

My Urinary Catheter Passport

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	Number	
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^{**}SMASH - Sandbach, Middlewich, Alsager, Scholar Green and Haslington **

From 6pm to 8am, please telephone 01270 278442 for all care communities

Please keep your urinary catheter passport with you and take to all your healthcare appointments, on hospital admissions/GP visits and when you travel.

Mid Cheshire Hospitals NHS Foundation Trust Central Cheshire Integrated Care Partnership



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Name	Fix addressograph label here
Date of Birth	
Address	
Hospital number	
NHS Number	

Catheterisation History and Contact Details

Reason for catheterisation	
Short term or long term catheter	
Trial without catheter	Refer to page 28
Date first catheterised	
Any insertion difficulties	
Date of passport issue	
Location attending for catheter changes	
Known allergies	

Purpose of the Urinary Catheter Passport

This passport is for you and/or anyone involved in the care of your urinary catheter. The passport contains important information to help you to care for your catheter at home. Following this guidance will reduce your risk of getting a urine infection.

Details will be added to this document by healthcare workers involved in caring for your catheter to ensure other healthcare professions have the right information to contribute to your care.

Catheters are only inserted when there is a medical need as they can increase your risk of urine infections which can seriously affect your health and wellbeing. Catheters must not be inserted at the request of a patient or family member.

You can contact your District Nurse if you need more help and guidance around care of your catheter or have any health concerns.

Contact details on the front of this passport.



Patient Advice/Information

What is a urinary catheter?

A urinary catheter is a thin, hollow, flexible tube inserted into your bladder to drain urine. This tube can be attached to a drainage bag to collect the urine or a valve that can be opened to drain the bladder at regular times.

Why do I need a urinary catheter?

You may need a urinary catheter for a number of reasons. The most common medical reasons for using a urinary catheter include:-

- 1. To monitor how much urine is being produced
- 2. If it is not possible to pass urine without a urinary catheter
- 3. To insert drugs for treatment
- 4. If urine is heavily blood stained
- 5. If there is a physical blockage to the flow of urine e.g. damage to tubes that carry urine
- 6. To protect the skin where there are severe wounds or skin damage
- 7. Following a spinal injury
- 8. For surgical procedures

A urinary catheter is only put in when necessary as it carries significant risk of developing urine infections which can be serious or even life threatening.

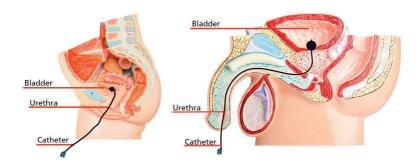


How is the urinary catheter inserted?

Catheters can be inserted via the urethra (the tube that carries urine from the bladder) or via a small cut made in the tummy (this is called a supra-pubic catheter).

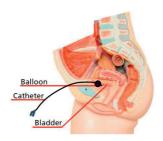
Urethral Catheter

The catheter is put into the urethra by a trained healthcare professional. The urethra is the body tube that carries urine from the bladder to the outside of the body (the opening is at the tip of your penis or just above your vagina). The catheter is put into your bladder and a small balloon near the end of the catheter is inflated with sterile water to keep it in place.



Supra-pubic Catheter

The catheter is put into the bladder via a small cut made in the abdomen. This is done in hospital by a doctor, during a short operation using either local or general anaesthetic.





Daily Catheter Care

Washing

- Wash your hands with soap and water before and after touching your catheter using the method shown on page 7
- If possible, have a daily shower (preferably) or bath. Do this with your leg bag or valve attached. Empty the drainage bag prior to showering/bathing
- Wash the skin in the area where the catheter enters the body with unperfumed or mild soap and water at least daily and after using the toilet to move your bowels if possible. Use a clean flannel or cloth for this purpose only
- Wash the catheter tubing in a downwards motion moving away from the body. Avoid pulling on the catheter
- Do not use talcum powder around your catheter area

If you have a urethral catheter:

- Men: you should be careful to wash under the foreskin, replacing afterwards, unless you
 have been circumcised
- Women: you should always wash the genitals from front to back, to avoid moving faeces from your bottom to the catheter

If you have a suprapubic catheter:

- Some people may experience a slight discharge from around the catheter site. If this
 happens you should contact your nurse who will advise you what to do
- Avoid pulling or putting pressure on your catheter by wearing loose comfortable clothing.
 Tight clothing can cut off the flow of urine and cause skin irritations
- A dressing is not required around the catheter insertion site from about 3 days after insertion



Correct method of hand washing

It is very important to wash your hands before and after touching your catheter or urine drainage bag/valve.





