CNT 017 Catheterisation Procedure

- Consider allergy i.e. to latex or lidocaine/chlorohexidine gel. Use a 100% silicone catheter and simple lubricating gel, Cathejell Mono if allergy is known or suspected.

- Catheters – use an all silicone catheter size 16ch standard length. (refer to Staffordshire/Shropshire Urology Continence Formulary 2010 for catheters and drainage bag systems) Catheterise the patient following the Male Catheterisation procedure guidelines.

- Use a closed-link catheter drainage bag system. (Refer to Shropshire Community Health NHS Trust Indwelling Catheter policy for full guidance) A catheter valve is not appropriate for the management of AUR.

- Record the initial volume of urine drained.

- Routinely undertake urinalysis, if leucocytes/nitrite or symptoms of urinary tract infection present send a Catheter Specimen of Urine (CSU) and inform the GP. The person taking the CSU is responsible for following up the results.

- If no urine drains or following initial inflation of the balloon or symptoms persist, refer to GP or CCC for referral to secondary care.

- Provide the patient with the Shropshire Community NHS Trust approved “Indwelling Urinary Catheters – information for patients and carers” leaflet form 005 and ensure that all aspects of catheter care are understood by the patient/carer/relative as appropriate. Particular attention should be paid to:
  - Hand washing, before and after manipulating the catheter and drainage system
  - Maintaining a close drainage system
  - Maintaining a non-obstructed downhill flow of urine
  - Provide patient with the Shropshire Community NHS Trust approved “Male Acute Urinary Retention and Trial Without Catheter” leaflet form CNT021.
  - Commence a bladder diary to record intake and on-going urinary drainage, as this guides future clinical management form CNT023.