



Acacium Group Community

Intermittent or Self Intermittent

Catheterisation

Procedure Reference | SOP CATH 05

Version | V4.0

Procedure Name	Intermittent or Self Intermittent Catheterisation
Purpose of Document	To ensure that the correct preparation, procedure and outcome are achieved by implementing a consistent, and systematic, approach to the procedure of intermittent self-catheterisation
Target Audience	All nurses and appropriately trained carers
Version	V4.0
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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	Oct 2022	3 Yearly Review	Clinical Advisory Group
V4	Jan 2024	Rebranded	Clinical Advisory Group

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1. Introduction

- 1.1 Urinary catheterisation is the insertion of a tube into the bladder to drain urine. Intermittent catheterisation promotes maximum independence as catheterisation may be undertaken at timed intervals allowing normal activity at other times.
- 1.2 Clients are trained and deemed competent so that they may manage their own care needs. Healthcare Professionals may need to perform this role for Clients if the client has lost their independence for any reason or their medical condition dictates that the client is unable to do so for themselves and are competent to do so.

2. Aim

- 2.1 To allow the urine to drain from the bladder freely and the bladder to be emptied at a time that is convenient to the client, supporting independence and freedom.

3. Who needs to be aware of this procedure

- 3.1 Healthcare Professionals or Clients that are assessed as competent to undertake the procedure may perform this.

4. Hazards/complications

- The introduction of infection is the main risk.
- Difficulty in passing catheter and unable to catheterise
- Bleeding & Damage to the urethra

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. Client and relatives/Healthcare Professional involvement

- 6.1 Where possible and appropriate, the Client and their relatives will be fully involved in their care and support them to do this.

7. Client information

- 7.1 As part of obtaining valid consent, the risks, benefits.
- 7.2 The procedure must be explained fully to gain full co-operation with the procedure.
- 7.3 The Client should be advised of the signs and symptoms of infection and who to contact if infection is a cause for concern which will be detailed along with the escalation process within the clients care plan

8. Equipment

- Sterile dressing pack
- Cleaning solution – 0.9% NaCl
- Mirror for female Clients
- Appropriately sized catheters for male/female Clients
- Lubricating gel
- Clean container for catheter
- Waste disposal
- Appropriate PPE

9. Procedure

9.1 Female intermittent self-catheterisation

	Action	Rationale
1	Wash hands using bactericidal soap and water or bactericidal hand rub and put on appropriate PPE.	To reduce the risk of cross-infection (DH 2005).
2	The Client to take up a comfortable position, depending on mobility (e.g. sitting on toilet; standing with one foot placed on toilet seat). Appropriate position details should be included within the clients care plan.	To facilitate insertion of intermittent catheter as comfortably as possible and ensuring clients dignity is maintained.
3	If completed by health care professional, need to include PPE etc.	Reduce the risk of infection.
4	Spread the labia (the lips at the entrance to the vagina) and wash genitalia, from front to back with soap and water then dry.	To reduce the risk of introducing infection (DH 2005).
5	Open catheter packaging or container. If using an uncoated catheter, a water-soluble lubricating gel may be applied to the surface of the catheter. If using a coated catheter pre-soak, it in water to activate the slippery coating (Barton 2000). (only for self-intermittent catheterisation).	To prepare catheter and ease insertion.
6	Find the urethral opening above the vagina. (A mirror can be used to help identify the urethral opening if the patient is completing the procedure themselves) Gently insert the catheter into the urethra, taking care not to	To reduce the risk of introducing an infection.

	touch the part of the catheter entering the body.	
7	Drain the urine into the toilet or suitable container. When the urine stops flowing, gently twist and pull the catheter down halting if more urine starts to flow.	To ensure that the bladder is completely emptied.
8	Before removing the catheter from the urethra, put a finger over the funnel end of the catheter and then remove the catheter from the urethra.	To trap urine in the catheter and prevent spillage on to the clothing or the floor.
9	Hold the catheter over the toilet or suitable container and remove finger from the funnel end to release the trapped urine. Refer to Fluid Chart or Care Plan as applicable.	To prevent spillage on to clothing on the floor.
10	If using a coated catheter dispose of the catheter in a suitable receptacle. If the catheter is uncoated and is to be reused wash through with tap water. Allow to drain and dry the outside of the catheter. Store in a dry container (as per manufacturer's instructions). These catheters may be used for 5-7 days.	To prevent environmental contamination. To remove urine. To reduce risk of infection.
11	Wash hands with soap and water.	To reduce the risk of infection.

