

STANDARD OPERATING PROCEDURE URINARY CATHETERISATION (URETHRAL, SUPRA PUBIC AND INTERMITTENT)

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VALIDITY – All local SOPS should be accessed via the intranet

CHANGE RECORD

Version	Date	Change details
1.0	16/09/20	New SOP.
1.1	2/11/23	Reviewed. Removed 'Neighbourhood Care Services' – updated to match other guidelines. Also updated processes. Approved at Community Services Clinical Network Group (21 February 2024).

Contents

1. INTRODUCTION	3
2. SCOPE	3
3. DUTIES AND RESPONSIBILITIES.....	3
4. PROCEDURES	4
5. REFERENCES	5

1. INTRODUCTION

The provision of Urinary Catheterisation: Adults (Urethral, Supra Pubic and Intermittent) to people in our community will inevitably require a flexible and personalised approach which recognises:

- The need to undertake robust and standardised assessment approach which will ensure consistent safe and effective planning of care for each individual patient.
- The need for good communication and coordination This procedure is designed to guide Staff in how and when to undertake the standardised continence assessment and subsequent care planning for patients the decisions regarding the continuity and coordination of care.

This policy provides information on how to manage the care and treatment of patients who require a urinary catheterisation procedure and maintaining standards and improving care of the patient, irrespective of whether the catheterisation is intermittent, short-term or long-term.

2. SCOPE

This SOP will be used across all inpatient and community settings within Humber Teaching NHS Foundation Trust. It includes both registered and unregistered community nursing and staff who are permanent, temporary, bank and agency staff.

3. DUTIES AND RESPONSIBILITIES

The chief executive retains overall responsibility for ensuring effective implementation of all policies and procedures.

The Trust Board – will ensure that this procedure is acted on through delegation of implementation to assistant directors or equivalent general managers/service managers/modern matrons/lead professionals.

Service managers, modern matrons and appropriate professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies.

Charge nurse/team leaders will disseminate and implement the agreed SOP. They will maintain an overview of associated training needs for their respective teams. The charge nurse/team leader will ensure mechanisms and systems are in place to facilitate staff to attend relevant training as part of their Performance and Development Review (PADR) process in order to undertake training and sign off competencies.

All clinical staff employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per policy and Standard Operating Procedures as relevant to each clinical activity. They will make their line managers aware of barriers to implementation and completion.

4. PROCEDURES

- The procedures for clinical care are unchanged by the implementation of this Standard Operating Policy which sets in place the following principles to support continuity of care.
- Caseload holder ensures all assessments are complete and contemporaneous records up-to-date.
- Clinicians should always use clinical judgement to determine the appropriate level of assessment. This guidance is the **minimum** standard required but variance from this standard may be applied with a clear rationale in evidence and recorded in the patient record.
- Review any existing records on SystmOne for information regarding previous admissions.
- Obtain past medical history from an appropriate source. If these are paper documents they must be scanned to the patient record.
- If a patient in community has retention of urine they need seeing by a GP and if retention is of unknown origin they need to attend A&E. We do not want to be missing anything acute with this group of patients. If cause of retention is known then community staff can be contacted to discuss the possibility of them catheterising in the community setting.
- If community patients require a urinary catheter for any other reason than the above it should be discussed with the community nurse. However, assessment is then down to the nurse who will perform the first catheterisation, and if they feel the patient can be managed in a different way this will be discussed with the GP. Catheterisation should be a last resort.
- Ensure all relevant equipment and documentation is available for the home visit.
- By the end of the first week, it is expected that a comprehensive assessment of needs, using the core documentation in SystmOne relevant to the service area, will be completed including any additional assessments deemed necessary and relevant care plans in place for individual care delivery.
- Where it has not been possible to complete any of the assessment process within the set timeframes, reasons for this must be documented and a plan put in place for its completion in the patient record.
- Develop patient centred care plans for the identified care needs and obtain consent from the patient or work under best interest if deemed appropriate. Care planning and prioritising of care needs should be made in conjunction with the patient and where appropriate, family/carer.
- Commence discharge planning at initial contact with the patient and document.
- Determine appropriately skilled staff to visit the patient and delegate as appropriate (see SOP for delegation to non-registrants).
- Determine most likely venue for ongoing care i.e. home or clinic. Discuss early transfer of care to clinic setting with patient if appropriate. Home visiting is only offered to patients who are housebound, or having care is better suited to being undertaken in the home environment.

- Care plans are updated by the caseload holder (or delegated other) to reflect any change in patient care and treatment and made in conjunction with the patient and where appropriate, family/carer.
- Discuss consent of sharing records with patient and supply them with the IG sharing leaflet <https://intranet.humber.nhs.uk/directorates/ig-leaflets.htm>
- Record the consent given/not given on SystemOne.
- Information on any changes to the provision of inpatient and community settings is provided to the patient and family/carer.
- For those admitted into permanent residential/nursing care whilst on an inpatient or community caseload ensure a transfer of care information which include assessment and care plan is disseminated to the appropriate care home team as soon as practicable.

5. REFERENCES

- eDSM Information Sharing Procedure
- Information Governance Policy
- Nursing and Midwifery Council: The Code (March 2015)