

# REDUCING CATHETER ASSOCIATED URINARY TRACT INFECTIONS

## URETHRAL CATHETER INSERTION COMPETENCY - ACUTE CARE

### 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).

#### Underpinning knowledge and understanding:

- Works within scope of practice
- [NSW Health Policy: Work Health and Safety: Better Practice Procedures](#) (Issue date: 16 December 2013, PD2015\_050)
- [NSW Health Policy: Infection Control policy](#) (Issue date: 23 May 2007, PD2007\_036)
- [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

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:

PART I: Knowledge criteria	Comments	Tick where appropriate	
		Competent	Not yet competent
<p><b>1. Can correctly identify appropriate indications for urinary catheterisation</b></p> <p><b>Appropriate indications</b></p> <ul style="list-style-type: none"> <li>• Management of urinary retention or obstruction</li> <li>• Clot retention associated with gross haematuria</li> <li>• Monitoring for sepsis, trauma, renal function, electrolyte or fluid balance</li> <li>• Injury or surgery affecting urinary function and/or involving immobility (including injury, surgery or disease affecting the spinal cord).</li> <li>• Investigation, diagnostic or treatment (including bladder irrigation or instillation)</li> <li>• Urinary incontinence management associated with wound care, end-of-life care or chemotherapy, if other options available adversely affect patient's comfort</li> <li>• Urogenital or bladder management (e.g. management of fistula or haematuria)</li> <li>• Labour and birth management.</li> </ul> <p><b>Inappropriate indications</b></p> <ul style="list-style-type: none"> <li>• As a substitute for the nursing care of a patient with urinary incontinence, obesity, confusion, dementia or other reasons</li> <li>• For a patient requiring bed rest or with decreased mobility that has no other clinical need for catheterisation</li> <li>• For monitoring urinary output when the patient is able to void voluntarily or once the clinical need is no longer warranted</li> <li>• For prolonged post-operative duration in the absence of an appropriate clinical indication for ongoing catheterisation</li> </ul>			
<p><b>2. Can correctly identify the appropriate urethral catheter option</b></p> <ul style="list-style-type: none"> <li>• Selects appropriate catheter type (sterile intermittent in/out catheter or indwelling urinary catheter) for clinical indication and clinical presentation</li> <li>• Selects the smallest catheter size that will allow adequate access and drainage for clinical indication and clinical presentation</li> </ul>			
<p><b>3. Reviews clinical procedure safety prior to procedure</b></p> <ul style="list-style-type: none"> <li>• Confirms patient identification</li> <li>• Confirms that the patient requires urinary catheterisation</li> <li>• 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)</li> <li>• 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)</li> <li>• Considers whether a two person buddy system should be used during the procedure.</li> </ul>			

PART II: Performance criteria Tick <input type="radio"/> for each sub-task that was adequately completed	Comments	Tick where appropriate	
		Competent	Not yet competent
<b>1. Procedure is explained to the patient and consent is obtained</b> <ul style="list-style-type: none"> <li><input type="radio"/> Hand hygiene on entry into the patient zone</li> <li><input type="radio"/> Verbal consent should be obtained from patient or person responsible.</li> <li><input type="radio"/> <i>Optional step for male catheterisation: Urethral meatus is cleaned, hand hygiene is performed, lignocaine is correctly inserted into penis, hand hygiene is performed</i></li> </ul>			
<b>2. Equipment is assembled on trolley</b> <ul style="list-style-type: none"> <li><input type="radio"/> Trolley is cleaned</li> <li><input type="radio"/> Hand hygiene is performed</li> <li><input type="radio"/> Equipment and PPE gathered</li> <li><input type="radio"/> Receptacle for rubbish is nearby</li> <li><input type="radio"/> Hand hygiene performed</li> </ul>			
<b>3. Bed and patient are positioned correctly</b> <ul style="list-style-type: none"> <li><input type="radio"/> Patient privacy is maintained</li> <li><input type="radio"/> Patient in a supine position</li> <li><input type="radio"/> <i>Female catheterisation: Knees are to be flexed and separated and feet flat on the bed, about 60cm apart</i></li> <li><input type="radio"/> Adequate lighting is available</li> <li><input type="radio"/> Protective sheet is placed under patient</li> </ul>			
<b>4. If there is a catheter already <i>in situ</i>, catheter is removed</b> <ul style="list-style-type: none"> <li><input type="radio"/> Hand hygiene is performed</li> <li><input type="radio"/> Non-sterile gloves, eye protection and apron/gown is donned</li> <li><input type="radio"/> Balloon is passively deflated with 10mL syringe</li> <li><input type="radio"/> Catheter is removed and discarded</li> <li><input type="radio"/> Gloves are removed and hand hygiene is performed</li> </ul>			