Securing your catheter

A catheter securement device should be used to stop your catheter tube moving around. This might be a cloth and Velcro® G-strap or a device resembling a dressing that is stuck to your skin (see below).

G-strap



Stat lock



A catheter sleeve may provide better support. Your catheter nurse will be able to advise you.

Leg bag

Your catheter bag should always be placed below your bladder; a leg bag can assist you with this.

The leg bag is attached to your calf or thigh by a pair of leg straps, a sleeve, fixation devices or a special holster. How you wear the bag depends on what feels comfortable for you.

When attaching the leg bag using the straps provided, always ensure they are placed through the slots and behind the tube rather than over the tube as this can block the tube.

The choice and size of the bag and the length of tubing depend on where you want to wear it and how much urine you pass.



When wearing trousers, a long tube bag may be more convenient as it is possible to roll up the bottom of the trouser leg and access the tap at the base of the bag for emptying urine.

Short tube leg bags can be worn on the thigh and are discreet under skirts, shorts and dresses.

Men should try to change the position of the leg bag frequently to avoid damage to the penis from the catheter rubbing in one position.

Caring for your leg bag

- Wash your hands before and after touching your catheter (page 7)
- Empty the leg bag when it is 2/3 full, into the toilet or a dedicated container for transport to the toilet
- To help prevent infection, only disconnect the leg bag when it is time to replace it (weekly) with a new one



How do I change my leg bag?

Most leg bags are changed on a weekly basis; it is best to change your leg bag on the same day of the week.

Empty the attached leg bag before changing to your new one.

- Wash your hands (see page 7) before and after changing your leg bag
- Open the new leg bag packaging, but don't remove the protective cap
- Remove the attached leg bag carefully. Don't pull or use excessive force
- Point the end of your catheter upwards as you detach the old leg bag to prevent leakage.
 Dispose of old leg bag into a plastic bag (follow your local council's policy for disposal)
- Carefully remove the protective cap from the new leg bag. Do not touch the nozzle once you
 have removed the cap
- Gently insert the new leg bag connector into the catheter ensuring it is securely connected.
 Take care not to touch the plastic nozzle

Using a valve instead of a drainage bag

If you have a valve attached to your catheter instead of a leg bag, you should open the valve to empty your bladder:

- every two to four hours during the day
- when you feel your bladder is full
- before opening your bowels

A valve may not be recommended for certain conditions. You will be advised by your doctor or nurse.

To help prevent infection, only disconnect the valve weekly when it is time to replace it with a new one. Follow the hand washing advice on page 7 before and after changing your valve.

Attaching a night bag to a valve is optional. If you do use a night bag, remember to open the valve to allow urine to drain into the night bag.

Night bags

Night bags allow free drainage of urine when in bed. Before you attach the night bag wash your hands (see page 7).

- Attach a night bag to the leg bag or valve
- Open the tap from your leg bag
- Place on a catheter stand (your Community Nurse can advise)
- In the morning close the leg bag or valve
- Remove the night bag and empty the urine into the toilet

Dispose of empty night bag into a plastic bag (follow your local council's policy for disposal)

Do not reuse a night bag as this can increase your risk of urine infection.



Sexual intercourse

It is possible to have sexual intercourse with a urethral catheter inserted. A suprapubic catheter may make it easier. Speak to your doctor or nurse for more information. Healthcare staff are used to providing this information, so it is okay to ask.

If during intercourse you experience any pain or discomfort, you should stop. Talk to your doctor or nurse about any concerns you have.

