

Urinary Catheter Care Advice and Support Protocol

This protocol should be read alongside the Consent to Examination or Treatment Procedure

Urethral	Suprapubic
<p>Catheter tube placed in bladder via urethra (the opening just above vagina or the opening situated at tip of penis).</p>	<p>Catheter tube placed in bladder via incision made to lower abdomen.</p>

Staff must offer patients support with urinary catheter care daily. Self-care should be encouraged where appropriate.

Catheter care must be recorded on the Trust Urinary Catheter Care Record and the electronic patient care record. General catheter care advice can be accessed via the Royal Marsden Manual Online (www.rmmonline.co.uk) using the Trust login details (Username: Tees, Password: Tees). General catheter care enquires (e.g. cleansing, changing and emptying bags) should be directed to Physical Healthcare Practitioners, or if no practitioner available use the below contacts.

Staff caring for a patient with a catheter must have an awareness of ‘warning signs’ that would warrant further medical advice:

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| <ul style="list-style-type: none"> • Skin problems <ul style="list-style-type: none"> ○ Redness/irritation to catheter site ○ Broken skin to catheter site (consider pressure damage from catheter tubing as potential cause) • Blockage <ul style="list-style-type: none"> ○ Reduced or no urine output (despite adequate fluid intake) ○ Distended abdomen ○ Abdominal pain ○ Bypassing catheter <p>If catheter appears blocked rule out kinked/obstructed tubing, fallen out catheter, constipation, incorrect placement of bag (must be below bladder)</p> | <ul style="list-style-type: none"> • Bleeding from catheter site and/or into catheter bag • Potential urinary tract infection <ul style="list-style-type: none"> ○ Reduced or no urine output ○ Malodourous, concentrated urine ○ Discharge from catheter site ○ High temperature ○ Altered NEWS ○ Feeling generally unwell and/or unusual tiredness and/or new or worsening confusion <p>Always urgently escalate to Medic/Physical Healthcare Practitioner if any signs of systemic infection</p> |
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Approved by	The Fundamental Standards of Holistic Care-Clinical Advisory Group	Date of Approval	02 April 2025
Reference	IPC-0001-017-v3	Date of Review	02 April 2025

First contact for all catheter concerns should be Medic on site/on call or Physical Healthcare Practitioners.

If further advice is needed the following sources can be accessed.

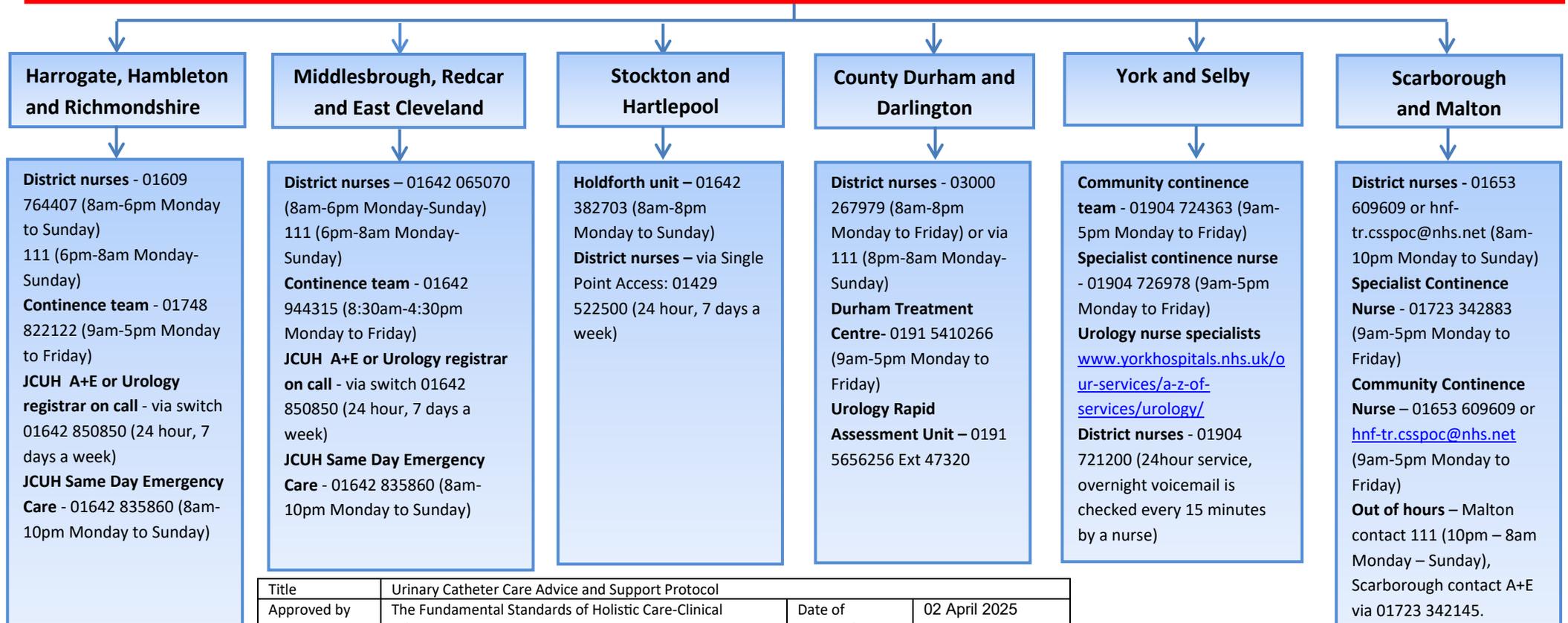
Catheterisation (either routine or unplanned in response to a problem) must only be performed by a competent practitioner who has received appropriate training. If no such staff available, appropriate contact details can be seen below for where to seek support.

For inpatients contact locality team (below) based on ward location.

For discharge planning contact locality team (below) based on discharge destination.

To gain patient history upon admission contact locality team (below) based on patient home address.

Please consider Trans patients who have undergone gender reaffirming surgery – staff may need to contact their individual specialist team for guidance.



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Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance/ Tissue Viability Service
Title	Urinary Catheter Advice and Support Protocol
Type	Procedure/guidance
Geographical area covered	Trust-wide
Aims and objectives	To support staff who care for patients with a urinary catheter.
Start date of Equality Analysis Screening	12 February 2025
End date of Equality Analysis Screening	12 February 2025

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Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Trust staff and patients
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	<p>‘Gender Reassignment’ - It is possible that the protocol may not incorporate guidance relating to Trans men who have undergone female to male gender affirming surgery to construct a penis (metoidioplasty or phalloplasty) or Trans women who may have undergone male to female gender affirming surgery to remove the penis (penectomy) or to construct a vagina (vaginoplasty or vulvoplasty). The protocol does however ensure that staff are mindful of Trans patients who they may need to seek further advice in relation to catheter care where required.</p> <p>‘Sex’, ‘Race’ and ‘Religion or Belief’ – The possible negative impact needs to be considered when considering the gender of the staff member who may catheterise a service user.</p> <p>Article 8 Human Rights Act – Needs to be considered in relation to private life, privacy and dignity.</p>

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Describe any positive impacts / Human Rights Implications	The positive impacts of this policy are that patients who have a urinary catheter will receive safe, effective and appropriate care.
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Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Royal Marsden Online
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	This Protocol has been discussed with the Fundamental Standards of Holistic Care Clinical Advisory Group who supports patients from a range of protected characteristics on a daily basis.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	N/A

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	No
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked.

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