

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). | | | | |
| **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) | | | | |
| **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: | |

10

| **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 |  |  |  |
| 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. |  |  |  |

| **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* |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |
| 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   11 |  |  |  |
| 1. **The aseptic field is assembled correctly**  * All required equipment is assembled on the aseptic field * Sterile gloves are opened onto a clean surface |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |
| 1. **Waste is disposed of appropriately and in accordance with local waste policy**   12 |  |  |  |
| 1. **Remove PPE correctly**  * Gloves are removed * Hand hygiene is performed * Eye protection and then apron/gown are removed * Hand hygiene is performed |  |  |  |
| 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) |  |  |  |