

Patient Urinary Catheter Passport

Looking After Your
Urinary Catheter

Patient details

Patient	Name	
	Address	
	Postcode	
Community Nurse/Health Professional	Name	
	Address	
	Tel No	
GP	Name	
	Address	
	Tel No	
Clinic / Hospital	Name	
	Address	
	Tel No	
Other Important Contacts	Name	
	Address	
	Tel No	

This document has been approved by Somerset Foundation Trust. We would like to thank all contributors for agreeing to provide the original document, which provided the template for the document especially the All Wales Continence service.

Reason for catheterisation

Date insertion

Type / size of catheter

Details of drainage products

When catheter is due to be changed

Who will undertake change i.e. community / acute

Professionals contact details

Has appointment been given to patient

If admitted to hospital take this document with you and show to the health professional / nurse responsible for your care who will amend if changes are made and then returned to you to take home when discharged for District Nurse's to access.

Introduction

The purpose of this booklet is to give you advice on looking after your indwelling urinary catheter. Where ever you have a catheter appointment you should take this booklet with you. The second half of this booklet will be completed by nursing staff to ensure your continuity of care.

What is a urinary catheter?

An indwelling urinary catheter is a soft flexible hollow tube used to drain urine from the bladder. Once in place a small balloon at the catheter tip is inflated to stop the catheter falling out. A drainage bag or valve is then attached. Never remove the catheter yourself unless you have been taught by a health care professional.



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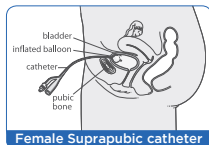
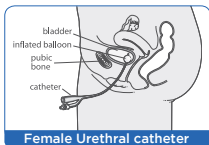
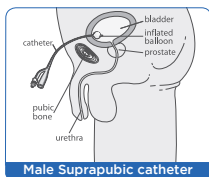
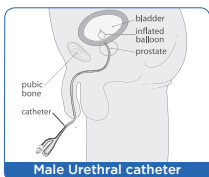
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Most common reasons why catheterisation is required include:

- To relieve urinary retention (inability to pass urine) due to bladder outlet obstruction (blockage where urine normally flows out).
- To prevent urine leaking into an open wound or assist healing of an open wound in the buttock area.
- Patients undergoing surgery on the urinary tract.
- Maintain a continuous outflow of urine for patients with voiding difficulties, as a result of neurological disorders that cause paralysis or loss of sensation affecting urination (e.g. Spinal injury, Multiple Sclerosis)

- Patient requires prolonged immobilisation (e.g. potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures).
- To monitor urinary output (e.g. in critically ill patients)
- To allow bladder irrigation/ instillation of drugs directly into bladder
- For patient comfort during end of life care.
- Management of intractable incontinence and maintain skin integrity (when conservative treatment methods have been unsuccessful).

The catheter is inserted into the urethra (the opening of which is situated at the tip of the penis or just above the vagina) or through a hole made in the abdomen (suprapubic catheter). The catheter is then guided into the bladder, allowing urine to flow through it and into a drainage bag which will be attached to your leg. Some people may have a valve at the end of the catheter instead of a drainage bag.



What should I do if I have pain and discomfort?

Lower abdominal or tummy pain can be experienced when a catheter is first inserted but should pass. Check that your drainage bag is not pulling on your catheter and that it is adequately supported. If this continues, contact your Nurse for advice. Pain in lower abdomen or back (with or without fever) could indicate urinary tract infection. Seek advice from your Doctor.

When will my catheter need changing?

Your Nurse will advise you on how often and where your catheter needs changing and also how to obtain further supplies of catheter equipment.

How do I look after my catheter on a daily basis?

- Empty the leg bag when it is approximately two thirds full of urine.
- If you have a valve attached to your catheter instead of a leg bag, you should open the valve and empty your bladder:
 - when you feel that it is full
 - before going to bed
 - first thing in the morning
 - during the night if necessary
 - at least every 3–4 hours during the day
 - before opening your bowels
- Replace the leg bag or valve once a week.

- To help prevent infection, only disconnect the leg bag or valve weekly when it is replaced with a new one.
- Keep your leg and night bag below the level of your bladder to prevent the back flow of urine.
- Attach a 2 litre bag to the leg bag or valve every night, to prevent having to empty the bag overnight. Remember to open the valve from your leg bag or catheter valve, which is connected to the 2 litre bag.
- Close the leg bag or catheter valve and remove the night bag every morning and dispose of it (see page 12).
- If you have a suprapubic catheter and there is a small leakage around the insertion site, you will have a dressing for the first few days until the leakage has stopped. The area can be washed as described (page 10) when the dressing has been removed.
- Avoid constipation as this can interfere with catheter function.



What should my urine look like?

- Urine should be a light yellow colour. If it is orange/dark brown, you may not be drinking enough fluid.
- You should drink approximately 1.5 to 2 litres / 2.5 to 3.5 pints which is 8 cups or 5 mugs of fluid in 24 hours.
- Avoid caffeine as this may irritate your bladder. There is caffeine in tea, coffee, cola, some herbal teas and drinking chocolate. Try decaffeinated drinks.
- Some medication and foods may cause discolouration of urine. Your Nurse will be happy to discuss this with you.
- If your urine is cloudy and doesn't improve after drinking more, contact your Nurse.
- If your urine is bloodstained or has specks of blood in it, contact your Nurse.
- If you are passing bright red blood you should contact your Doctor.
- Some patients with Urinary Catheters have frequent blockages / infections and therefore may find benefit from certain fluids. For further information discuss with your Nurse.

