### Urethral Catheter Insertion Competency - Adult Acute Care

<table>
<thead>
<tr>
<th>Name of participant:</th>
<th>Payroll number:</th>
<th>Designation:</th>
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To achieve competency the assessor, CNE or designated resource personnel must:
- examine and observe each relevant knowledge criteria (Part I) as correct.
- observe the correct performance of each performance criteria (Part II).

**Underpinning knowledge and understanding:**
- Works within scope of practice
- NSW Health Policy: Hand hygiene policy (Issue date: 13 September 2010, PD2010_058)
- NSW Health Guideline: Adult urethral catheterisation for acute care settings (Issue date: 15 December 2015, GL2015_016)

**Pre requisites:**
- Completed HETI online Invasive Device Module
- Completed HETI online Aseptic Technique Module
- Completed HETI online Hand Hygiene Module
- Completed HETI online Waste Management Module
- Has read relevant local guidelines related to urethral catheter insertion
- Prior practical training in urethral catheterisation
- [Add additional pre requisites, as determined locally]

**Assessment outcome**

<table>
<thead>
<tr>
<th>Result of the assessment (tick the appropriate result)</th>
<th>☐ Competent</th>
<th>☐ Not yet competent</th>
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**Assessor’s feedback:**

**Details of feedback from participant:**

**Action/further training required (including timeframe/s):**

**Reassessment must be completed by (date):**

**Assessor’s signature:**

**Participant’s signature:**
**PART I: Knowledge criteria**

<table>
<thead>
<tr>
<th>Knowledge criteria</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>1. Can correctly identify appropriate indications for urinary catheterisation</strong></td>
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<tr>
<td><em>Appropriate indications</em></td>
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<tr>
<td>• Management of urinary retention or obstruction</td>
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<td>• Clot retention associated with gross haematuria</td>
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<tr>
<td>• Monitoring for sepsis, trauma, renal function, electrolyte or fluid balance</td>
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<tr>
<td>• Injury or surgery affecting urinary function and/or involving immobility (including injury, surgery or disease affecting the spinal cord)</td>
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<tr>
<td>• Investigation, diagnostic or treatment (including bladder irrigation or instillation)</td>
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<tr>
<td>• Urinary incontinence management associated with wound care, end-of-life care or chemotherapy, if other options available adversely affect patient’s comfort</td>
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<tr>
<td>• Urogenital or bladder management (e.g. management of fistula or haematuria)</td>
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<td>• Labour and birth management.</td>
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<tr>
<td><em>Inappropriate indications</em></td>
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<tr>
<td>• As a substitute for the nursing care of a patient with urinary incontinence, obesity, confusion, dementia or other reasons</td>
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<tr>
<td>• For a patient requiring bed rest or with decreased mobility that has no other clinical need for catheterisation</td>
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<td>• For monitoring urinary output when the patient is able to void voluntarily or once the clinical need is no longer warranted</td>
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<td>• For prolonged post-operative duration in the absence of an appropriate clinical indication for ongoing catheterisation</td>
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<tr>
<td><strong>2. Can correctly identify the appropriate urethral catheter option</strong></td>
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<tr>
<td>• Selects appropriate catheter type (sterile intermittent in/out catheter or indwelling urinary catheter) for clinical indication and clinical presentation</td>
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<td>• Selects the smallest catheter size that will allow adequate access and drainage for clinical indication and clinical presentation</td>
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<td><strong>3. Reviews clinical procedure safety prior to procedure</strong></td>
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<td>• Confirms patient identification</td>
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<td>• Confirms that the patient requires urinary catheterisation</td>
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<tr>
<td>• Checks for any allergy/adverse reactions and other relevant medical or surgical history (e.g. latex or lignocaine allergy, previous urology history, autonomic dysreflexia risk)</td>
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<tr>
<td>• Considers the planned procedure, critical steps and risk factors, anticipated events and equipment requirements (e.g. is pain relief required? Is aggressive or non-cooperative behaviour anticipated</td>
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<tr>
<td>• Considers whether a two person buddy system should be used during the procedure.</td>
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# PART II: Performance criteria

Tick ✓ for each sub-task that was adequately completed

| Comments |
| --- | --- |
| Tick where appropriate |
| Competent | Not yet competent |