Before (men and women)

- Wash your hands before and after touching your catheter
- Empty your bag

Advice for men

- Once erect, fold back your catheter along the length of the penis, leaving a loop. This will stop the catheter pulling
- Apply a condom to help secure the catheter
- If you need a lubricant, use a water-based gel

Advice for women

 Secure or tape your catheter out of the way e.g. fold up towards your stomach and consider use of a valve

After (men and women)

After intercourse clean your genital area thoroughly with warm water and unperfumed soap

Healthy bladder and bowel

Maintaining a healthy bladder and bowel is very important. A full, constipated bowel can press on the bladder and stop the urine draining freely from the catheter.

- Drink about 1.5 to 2 litres (about 6 mugs or 8 cups) of fluid in 24 hours, unless medically
 advised not to do so. This keeps you hydrated and will help soften your stool and aid easier
 bowel movements
- Limit alcohol and caffeine intake as they may irritate your bladder. There is caffeine in tea, coffee, cola, other fizzy drinks and drinking chocolate
- Eat a balanced, healthy diet
- Fibre can improve your bowel habit. Eat five portions of fruit and vegetables every day
- Don't strain on the toilet. Relax and allow yourself enough time and privacy to empty the bowel fully
- The colour of your urine may vary due to food or medication



Darker urine may indicate dehydration.

If your urine gets darker, then drinking more fluids can help prevent infection.

Check the colour of your urine and aim for light coloured urine.



Problems or concerns

If you are worried about your urine, or that your catheter is bypassing (urine leaking on the outside of the catheter)/not draining, here are some simple checks you can make.

- Are your food and fluid intake adequate?
- Are you constipated? If you are already following the tips in this passport but still suffering from constipation, seek medical advice
- Is the drainage bag below the level of the bladder, particularly when sitting in a low or reclining chair?
- Is the tubing twisted, or restricted by tight clothing?
- Is the tubing extended or pulled tight towards the drainage bag?
- Is the catheter tube connected to the drainage bag correctly?
- Are the leg straps stopping urine flowing into the drainage bag?
- Is the drainage bag too full? If in doubt empty the bag
- Change your position and walk around if you are able and it is safe to do so

If your catheter is leaking but still draining some urine, this may be due to bladder spasms (this is where the bladder contracts as a result of irritation from the catheter). Sometimes bladder spasms can be treated with medication, ask your doctor if you think this affects you.



Seek professional help if:

- your catheter is draining little/no urine despite adequate fluid intake and following the troubleshooting guide
- you feel warm, flushed or shivery, as you may have an infection (see below)
- your urine has a strong smell, is dark in colour or becomes thick and/or cloudy and does not improve with taking more fluid (if able or advised)
- you experience lower stomach or back pain
- you have increased stomach swelling with no other cause
- there is bright red blood in your urine
- the catheter entry site becomes red and sore
- you have bleeding into or around the catheter
- you have enough urine leaking around the catheter to make your clothing wet and you have already followed these self-help measures
- vour catheter falls out

Urine infections

How will I know if I have a urine infection?

Having a urinary catheter significantly increases your chances of getting a urine infection. It is really important to care for your catheter by following the advice in this passport.

Signs and symptoms associated with a urine infection include:

- feeling unwell
- fever with or without uncontrollable shaking
- new pain at lower tummy or back
- becoming agitated or newly confused
- pain around the area where the catheter is put in and/or pus like discharge in your urine
- unusual tiredness

How are urine infections treated?

A urine sample should be taken from your catheter sampling port (not the drainage bag) by a healthcare professional and sent to the hospital microbiology laboratory.

- You may be started on an antibiotic
- · Your catheter should be changed
- You should make sure you are drinking plenty of fluids



Correct use of antibiotics

- Make sure you follow the instructions given with the antibiotic and finish the course
- Using antibiotics only when we need to helps reduce the chances of bacteria causing the infection becoming resistant to them
- This helps protect our antibiotics so we can rely on them to work when we really need them

A change of urinary catheter is recommended when a catheter associated urinary tract infection is suspected (if continuing catheter use is still indicated). If the catheter cannot be changed at the time an infection is suspected, it should be changed after a minimum of 24 hours of starting antibiotics and within 72 hours.

