

4 STEPS OF DECISION MAKING FOR APPROPRIATE URINARY CATHETER INSERTION

- ADULT ACUTE CARE SETTINGS -

STEP 1. CHECK FOR AN APPROPRIATE INDICATION FOR CATHETERISATION* ↓	STEP 2. CHOOSE MOST APPROPRIATE CATHETER OPTION ↓			STEP 3. CONFIRM CHOICE USING ADDITIONAL GUIDANCE ↓
	Sterile intermittent 'in/out'	Sterile short term indwelling 'IDC'	Suprapubic 'SPC'	
A. Urinary retention or obstruction <i>(pre insertion bladder scan is recommended)</i> <ul style="list-style-type: none"> Neurogenic or mechanical retention Medication associated retention Urinary obstruction Failed trial of void 	✓✓✓	✓✓	✓	<ul style="list-style-type: none"> If medication-related retention is identified, review medications. If an in/out catheter is inserted, ensure patient review prior to discharge. Consider an IDC if urine volume > 500mL is observed on bladder scan or if patient has lower abdominal pain. If urine volume >1L is observed on bladder scan, seek further advice from a senior clinician.
B. Clot retention		✓✓✓		<ul style="list-style-type: none"> Consider using a 3-way IDC.
C. Monitoring for: <ul style="list-style-type: none"> Sepsis Trauma Electrolytes Renal function 		✓✓✓	✓✓	<ul style="list-style-type: none"> If unable to insert an IDC, consider a SPC.
D. Acute injury or surgery management <ul style="list-style-type: none"> Localised injury or surgery (e.g. bladder, pelvis, lower abdomen, genitourinary tract) Non-localised injury or surgery (e.g. cerebral, orthopaedic or spinal associated immobility) Pre or perioperative bladder emptying 		✓✓✓	✓✓	<ul style="list-style-type: none"> If unable to insert an IDC, consider a SPC. For post-surgery management, consider early IDC removal or using an in/out catheter. Do not insert catheter if bleeding from the urethral meatus is observed or pelvic fractures is suspected. Seek further advice from a senior clinician.
E. Treatment & investigation <ul style="list-style-type: none"> Diagnostic investigations Instillation of intravesical medications Urine specimen collection for culture Post-void residual urine volume assessment if bladder scanner is unavailable or inadequate and more detail than suprapubic fullness is required 	✓✓✓	✓✓		<ul style="list-style-type: none"> If patient becomes distressed, cease procedure and seek further advice from a senior clinician. Catheterisation for urine specimen collection only should be considered if a clean mid-stream urine (MSU) specimen cannot be obtained.
F. Management of urinary incontinence <ul style="list-style-type: none"> Perineal, sacral or inguinal wound care End-of-life comfort If patient is also receiving chemotherapy 		✓✓✓	✓✓	<ul style="list-style-type: none"> Catheterisation only should be considered if there is no other option available. Consider an external sheath/condom catheter for male patients. Consider using incontinence pads or external sheath/urodome to contain cytotoxic waste. Refer to local waste management policy for guidance.
G. Urogenital or bladder management <ul style="list-style-type: none"> Fistula Haematuria 		✓✓✓	✓✓	<ul style="list-style-type: none"> If unable to insert an IDC, consider a SPC.
H. Labour & delivery management <ul style="list-style-type: none"> Forcep or vacuum assisted delivery Epidural block Labour/post labour retention or obstruction Caesarean delivery Management and prevention of postpartum haemorrhage Birth-related injury 		✓✓✓		<ul style="list-style-type: none"> For forcep or vacuum assisted delivery, consider an in/out catheter.
<p>* If indication is not listed, catheter insertion is not appropriate. ** Due to injury, obstruction or urogenital atrophy</p>	STEP 4. RETURN TO STEP 1 IF CONTRAINDICATION FOR OPTION IS LISTED BELOW ↓			✓✓✓ BEST CHOICE ✓✓ SECOND CHOICE ✓ THIRD CHOICE IDC: Indwelling urinary catheter, also known as an IUC SPC: Suprapubic catheter
	Sterile intermittent 'in/out' <ul style="list-style-type: none"> Urethral stricture Urethral orifice cannot be identified or accessed** Renal impairment where continuous drainage is required Known or suspected urethral trauma Bleeding from the urethral meatus Thrombolytic therapy for stroke 	Sterile short term indwelling 'IDC' <ul style="list-style-type: none"> Urethral stricture Urethral orifice cannot be identified or accessed** Urethral reconstruction Known or suspected urethral trauma Bleeding from the urethral meatus Acute prostatitis 	Suprapubic 'SPC' <ul style="list-style-type: none"> Unable to distend bladder Unable to identify bladder location Known/suspected bladder carcinoma Ascites Pelvic or lower abdominal surgery Coagulopathy Morbid obesity 	

SEEK FURTHER ADVICE FROM A SENIOR CLINICIAN BEFORE INSERTION IF YOU ARE UNSURE OF WHICH CATHETER TO USE

