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		Effective from	Nov 2021
	STANDARD OPERATING PROCEDURE (SOP) Insertion & Maintenance of Adult Indwelling Urethral Urinary Catheters	Review date	Nov 2023
		Version	6
The most up-to-date version of this policy can be viewed at the following website: www.nhsggc.org.uk/your-health/infection-prevention-and-control/			

SOP Objective

To ensure the safe insertion and maintenance of urethral urinary catheters (UUCs) in acute adults.


This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP


Document Control Summary

Approved by and date	Board Infection Control Committee 9 th December 2021
Date of Publication	13 th December 2021
Developed by	Infection Control Policy Sub-Group
Related Documents	National Infection Prevention and Control Manual, http://www.nipcm.hps.scot.nhs.uk Bundle for preventing infection when inserting and maintaining a Urinary Catheter (acute settings) (Health Protection Scotland 2014) Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in Scotland (2014) Information about Urethral Urinary Catheter Care Patient Information Leaflet http://library.nhsggc.org.uk/mediaAssets/Infection%20Control/PIL%20-%20Urethral%20Urinary%20Catheter%20-%20MI273764.pdf Decision Aid for Diagnosis and Management of Suspected Urinary Tract Infection (UTI) in People with Indwelling Catheters (Scottish Antimicrobial Prescribing Group 2021) https://www.sapg.scot/media/5839/decision-aid-for-diagnosis-and-management-of-suspected-uti-in-people-with-catheters.pdf
Distribution/Availability	NHSGGC Infection Prevention and Control Policy Manual and the Internet www.nhsggc.org.uk/your-health/infection-prevention-and-control
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

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UC Care Bundle	<p>A care bundle is a group of evidence-based interventions, when implemented together, result in improved outcomes than when implemented individually.</p> <p>Compliance with the bundle is measured by adherence to all elements of the bundle. If all elements have been accomplished, or if an element is documented as medically contraindicated, the bundle is counted as complete for that patient.</p> <p>The approach has been most successful when all elements are executed together, an “all-or-none” strategy. If any of the elements are absent, this is deemed non-compliance.</p> <p>NHSGGC Adult UUC Insertion & Maintenance Bundle Elements The NHSGGC Adult UUC bundle has been collaboratively developed by clinical teams and the Infection Prevention and Control Team (IPCT). It is based on the Acute Adult Safety Programme and the Health Protection Scotland UUC Bundle and will support optimal care for adults with a UUC.</p> <p>Every patient with a UUC must have supporting documentation to evidence that the correct insertion and maintenance interventions are fully maintained for each patient. This should be completed by the ward or department where the UUC is inserted.</p> <p>If a patient is admitted to an NHSGGC acute ward with a UUC in situ the NHSGGC Adult UUC Insertion & Maintenance bundle must be completed. It may be necessary to contact community nursing teams to ascertain date of insertion of the UUC. (check catheter passport or contact community nursing team to ascertain date of insertion if not known.)</p> <p><u>The UUC must be checked at least once per day and the NHSGGC Adult UUC Insertion & Maintenance Care Plan or continuation sheet must be fully completed to ensure optimal practice to avoid patient harm.</u></p>
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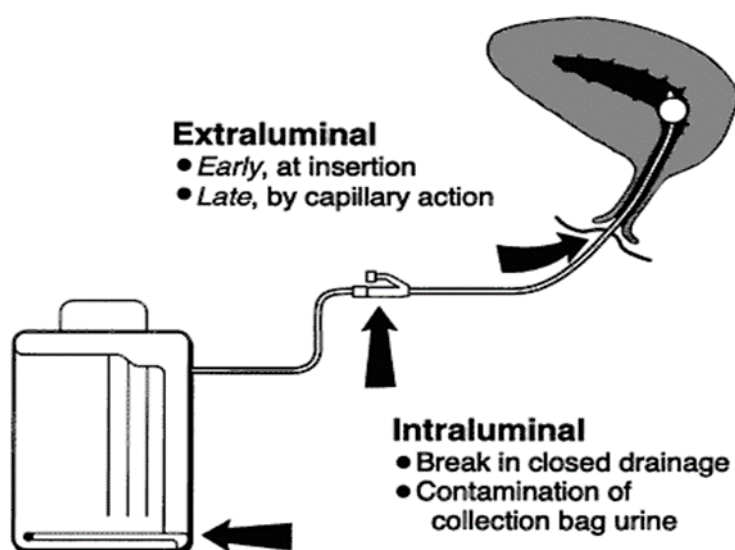
Insertion – When inserting a UUC ensure that:	<ol style="list-style-type: none"> 1. Alternatives to UUC have been considered and a clinical reason for UUC has been documented. 2. Hand hygiene is performed immediately before and after UUC insertion. 3. Aseptic technique is performed at insertion. 4. The urethral meatus is cleaned with sterile saline and sterile lubricant is used. 5. A UUC of smallest gauge has been selected and the balloon is filled to the recommended level. 6. Aseptic technique is maintained when connecting the UUC to the closed drainage system.
Daily Maintenance – When maintaining an inserted UUC ensure that:	<ol style="list-style-type: none"> 1. The requirement for the UUC is reviewed and recorded on a daily basis. 2. Hand hygiene is performed immediately before and after accessing or manipulating a UUC. 3. Meatal hygiene has been carried out. 4. The urine drainage bag is situated below the level of the bladder and is not in contact with any surface, e.g. floor. 5. The UUC is continually connected to a drainage system and changed in line with manufacturer's instructions. 6. The drainage bag is emptied when clinically indicated using a clean disposable container for each patient.* <p>* Urine drainage bags must be emptied when it appears to be 70% full.</p>
Practice points	<ul style="list-style-type: none"> • Trained personnel only to insert and maintain UUC. • All staff dealing with a UC must comply with standard IPC precautions as per National Infection Prevention and Control Manual and in particular, Hand Hygiene and PPE use. • A patient information leaflet containing written guidance on why the UUC has been inserted and possible complications to be aware of should be given to the patient as soon as possible after insertion (unless clinically contraindicated). http://library.nhsggc.org.uk/mediaAssets/Infection%20Control/PIL%20-%20Urethral%20Urinary%20Catheter%20-%20MI273764.pdf • Removal of the UUC must be documented in the NHSGGC Adult UUC insertion and maintenance bundle. • Use the sampling port and aseptic technique to obtain catheter specimen of urine. • Do not use urinary catheter maintenance solutions (irrigate) except to maintain a UUC as per individual catheter care regimes. • Record on the UUC drainage bag the date of first use. • Change UUC drainage bags as per manufacturer's instructions. • Adhere to manufacturer's guidelines and individual patient requirements in

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Practice points (cont/...)	<p>relation to catheter changes.</p> <ul style="list-style-type: none"> • Do not add antiseptics to drainage bags. • Malodorous urine, discoloured urine and urine sediment should not be used as a diagnostic feature in the diagnosis of CAUTI. • Do not dipstick urine from patients with a UUC in-situ to diagnose CAUTI. • Catheter specimens of urine (CSU) should only be obtained if the patient presents with clinical signs and symptoms of CAUTI.
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Mechanisms of bacteria entry causing UTI in the catheterised patients



From: Maki DG & Tambyah PA Engineering out the risk of infection with urinary catheters. EID 2001;7;2 1-12

The Adult Urethral Urinary Catheter Care Plan can be viewed here [link](#)

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