There is no supportive evidence that long term prophylactic antibiotics (to try to prevent infection) are beneficial for patients with a urinary catheter in-situ.

Antibiotic prophylaxis is not routinely indicated for insertion/removal/change of an indwelling urinary catheter, unless there is a history of bacteraemia due to catheter change or positive urinary cultures at time of catheterisation or if a patient is neutropenic (low blood neutrophil count/low immunity to infection).



Catheterisation records

Pages 14-28 to be completed by your healthcare professional/carer

Name	at.	Fix addressograph label here	
Date of Bir	tn		
Address Hospital no	umhar		
NHS Numb			
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Reason for firs	st Catheterisation (please tick)		
Accurate n	nonitoring of fluid balance	Palliative Care	
Acute/Chr	onic retention of urine	Protection of skin integrity	
Bladder irr	igation/ insertion of drugs	Spinal injury	
Haematuri	a	Surgical procedure	
Obstructio	n urinary	Other	
Other (Plea	ase document):	1	
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Record any	y insertion difficulties		
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Maintenance s			
		utinely. Your healthcare professional will advis	е
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		ding to manufacturer's guidance. These solution	ns
nust not be i	used to unblock a blocked cathet	ter.	
£ !			
		er using a bladder infusion kit to maintain a clo	sea
		ect the catheter from the drainage bag this can	
ncrease the r	isk of infection. Ose of an asepti	ic non-touch technique will reduce this risk.	
Date	Maintenance solutions type a	nd reason for use	
	_		
	matic removals (accidental pulling	•	
Date	Actions (consider antimicrobia	al therapy, risk assess with local teams)	



Catheter Associated Urinary Tract Infection

A change of urinary catheter is recommended when a Catheter Associated Urinary Tract Infection is suspected (if continuing use is still indicated). If the catheter cannot be changed at the time an infection is suspected, it should be changed after a minimum of 24 hours of starting antibiotics and within 72 hours.

Do not use a urine dipstick to diagnose a Catheter Associated Urinary

Tract Infection.

Take a catheter specimen of urine.

(From the sampling port - not the drainage bag)

Date	Details of specimen result (and antibiotic sensitivities) and treatment (Name, dose, duration). Refer to the Antibiotic Formulary for guidance			



Date and time inserted				
Catheter details				
ADD STICKER				
ANTT Used (catheterisation pack	c): Yes			
Urethral meatus/genitals cleane	d with normal sa	line? (Foresk	in replaced in	n males) Yes
Balloon size:	nls inserted	Solutio	on used:	
Lubricant/anaesthetic gel:				
Lubricant Lot Number:		Expiry	date:	
Catheter Valves in use: Yes	N	0	Тур	е
Fixation device: Yes	N	0	Тур	е
Securing device: Yes	N	0	Тур	e
Drainage system: Leg bag	2	litre bag	valv	/e
Record any insertion difficulties				
Record residual volume (15 minu	utes post			
insertion)				
Reason for change/ongoing indica		Planned		Unplanned
(select from list on page 4) and circ	cle number 7 8			
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Antibiotic prophylaxis used on c	atheter change?	If yes – wh	o authorised?	•
Yes No				
Planned location of next cathete	er changes:			
Date of next planned change or	Trial Without Cat	heter:		
Is referral to specialist required?	Yes		No	
Summary of problem:				
Patient specific requirement				
Professional responsible for	Name			Signature
the decision to re-catheterise				
1	Designation			



Date and time inserted				
Catheter details				
ADD STICKER				
ANTT Used (catheterisation pac	k): Yes			
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Patient specific requirement				
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Antibiotic prophylaxis used on ca	atheter change?	If yes – who authori	sed?
Yes No		-	
Planned location of next cathete	r changes:		
But of a tale and business	- : . we'd		
Date of next planned change or	i riai without Cat	neter:	
Is referral to specialist required?	Yes	No	
Summary of problem:			
Patient specific requirement			
Professional responsible for	Name		Signature
the decision to re-catheterise			
	Designation		



