

REDUCING CATHETER ASSOCIATED

URINARY TRACT INFECTIONS

URETHRAL CATHETER INSERTION COMPETENCY - ACUTE CARE

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| **Urethral Catheter Insertion Competency - Adult Acute Care** |
| Name of participant: | Payroll number: | Designation: |
| 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).
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| **Underpinning knowledge and understanding:** * Works within scope of practice
* [NSW Health Policy: *Work Health and Safety: Better Practice Procedures*](http://www0.health.nsw.gov.au/policies/pd/2013/PD2013_050.html) (Issue date: 16 December 2013, PD2015\_050)
* [NSW Health Policy: Infection Control policy](http://www0.health.nsw.gov.au/policies/pd/2007/PD2007_036.html) (Issue date: 23 May 2007, PD2007\_036)
* [NSW Health Policy: Hand hygiene policy](http://www0.health.nsw.gov.au/policies/pd/2010/PD2010_058.html) (Issue date: 13 September 2010, PD2010\_058)
* [NSW Health Guideline: Adult urethral catheterisation for acute care settings](http://www0.health.nsw.gov.au/policies/gl/2015/GL2015_016.html) (Issue date: 15 December 2015, GL2015\_016)
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| **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]*
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| **Assessment outcome** |
| Result of the assessment (tick the appropriate result)  | **❒ Competent**  | **❒ Not yet competent** |
| Assessor’s feedback:  |
| Details of feedback from participant:  |
| Action/further training required (including timeframe/s) :  |
| Reassessment must be completed by (date): |
| Assessor’s signature: |  | Date: |
| Participant’s signature: |  | Date: |

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| **PART I: Knowledge criteria** | **Comments** | **Tick where appropriate** |
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| **Competent** | **Not yet competent** |
| 1. **Can correctly identify appropriate indications for urinary catheterisation**

***Appropriate indications**** Management of urinary retention or obstruction
* Clot retention associated with gross haematuria
* Monitoring for sepsis, trauma, renal function, electrolyte or fluid balance
* Injury or surgery affecting urinary function and/or involving immobility (including injury, surgery or disease affecting the spinal cord).
* Investigation, diagnostic or treatment (including bladder irrigation or instillation)
* Urinary incontinence management associated with wound care, end-of-life care or chemotherapy, if other options available adversely affect patient’s comfort
* Urogenital or bladder management (e.g. management of fistula or haematuria)
* Labour and birth management.

***Inappropriate indications**** As a substitute for the nursing care of a patient with urinary incontinence, obesity, confusion, dementia or other reasons
* For a patient requiring bed rest or with decreased mobility that has no other clinical need for catheterisation
* For monitoring urinary output when the patient is able to void voluntarily or once the clinical need is no longer warranted

For prolonged post-operative duration in the absence of an appropriate clinical indication for ongoing catheterisation |  |  |  |
| 1. **Can correctly identify the appropriate urethral catheter option**
* Selects appropriate catheter type (sterile intermittent in/out catheter or indwelling urinary catheter) for clinical indication and clinical presentation
* Selects the smallest catheter size that will allow adequate access and drainage for clinical indication and clinical presentation
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| 1. **Reviews clinical procedure safety prior to procedure**
* Confirms patient identification
* Confirms that the patient requires urinary catheterisation
* 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)
* 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
* Considers whether a two person buddy system should be used during the procedure.
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| **PART II: Performance criteria****Tick 🌕 for each sub-task that was adequately completed** | **Comments** | **Tick where appropriate** |
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| **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*
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| 1. **Equipment is assembled on trolley**
* Trolley is cleaned
* Hand hygiene is performed
* Equipment and PPE gathered
* Receptacle for rubbish is nearby
* Hand hygiene performed
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| 1. **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
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| 1. **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

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| 1. **The aseptic field is assembled correctly**
* All required equipment is assembled on the aseptic field
* Sterile gloves are opened onto a clean surface
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| 1. **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
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| 1. **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
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| 1. **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
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| 1. **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 90o 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
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| 1. **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
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| 1. **Waste is disposed of appropriately and in accordance with local waste policy**

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| 1. **Remove PPE correctly**
* Gloves are removed
* Hand hygiene is performed
* Eye protection and then apron/gown are removed
* Hand hygiene is performed
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| 1. **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)
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