Department of Health & Social Care

The Queen's Nursing Institute

Care Home Nurses Network meeting

SUMMARY

'Best Practice in Catheter Care'

Thursday 12 December 2024

2pm - 3.30pm, via Zoom

#CareHomeNursing

Chair's Welcome

Dr Agnes Fanning MSc MA BSc DN RN QN, Fellow HEA, Care Home Nurse Network Lead

- The Care Home Nurses Network was created in 2020 and is a national network of nurses working in care home settings. It's a network for nurses to share ideas, innovations and research about care homes as well as raising the profile of care home nursing.
- It's now funded by the Department of Health and Social Care.
- There are currently 2158 members of the Care Home Nurses Network, 900 of these are on the QNI's dedicated Facebook group.
- To join the Care Home Nurses Network, please visit:

https://qni.org.uk/nursing-in-the-community/care-home-nurses-network/

- We have an excellent agenda today, thank you to all our speakers for giving their time and expertise
- To get in touch with me, please email me at agnes.fanning@qni.org.uk

Best Practice in Catheter Care

Caroline Whitehead, Clinical Nurse Specialist , Continence Urology and Colorectal Service (CUCS), Leeds

When should nursing home staff ask for support

- Recurrent hospital admissions; haematuria (blood in urine); difficulty in changing catheter or require Tiemann tip; first SPC changes; recurrent bypassing; recurrent blocking; recurrent catheter expelling; extensive meatal (urethral) tears; history of sepsis; recurrent UTIs; advanced cognitive impairment (patient may require sedation); patients with a history of autonomic dysreflexia (autonomic nervous system overeaction to stimulus); primary catheterisation; when the Nurse doesn't feel competent.
- We've drawn guidance in Leeds from selected groups of patients for primary catheterisation, different trusts in the country do it different ways.

Risk factors

- Good catheter care reduces infection
- Some patients will be able to care for their catheters - when family come to visit for example.
- Very important question: do they really need a catheter? Could it be used intermittently rather than indwelling?
- Some risks include: hand hygiene; personal hygiene; environment; catheter care; cognition; over 65; steroids; antigcoagulants; wounds; FGM; UTIs; prostate, bladder CA; heart defect; allergy (latex/ silicone/lidocaine/chlorhexidine); faecal incontinence etc
- Faecal incontinence or constipation is a big risk to catheterisation - or enlarged prostate, the list is long!
- Allergies: this can happen quite easily. We always ask patients other drug sensitivities - we're opting to use plain gels in Leeds, it just removes the risk.

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What is a CA-UTI?

- A CA-UTI (catheter urinary infection) is diagnosed on the basis of clinical symptoms of infection been present these include: raised temperature; abdominal pain; confusion; lethargy/drowsiness; back, pelvic area pain; new haematuria
- Dip stick testing of urine must NOT be used to diagnose a CA-UTI
- Trust your gut instinct: you know your patients
- Dip sticking urine: it's not best practice, if you suspect a UTI, it's best to take a CSU (catheter specimen of urine)

CA-UTI procedure

- Diagnosis of CAUTI made based on clinical symptoms
- CSU from existing catheter >M C&S
- Antibiotics
- Change catheter (after 48/72 hours)
- Follow up CSU result

Catheter specimen of urine

- Only obtain a CSU if CA-UTI is diagnosed.
- If symptoms are present, take a CSU from the existing catheter the same day and request antibiotics.
- Obtain CSU before starting antibiotics.
- For 2+ symptoms, start antibiotics without delay.

Best Practice in Catheter Care

Caroline Whitehead, Clinical Nurse Specialist , Continence Urology and Colorectal Service (CUCS), Leeds

- CSU guides treatment but does not confirm diagnosis.
- Avoid unnecessary CSUs to prevent false positives and unnecessary antibiotics.

Changing the catheter

- Change the catheter for CA-UTI diagnosis with antibiotic cover.
- Change catheter 48 hours after starting antibiotics.
- If prophylactic antibiotics are available, advise taking them before changing the catheter; a GP-prescribed course is still needed.
- Follow up CSU results after 72 hours.