Date and time inserted				
Catheter details				
ADD STICKER				
ANTT Used (catheterisation pack	:): Yes			
Urethral meatus/genitals cleaned	d with normal sa	line? (Foreskin replaced	in males) Yes	
Balloon size:	nls inserted	Solution used:		
Lubricant/anaesthetic gel:				
Lubricant Lot Number:		Expiry date:		
Catheter Valves in use: Yes	N	о ту	ре	
Fixation device: Yes	N	о ту	ре	
Securing device: Yes	N	о Ту	pe	
Drainage system: Leg bag	2	litre bag va	lve	
Record any insertion difficulties				
Record residual volume (15 minu insertion)	ites post			
Reason for change/ongoing indica		Planned	Unplanned	
(select from list on page 4) and circ	ie number 7 8			
Antibiotic prophylaxis used on ca	atheter change?	If yes – who authorised	12	
Yes No	tilleter tilalige.	ii yes wiio aatiioiiset	••	
Planned location of next catheter changes:				
Date of want planned shares on Triel Without Cathoday				
Date of next planned change or Trial Without Catheter:				
Is referral to specialist required? Yes No				
Summary of problem:				
Patient specific requirement				
Professional responsible for the decision to re-catheterise	Name		Signature	
the decision to re-catheterise	Designation			



Date and time inserted			
Catheter details			
ADD STICKER			
ANTT Used (catheterisation pack	(): Yes		
Urethral meatus/genitals cleane	d with normal sa	line? (Foreskin replac	ed in males) Yes
Balloon size:	nls inserted	Solution used:	
Lubricant/anaesthetic gel:			
Lubricant Lot Number:		Expiry date:	
Catheter Valves in use: Yes	N	0	Туре
Fixation device: Yes	N	0	Туре
Securing device: Yes	N	0	Туре
Drainage system: Leg bag	2	litre bag	valve
Record any insertion difficulties			
Record residual volume (15 minu	utes post		
insertion)			
Reason for change/ongoing indica		Planned	Unplanned
(select from list on page 4) and circ			
1 2 3 4 5 6	7 8		
Antibiotic prophylaxis used on ca	atheter change?	If yes – who authori	sed?
Yes No		-	
Planned location of next cathete	r changes:		
But of a tale and business	- : . we'd		
Date of next planned change or	i riai without Cat	neter:	
Is referral to specialist required?	Yes	No	
Summary of problem:			
Patient specific requirement			
Professional responsible for	Name		Signature
the decision to re-catheterise			
	Designation		



Trial Without Catheter

All patients under the care of a Urology Consultant should be referred to the Hospital Urology Nurse Practitioner for advice on trials without catheter. Contact Number:

Date of trial without catheter	
Successful?	Yes No
Brief summary (e.g. voiding record, urine description, discomfort)	
Patient recatheterised?	Yes No
If no, has intermittent self catheterisation been taught?	Yes No
Planned date of next trial without catheter	
Follow up	Referral
Date of trial without catheter	
Successful?	Yes No
Brief summary (e.g. voiding record, urine description, discomfort)	
Patient recatheterised?	Yes No
If no, has intermittent self catheterisation been taught?	Yes No
Planned date of next trial without catheter	
Follow up	Referral
Date of trial without catheter	
Successful?	Yes No
Brief summary (e.g. voiding record, urine description, discomfort)	
Patient recatheterised?	Yes No
If no, has intermittent self catheterisation been taught?	Yes No
Planned date of next trial without catheter	
Follow up	Referral



Patient notes

Use this section to make a note of any questions you have relating to care of your catheter. Discuss these with your Catheter Nurse and make a record of agreed actions.

Date	Problem	Name of the person providing you with advice





Ref: SC/UROL/0131120

Urinary Catheter Passport

References

Adapted from NHS England National My Urinary Catheter Passport 2019
Catheter Care Royal College of Nursing Guidance for Health Care Professionals 2019

Our Patient Information Reference:

Passport reviewers:

Margaret Bake, Advanced Nurse Practitioner Urology Margaret Lyttle, Urology Consultant MCHFT Claire Smith, Community Bladder and Bowel Team CCICP Wendy Morris, Lead Nurse for IPC MCHFT

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