9.2 **NB** if the Client is immobile and requires full assistance the above procedure should be completed when the Client is in a comfortable position on the bed and full consent has been gained.

9.3 Procedure – Male intermittent self-catheterisation

Action		Rationale
1	Wash hands using bactericidal soap and water or bactericidal hand rub and put on appropriate PPE.	To prevent infection.
2	If the client is fully mobile and completing the procedure independently, the Client can stand in front of a toilet or low bench with a suitable container if it is easier.	To catch urine.

	If unable to stand, the client to lie in most comfortable position, as detailed within their care plan.	
3	Clean glands penis with plain water. If the foreskin covers the penis it will need to be held back during the procedure.	To reduce risk of risk infection (DH 2005).
4	Open catheter packaging or container. If using an uncoated catheter, a water-surface lubricating gel may be applied to the surface of the catheter. If using a coated catheter pre-soak it in water to activate the slippery coating.	To prepare the catheter and to ease insertion.
5	Open catheter packaging or container. If using an uncoated catheter, a water-surface lubricating gel may be applied to the surface of the catheter. If using a coated catheter pre-soak it in water to activate the slippery coating.	To prepare the catheter and to ease insertion.
6	Hold penis with the non-dominant hand upwards towards your stomach.	To prevent trauma to the penoscrotal junction.
7	Hold the catheter with the dominant hand, being careful not to touch the part of the catheter entering the body, and gently insert it into the opening of the urethra. There will be a change of feeling as the catheter passes through the prostate gland and into the bladder. It may be a little sore on the first few occasions only. If there is any resistance, do not continue. Withdraw and try again or contact Acacium Group clinical lead.	To reduce the risk of introducing an infection (DH 2005). The prostate gland surrounds the urethra just below the neck of the bladder and consists of much firmer tissue. This can enlarge and cause an obstruction, especially in older men. To prevent unnecessary trauma.
8	Drain the urine into the toilet or suitable container. When the urine stops flowing remove the catheter, halting if more urine starts to flow.	To ensure that the bladder is completely emptied.
9	Before removing the catheter from the urethra put a finger over the funnel from the funnel end to release the trapped urine. Refer to Fluid Chart or Care Plan as applicable.	To trap urine in the catheter and prevent spillage on to clothing or the floor.
10	Hold the catheter over the toilet or suitable container and remove finger from the funnel end to release the trapped urine.	To release the trapped urine.
11	Wash hands with soap and water.	To reduce the risk of infection.

12	Standing in front of a mirror is helpful for people with a large abdomen.	For ease of observation.
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- 9.4 **NB** if the Client is immobile and requires full assistance the above procedure should be completed when the Client is in a comfortable position on the bed and full consent has been gained.

10. Associated Policies / SOPs

Policies

CLIN 04 Urinary Catheterisation Policy

CLIN 06 Consent Policy

CLIN 07 Infection Prevention and Control Policy

CLIN 14 Health Records Management Policy

SOPs

SOP CATH 1 Urethral Catheterisation (Male & Female)

SOP CATH 2 Suprapubic Re-Catheterisation (Male & Female)

SOP CATH 3 Guidance for Care of Clients Catheterised for Retention of Urine

SOP CATH 4 Catheter Management for Urinary Catheters that Block, Bypass or are Expelled with Balloon Intact

SOP CATH 6 Urinary Catheter Removal

SOP CATH 7 Urinary Catheter Bag Emptying

SOP CATH 8 Bladder Washouts

SOP CATH 9 Urinalysis

SOP CATH 10 Collection of a Catheter Urine Specimen

SOP CATH 11 Penile Sheath Application

SOP CATH 12 Attaching and Detaching a Night Bag

SOP CATH 13 Mitrofanoff Management

11. References

- The Royal Marsden Hospital Manual of Clinical Nursing Procedures; seventh edition; Dougherty L, Lister S; 2008; Wiley-Blackwell

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