antibiotic prophylaxis	
Date	
Name and signature	

Catheter change records

Date / time of catheter change	Reason for change	Weeks catheter in situ	Encrustation / mucus in lumen or outside of removed catheter?	New catheter make, size, batch number, expiry date?	Lubricant batch number/ expiry date?
				Affix label if available	Affix label if available
				Affix label if available	Affix label if available
				Affix label if available	Affix label if available
				Affix label if available	Affix label if available
				Affix label if available	Affix label if available

Fixation device	Date of next planned change?	Comments / problems	Signature

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For information on bladder and bowel conditions, lifestyle advice and treatment options go to:

The Bladder and Bowel Foundation

www.bladderandbowelfoundation.org

Helpline: 0845 345 0165

General enquiries: 01536 533 2550

NHS Choices: www.nhs.uk



Help us to get it right

If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone contact the **Patient Experience Team** on **0113 220 8585**, Monday to Friday 9.30am to 4.30pm or email lch.pet@nhs.net

We can make this information available in Braille, large print, audio or other languages on request.

Contact us

Continence, Urology and Colorectal Service

Halton Clinic

2a Primrose Lane

Halton

Leeds LS15 7HR

Tel: **0113 843 3715** Email: info.cucs@nhs.net

www.leedscommunityhealthcare.nhs.uk