Dehydration Urine Colour Chart

The following Dehydration Urine Colour Chart will help you use your urine colour as an indicator of your level of dehydration and what actions you need to take to help return your body back to a normal level of hydration.

	Doing OK. You're probably well hydrated. Drink water as normal.
	You're just fine. You could drink a little water now, maybe a small glass of water.
	Drink about ½ bottle of water (¼litre) within the hour, or drink a whole bottle (½litre) of water if you're outside and/or sweating.
	Drink about ½ bottle of water (¼litre) right now, or drink a whole bottle (½litre) of water if you're outside and/or sweating.
	Drink 2 bottles of water right now (1litre). If your urine is darker than this and/or red or brown, then dehydration may not be your problem. See a doctor.

For more information visit www.urinecolors.com

How can I reduce the risk of getting an infection?

- It is essential that the highest standards of hygiene are maintained at all times.
- Wash your hands before and after touching your catheter or drainage bag.
- Wash the skin in the area where the catheter enters the body with non-perfumed soap and water at least twice a day.
- Men should carefully wash under the foreskin (unless you have been circumcised). Dry the area thoroughly and ensure the foreskin is replaced over the end of the penis.
- Women should always wash the genital area from front to back to prevent contamination from the back passage. Dry the area thoroughly.
- Women should avoid over washing of the genital area with soap/ baby wipes etc. as this can cause further irritation. If vaginal or vulva irritation continues to be a problem please contact your Health Care Professional.
- Avoid the use of talc, antiseptic, bubble bath or bath salts and creams. These can cause irritation.
- Do not remove your leg bag when you have a bath or shower.

What should I do if my catheter is not draining or it is leaking?

- Check the drainage bag is below the level of the bladder, particularly when sitting in a low chair.
- Make sure that the tubing is not kinked, twisted or restricted by tight clothing.
- Make sure that the tubing is not pulled tight or stretched as this may restrict urine flow.
- Check drainage bag is connected correctly. Make sure that, if using leg straps to secure the leg bag to your leg they are positioned behind the leg tube.
- Urine will not drain if the bag is full. Empty the bag when it is approximately two thirds full.
- Constipation can prevent your catheter from draining. Ask your Nurse about eating a healthy diet to avoid constipation. It is recommended that 5 pieces of fruit or vegetables are eaten per day to promote health and maintain a healthy bowel
- Change your position, take regular exercise, but avoid anything too vigorous, ensure catheter is well supported. Walking encourages better drainage and dislodges any debris in the catheter.
- Make sure that you are drinking enough fluid (1.5 to 2 litres / 2.5 to 3.5 pints which is 8 cups or 5 mugs in 24 hours) (see page 9)

- If you experience any urine leakage this may be due to bladder spasms, or urinary leakage via the urethra is quite common if suprapubic catheter in place. Please contact your Nurse.
- Check that your catheter is draining well at regular intervals throughout the day.
- Make sure the valve or leg bag tap is open when connected to the night bag.

How do I dispose of used catheter bags?

- Empty the contents into the toilet.
- Double wrap the bag (either in newspaper or a plastic bag).
- Place into your household waste bin. The bags are not recyclable.
- The bags should not be burned on an open fire or electric incinerator.

What about sex?

Sexual intercourse is possible even if you need a Urinary Catheter, but the genital area would need to be washed before and after sexual intercourse. Please discuss with your Nurse who will help advise on the best approach for you

When should I ask for help?

Your catheter should remain comfortable and pain free.

However, you should ask for help when:

- You experience acute lower abdominal or tummy pain.
- Urine is not draining or very little urine is flowing into the bag but your bladder feels full and you have followed the simple self-help measures within this information booklet.
- The catheter falls out and you are unable to pass urine.
- The catheter falls out and you can pass urine, contact your Nurse for advice.
- There is blood in your urine.
- Urine is cloudy, smelly or you have a burning sensation, which does not improve after drinking extra fluids.
- Urine is leaking around the catheter, enough to make your clothing wet.
- If you have a supra pubic catheter and the site becomes very irritated, swollen, red or tender.
- You have a fever; develop nausea, vomiting or feel unwell.

Storage of Catheter Equipment

It is important to keep an emergency stock of catheter equipment at home so that you are prepared if you encounter any problems. Please ask the nurse what stock is needed:

- Store any catheter equipment in their original packaging; in a dry, safe place away from direct sunlight and heat.

Going on Holiday?

- Make sure you have a spare catheter and enough catheter valves and/or bags to take with you to cover holiday period.
- It is a good idea to pack some of your products and equipment in a bag to take on the plane as well as in your suitcase; in case your suitcase gets lost.
- Patient should obtain a medical equipment card from their dispensing/appliance company (DAC), or a letter from their GP to state they are carrying sterile medical supplies.

Catheterisation records

All details of urinary catheterisation should be recorded in the appropriate sections as well as the appropriate nursing/medical records.

Completion of the booklet will enhance continuity of care for the patient between both community and hospital settings.

Date		
Type of catheter	Sticker Here	
Size		
Batch Number		
Expiry Date		
Reason for catheter change		
Date of next planned change		
Signature		
Additional information / problems		

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Signature		
Additional information / problems		

Useful Contact details:

Community Nursing

Bridgwater / North Sedgemoor – **0300 124 5601**

Taunton / West Somerset – **0300 124 5606**

Mendip – **0300 124 5602**

South Somerset – **0300 124 5600**

Continence Service – **01823 346 158**

Urology Nurse Specialist – Yeovil – **01935 384 394**

Urology Nurse Specialist – Taunton – **01823 342 111**

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