

Standard Operating Procedure (SOP) for administration of B Braun Uro-Tainer NaCl Saline 0.9% catheter maintenance solutions (adult patients)

Document Details		
Title	Standard Operating Procedure (SOP) for administration of B Braun Uro-Tainer NaCl Saline 0.9% catheter maintenance solutions (adult patients)	
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1	Oct 2023	New Standard Operating Procedure

Standard Operating Procedure for administration of B Braun Uro-Tainer NaCl Saline 0.9% catheter maintenance solutions (adult patients)

<ul style="list-style-type: none"> • Administration of catheter maintenance solutions (CMS) must be undertaken as a Standard Aseptic Non-Touch Technique (ANTT) procedure • Saline can be used to irrigate catheters that block with pus, blood clots or debris by gently washing this material out • Saline can be used to establish whether a catheter is patent or not • Saline has a neutral pH and will not dissolve catheter encrustation and therefore is not recommended if a catheter is regularly blocking due to encrustation by mineral deposits
<p>Equipment: Sterile dressing pack (including sterile gloves) Non-sterile nitrile gloves Sterile Uro-Tainer NaCl Saline 0.9% catheter maintenance solution Sterile urine drainage bag or catheter valve Single use apron Alcohol hand gel</p> <p>Check that all items are within their expiry date and that packaging is undamaged</p>
<p>Check that a 'Patient Specific Direction' PSD (Authority to Administer) Authorisation Community Drug Sheet', or Medication Administration Record (MAR chart), or Drug Chart, has been completed by the prescriber, and that it is up to date</p> <p>The exception to this rule is if a Urotainer NaCl 0.9% catheter maintenance solution is being administered as a Homeley Remedy Refer to Trust Medicines Policy Part 9. Procedure for the administration of homely remedies in community hospitals and community service teams (Uro-tainer NaCl 0.9% CMS) 2022</p>
<p>Assess whether there are any precautions to administration of Saline CMS:</p> <ul style="list-style-type: none"> - Undiagnosed haematuria - Known urological cancer - Fistula - Recent radiotherapy to the lower urinary tract / pelvis - Recent urological surgery - Spinal cord injury at T6 or above (risk of autonomic dysreflexia) <p>Use clinical judgment and seek advice from urology / GP / continence nurse specialists, if required</p>
<p>Explain the procedure to the patient, and gain consent</p>
<p>Check the patient has no known allergies to any of the equipment to be used</p>
<p>Decontaminate hands and put non-sterile gloves and apron on</p>
<p>Help the patient into a sitting or supine position, protect the bed / chair, and ensure privacy</p>
<p>Leave the Saline CMS in the outer packaging, and bring the solution up to body temperature by immersing it in lukewarm tap water</p>
<p>If catheter valve is being used, drain the bladder and lay valve on the bed or chair If urine drainage bag is being used, empty it and lay bag on the bed or chair</p>
<p>Remove gloves and decontaminate hands</p>
<p>Open sterile dressing pack, open Saline CMS and bag / valve onto sterile field, place dressing field under catheter, and put on sterile gloves</p>

Disconnect bag / valve, and administer the solution via the catheter
Do not squeeze or force the solution in. Use gravity to instill the warmed saline into the bladder

Ensure the empty CMS bag is below the level of the bladder, and allow the solution to drain back

Close the clamp on the CMS bag, disconnect the CMS bag and connect a new sterile urine drainage bag or catheter valve

Attach straps or other retention device, to ensure catheter is secure

Remove gloves and apron. Dispose of waste. Decontaminate hands

Seek advice from other health care professionals about any clinical concerns, queries or outcomes

Record consent, batch number, expiry date, solution used, manufacturer, procedure and outcomes in the patient's catheter care pathway documentation

Complete / update the patient's Catheter Card