



Acacium Group Community

Catheter Management for Urinary Catheters that Block, Bypass or are Expelled with Balloon Intact

Procedure Reference | SOP CATH 04

Version | V4.0

Procedure Name	Catheter Management for Urinary Catheters that Block, Bypass or are Expelled with Balloon Intact
Purpose of Document	To ensure that the correct preparation, procedure and outcome are achieved by implementing a consistent, and systematic, approach to catheter management
Target Audience	All healthcare Professionals
Version	V4.0
Author	Karen Matthews-Shard
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Lead Director	Karen Matthews-Shard
Review Frequency	3 yearly, or when clinical or operation guidelines change
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Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page.	KNF/SJ
V1	Mar 2018	Updated front sheet to include new review frequency date.	KMS/MS
V2	Oct 2019	3 Yearly Review	Clinical Advisory Group
V2.1	Oct 2020	Updated re rebrand	CC
V3	Sept 2022	3 Yearly Review	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group

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1. Introduction

- 1.1 Urinary catheterisation is a common clinical procedure involving the insertion of a catheter into the urinary bladder via the urethra, (urethral catheterisation) or through an incision in the lower abdomen, (suprapubic catheterisation). A urinary catheter may be used to evacuate or instil fluids in to or out of the bladder; occasionally the catheter may become blocked or fluid bypass the catheter.

2. General

- 2.1 Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve. The connection between the catheter and the drainage system should not be broken except for good clinical reasons:
- It is important to distinguish between a blocked or bypassing catheter which may be caused by soft debris, encrustation, overactive bladder, or bladder spasm.
 - The record of Urinary Catheter Management may be sent to the urologist if suggested interventions are not successful after 3 months.
 - Keep a record of all catheter interventions. Catheter Tip – when removing the catheter note – soft debris, encrustation or clean catheter tip.
 - Leaking, pain, blockage.
 - Do not complete routine catheter specimen of urine (CSU) unless client has signs and symptoms of infection, pyrexia, loin pain, blood in urine or instructed to do so by a GP/DN/Specialist
 - Always use a sample port on the drainage bag to collect a CSU.
 - This should only be undertaken by a suitably trained and assessed as competent worker who should follow the client's specific care plan and escalation process.

3. Aim

- 3.1 For all workers to provide effective management of blocked catheters, bypassing catheters and catheters that are expelled with the balloon intact.

4. Equipment

- Client Care Plan
- Record of Urinary Catheter Management
- Catheter care checklist.
- Appropriate PPE as per current guidance
- Catheter pack
- Syringe

5. Consent

- 5.1 Please read Acacium Group Policy on consent thoroughly and ensure valid consent has been gained.
- 5.2 **Please now ensure you understand the Consent Policy and Mental Capacity Act in full**

6. Procedure

6.1 Catheter Blocked

	Action	Rationale
1	<p>Complete the following checks to ensure that the actual catheter is blocked and not the associated equipment:</p> <ul style="list-style-type: none"> • Check the urinary collection bag is not full and is below the level of the bladder • Check the drainage bag tubing is not twisted or kinked • Check that the catheter is not twisted or kinked <p>If any of the above are noted, please resolve and monitor the client for 4 hours.</p>	To ensure that the catheter is not changed unnecessarily.
2	<p>If all of the above do not apply , consider the following:</p> <ul style="list-style-type: none"> • Bladder washout (if prescribed and documented in the client's care plan and MAR chart, and that the worker is competent to do so following SOP 08) • Removal of catheter following SOP 04 (if the worker competent to do so) • Re-catheterisation following SOP 01 (if the worker competent to do so) • Referral to District Nurse / GP / Urologist as appropriate 	To re-establish urinary drainage and prevent urinary retention.

6.2 Catheter Bypassing

	Action	Rationale
1	<p>Complete the following checks to ensure that the actual catheter is blocked and causing bypass and not the associated equipment:</p> <ul style="list-style-type: none"> • Check the urinary collection bag is not full and is below the level of the bladder • Check the drainage bag tubing is not twisted or kinked or trapped • Check that the catheter is not twisted or kinked or trapped 	To ensure that the catheter is not changed unnecessarily.

	If any of the above are noted, please resolve and monitor the client for 4 hours.	
2	<p>If all of the above do not apply consider the following:</p> <ul style="list-style-type: none"> • Removal of catheter following SOP 04 (if the worker competent to do so) • Re-catheterisation following SOP 01 (if the worker competent to do so) • Referral to District Nurse / GP / Urologist as appropriate to check that the catheter is the correct size for the client. (Refer to care / escalation plan) 	To re-establish urinary drainage and prevent urinary retention.
3	Provide personal care to the client	To ensure that the client remains dry and comfortable and reduce the risk of infection.

6.3 Catheter expelled with balloon intact

Action		Rationale
1	Put on appropriate PPE	To prevent infection
2	Check the genital area for possible signs of trauma	To ascertain if any trauma is present
3	Ask the Client if they are experiencing any pain. If so, administer analgesia as prescribed	To ensure the Client remains pain free
4	If no trauma evident, re-insert the catheter if you are trained and competent to do so following the appropriate SOP 01. If you are not trained and competent to do so, please contact the District Nurses or GP as appropriate	To maintain continence
5	Document in the Client's daily records and contact Acacium Group case manager to inform them. Record on Datix as an incident.	To ensure accurate records are kept

7. Associated Policies / SOPs

Policies

CLIN 04 Urinary Catheterisation Policy

CLIN 06 Consent Policy

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CLIN 14 Health Records Management Policy
CLIN 07 Infection Prevention and Control Policy

SOPs

SOP CATH 01 Urethral Catheterisation (Male & Female)
SOP CATH 02 Supra-pubic Re-Catheterisation (Male & Female)
SOP CATH 03 Guidance for Care of Clients Catheterised for Retention of Urine
SOP CATH 04 Catheter Management for urinary catheters that block, bypass or are expelled with balloon intact
SOP CATH 05 Intermittent Self-Catheterisation
SOP CATH 06 Urinary Catheter Removal
SOP CATH 07 Urinary Catheter Bag Emptying
SOP CATH 08 Bladder Washouts
SOP CATH 09 Urinalysis
SOP CATH 10 Collection of a Urine Specimen
SOP CATH 11 Penile Sheath Application
SOP CATH 12 Attaching and Detaching a Night Bag
SOP CATH 13 Mitrofanoff Management

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group