PART II: Performance criteria Tick <input type="radio"/> for each sub-task that was adequately completed	Comments	Tick where appropriate	
		Competent	Not yet competent
<b>5. The aseptic field is assembled correctly</b> <ul style="list-style-type: none"> <li><input type="radio"/> All required equipment is assembled on the aseptic field</li> <li><input type="radio"/> Sterile gloves are opened onto a clean surface</li> </ul>			
<b>6. PPE is donned in the correct order</b> <ul style="list-style-type: none"> <li><input type="radio"/> Eye protection and apron/gown is donned</li> <li><input type="radio"/> Hand hygiene for an aseptic procedure is carried out (30-60 seconds)</li> <li><input type="radio"/> Sterile gloves are donned</li> </ul>			
<b>7. Equipment is prepared correctly</b> <ul style="list-style-type: none"> <li><input type="radio"/> Syringe is filled with 5 - 10mL sterile water</li> <li><input type="radio"/> Catheter is removed from plastic sleeve, maintaining its sterility</li> <li><input type="radio"/> <i>Male catheterisation: If lignocaine was not previously inserted at (1) , nozzle is attached to lignocaine syringe</i></li> <li><input type="radio"/> Catheter tip is lubricated</li> </ul>			
<b>8. Urethral meatus is cleaned correctly</b> <ul style="list-style-type: none"> <li><input type="radio"/> If gauze squares are being used: <ul style="list-style-type: none"> <li>- Gauze squares are soaked in 0.9% sodium chloride</li> <li>- Downward strokes are used</li> <li>- Gauze square is discarded after each stroke <ul style="list-style-type: none"> <li>⇒ If uncircumcised male, foreskin is retracted before cleansing</li> <li>⇒ For females, labia minora is separated and urethral meatus is exposed</li> </ul> </li> <li>- Cleaning tray is discarded after use</li> </ul> </li> <li><input type="radio"/> Alternatively, irrigate with 0.9% sodium chloride</li> <li><input type="radio"/> If gloves become contaminated, gloves are removed, hand hygiene is performed and new sterile gloves are donned</li> </ul>			

PART II: Performance criteria Tick <input type="radio"/> for each sub-task that was adequately completed	Comments	Tick where appropriate	
		Competent	Not yet competent
<p><b>9. Catheter is inserted correctly</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Fenestrated drape is placed over patient's genitals</li> <li><input type="radio"/> Catheter tray is placed between patient's legs and on drape</li> <li><input type="radio"/> Male catheterisation: <ul style="list-style-type: none"> <li>- <i>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.</i></li> <li>- Penis is held at 90° angle to body. Catheter is gently inserted into urethral meatus.</li> <li>- Penis is lowered if resistance is felt</li> <li>- Catheter is inserted until the start of the Y junction of the catheter</li> <li>- Balloon is inflated with sterile water after urine flows</li> </ul> </li> <li><input type="radio"/> Female catheterisation: <ul style="list-style-type: none"> <li>- Labia minora is separated and urethral meatus is exposed</li> <li>- Catheter is inserted 5-7cm into urethral meatus and is then advanced a further 2-3cm after urine flows</li> <li>- Balloon is inflated with sterile water</li> <li>- Catheter is gently withdrawn until resistance is felt</li> </ul> </li> </ul>			
<p><b>10. Catheter is connected and secured</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Catheter is connected to drainage device</li> <li><input type="radio"/> Catheter and drainage device are secured to thigh</li> <li><input type="radio"/> Drainage bag is positioned below level of bladder and not touching the floor</li> <li><input type="radio"/> No loops or kinks are observed in the catheter or tubing</li> <li><input type="radio"/> Patient is dry, covered and comfortable</li> </ul>			
<p><b>11. Waste is disposed of appropriately and in accordance with local waste policy</b></p>			

<b>PART II: Performance criteria</b> Tick <input type="checkbox"/> for each sub-task that was adequately completed	<b>Comments</b>	Tick where appropriate	
		Competent	Not yet competent
<b>12. Remove PPE correctly</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gloves are removed</li> <li><input type="checkbox"/> Hand hygiene is performed</li> <li><input type="checkbox"/> Eye protection and then apron/gown are removed</li> <li><input type="checkbox"/> Hand hygiene is performed</li> </ul>			
<b>13. Document catheter insertion in patient's healthcare record</b> The following information is documented: <ul style="list-style-type: none"> <li><input type="checkbox"/> How consent was obtained and whom it was obtained from</li> <li><input type="checkbox"/> Indication for catheterisation</li> <li><input type="checkbox"/> Size and type of catheter</li> <li><input type="checkbox"/> Time and date of insertion</li> <li><input type="checkbox"/> Balloon volume in</li> <li><input type="checkbox"/> Total urine volume drained on insertion</li> <li><input type="checkbox"/> Any abnormalities observed during or after catheter insertion (e.g. pain, bleeding);</li> <li><input type="checkbox"/> Any clinical misadventures during insertion (e.g. false passage, haematuria, blockage)</li> <li><input type="checkbox"/> Presence of UTI signs and symptoms</li> <li><input type="checkbox"/> Colour of urine, sediment or abnormality</li> <li><input type="checkbox"/> Whether a urine specimen for culture was collected</li> <li><input type="checkbox"/> Post procedure tests that are clinically relevant</li> <li><input type="checkbox"/> Follow up actions (e.g. review of catheter, catheter removal)</li> </ul>			