Antibiotic Prophylaxis

- Antibiotic prophylaxis is needed for:

1. Patients within 6 weeks of orthopaedic prosthesis implant/removal (Gentamicin injection).
2. Catheter removal after prostatic surgery (not for community settings).
3. History of UTI after catheter change.
4. Trauma during catheterisation.

Best practice in reducing risk of CAUTI

- TWOC and ISC or IC is gold standard
- Catheterisation using ANTT
- Lubricant from sterile single use container must be used to aid catheter insertion as it reduces risk of trauma and infection.

Best Practice in Catheter Care

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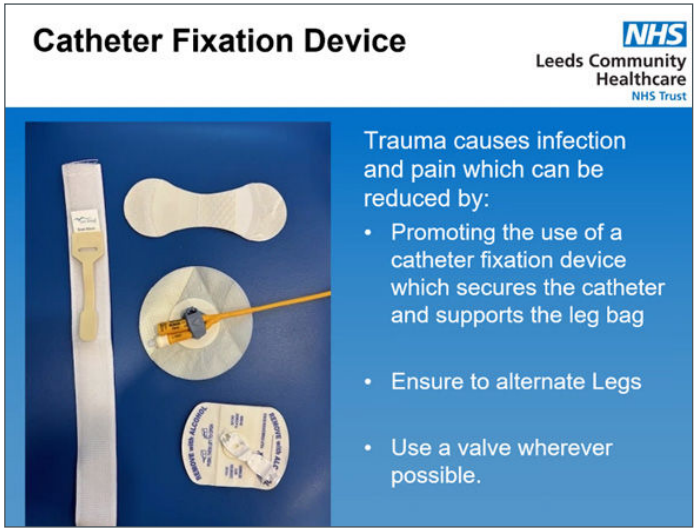
- 11mls of gel to be used for male urethral catheterisation - our patients tend to me more complex and urethras tend to be drier - we find this helps the gentlemen.
- 6mls of gel to be used for female urethral or suprapubic catheterisation.
- Use plain gel wherever possible such as Optilube Sterile

CAUTI prevention

- Wash/gel your hands before and after touching the patient
- Apply non sterile gloves prior to touching the catheter
- Aseptic technique (ANTT) should be performed during catheterisation
- Adequate lubrication
- Selection of smallest charriere and balloon - think small is beautiful! We don't tend to go over 16 in in the community, but we do get the odd 18. It's about being sensible.
- The amount of penises I've seen split in two is horrific. We have a duty of care to these patients!
- 3 way catheters: patients should NOT be discharged with a 3 way catheter as they're an infection risk.
- Patients that block with clots or sediment and require 'flushes' should be prescribed BBraun Uro-Tainer catheter maintenance solution.



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Catheter Maintenance Do's and Don'ts

- Do not flush catheters: for catheter patency - not for unblocking
- Only use when all other avenues have been explored (larger charrieres for example)
- If advised to use by hospital, ensure frequency, make and plan.
- Do use Bladder Infusion Kit (BIK)
- Gravity fed; Aseptic technique; Warm first; Timing (Suby G - 5 mins each chamber); (Saline and PMHB in and out); No return of fluid.
- Don't milk catheters
- Don't inflate and deflate balloons
- Don't double glove
- No 'clean hand/dirty hand'

Catheter Troubleshooting - advice for professionals

- Click here for urgent community patient catheter problem flowchart.
- Click here for Leed's Catheter Passport.
- Click here for Urinary Catheter Securing Device Fact Sheet for care providers.

Next meeting:
29 January 2025, 2-3pm
Speakers and theme to be confirmed shortly

Please go to https://qni.org.uk/news-and-events/events/care-home-nurses-event/ to book your free place.

Thank you to all delegates who attended today's meeting.

FEEDBACK:

Extremely valuable information! Thank you, thank you, thank you!!!

Thankyou so much. Really helpful. Please do more sessions

Thank you so much Caroline for a very professional and compehensive presentation. really helpful information and patient focused.

Thank you, very informative and helpful information.

Thank you for the presentation. Very informative.

Some really thought provoking points. Thank you