## 1. Procedure is explained to the patient and consent is obtained
- Hand hygiene on entry into the patient zone
- Verbal consent should be obtained from patient or person responsible.
- Optional step for male catheterisation: Urethral meatus is cleaned, hand hygiene is performed, lignocaine is correctly inserted into penis, hand hygiene is performed

## 2. Equipment is assembled on trolley
- Trolley is cleaned
- Hand hygiene is performed
- Equipment and PPE gathered
- Receptacle for rubbish is nearby
- Hand hygiene performed

## 3. Bed and patient are positioned correctly
- Patient privacy is maintained
- Patient in a supine position
- Female catheterisation: Knees are to be flexed and separated and feet flat on the bed, about 60cm apart
- Adequate lighting is available
- Protective sheet is placed under patient

## 4. If there is a catheter already *in situ*, catheter is removed
- Hand hygiene is performed
- Non-sterile gloves, eye protection and apron/gown is donned
- Balloon is passively deflated with 10mL syringe
- Catheter is removed and discarded
- Gloves are removed and hand hygiene is performed
### PART II: Performance criteria

Tick O for each sub-task that was adequately completed

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#### 5. The aseptic field is assembled correctly
- All required equipment is assembled on the aseptic field
- Sterile gloves are opened onto a clean surface

#### 6. PPE is donned in the correct order
- Eye protection and apron/gown is donned
- Hand hygiene for an aseptic procedure is carried out (30-60 seconds)
- Sterile gloves are donned

#### 7. Equipment is prepared correctly
- Syringe is filled with 5 - 10mL sterile water
- Catheter is removed from plastic sleeve, maintaining its sterility
- Male catheterisation: If lignocaine was not previously inserted at (1), nozzle is attached to lignocaine syringe
- Catheter tip is lubricated

#### 8. Urethral meatus is cleaned correctly
- If gauze squares are being used:
  - Gauze squares are soaked in 0.9% sodium chloride
  - Downward strokes are used
  - Gauze square is discarded after each stroke
    - If uncircumcised male, foreskin is retracted before cleansing
    - For females, labia minora is separated and urethral meatus is exposed
  - Cleaning tray is discarded after use
- Alternatively, irrigate with 0.9% sodium chloride
- If gloves become contaminated, gloves are removed, hand hygiene is performed and new sterile gloves are donned
## PART II: Performance criteria

### 9. Catheter is inserted correctly
- Fenestrated drape is placed over patient’s genitals
- Catheter tray is placed between patient’s legs and on drape
- Male catheterisation:
  - If lignocaine was not previously inserted at (1): Penis is held at right angle to body, lignocaine nozzle is inserted into penis. Lignocaine gel is injected into urethra, ensuring a firm seal around the meatus.
  - Penis is held at 90° angle to body. Catheter is gently inserted into urethral meatus.
  - Penis is lowered if resistance is felt
  - Catheter is inserted until the start of the Y junction of the catheter
  - Balloon is inflated with sterile water after urine flows
- Female catheterisation:
  - Labia minora is separated and urethral meatus is exposed
  - Catheter is inserted 5-7cm into urethral meatus and is then advanced a further 2-3cm after urine flows
  - Balloon is inflated with sterile water
  - Catheter is gently withdrawn until resistance is felt

### 10. Catheter is connected and secured
- Catheter is connected to drainage device
- Catheter and drainage device are secured to thigh
- Drainage bag is positioned below level of bladder and not touching the floor
- No loops or kinks are observed in the catheter or tubing
- Patient is dry, covered and comfortable

### 11. Waste is disposed of appropriately and in accordance with local waste policy
### PART II: Performance criteria

**Tick O for each sub-task that was adequately completed**

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#### 12. Remove PPE correctly
- Gloves are removed
- Hand hygiene is performed
- Eye protection and then apron/gown are removed
- Hand hygiene is performed

#### 13. Document catheter insertion in patient’s healthcare record

The following information is documented:
- How consent was obtained and whom it was obtained from
- Indication for catheterisation
- Size and type of catheter
- Time and date of insertion
- Balloon volume in
- Total urine volume drained on insertion
- Any abnormalities observed during or after catheter insertion (e.g. pain, bleeding);
- Any clinical misadventures during insertion (e.g. false passage, haematuria, blockage)
- Presence of UTI signs and symptoms
- Colour of urine, sediment or abnormality
- Whether a urine specimen for culture was collected
- Post procedure tests that are clinically relevant
- Follow up actions (e.g. review of catheter, catheter removal)