|  |  |  |
| --- | --- | --- |
| **STEP 4. RETURN TO STEP 1 IF CONTRAINDICATION FOR OPTION IS LISTED BELOW** 🡻 | | |
| **Sterile intermittent ‘in/out’** | **Sterile short term indwelling ‘IDC’** | **Suprapubic ‘SPC’** |
| * 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 | * Urethral stricture * Urethral orifice cannot be identified or accessed\*\* * Urethral reconstruction * Known or suspected urethral trauma * Bleeding from the urethral meatus * Acute prostatitis | * Unable to distend bladder * Unable to identify bladder location * Known/suspected bladder carcinoma * Ascites * Pelvic or lower abdominal surgery * Coagulopathy * Morbid obesity |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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’** |
| 1. **Urinary retention or obstruction**   *(pre insertion bladder scan is recommended)*   * Neurogenic or mechanical retention * Medication associated retention * Urinary obstruction * Failed trial of void | **🗸🗸🗸** | **🗸🗸** | **🗸** | * 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.** |
| 1. **Clot retention** |  | **🗸🗸🗸** |  | * Consider using a 3-way IDC. |
| 1. **Monitoring for:**  * Sepsis * Trauma * Electrolytes * Renal function |  | **🗸🗸🗸** | **🗸🗸** | * If unable to insert an IDC, consider a SPC. |
| 1. **Acute injury or surgery management**  * 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 |  | **🗸🗸🗸** | **🗸🗸** | * 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.** |
| 1. **Treatment & investigation**  * 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 | **🗸🗸🗸** | **🗸🗸** |  | * 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. |
| 1. **Management of urinary incontinence**  * Perineal, sacral or inguinal wound care * End-of-life comfort * If patient is also receiving chemotherapy |  | **🗸🗸🗸** | **🗸🗸** | * 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. |
| 1. **Urogenital or bladder management**  * Fistula * Haematuria |  | **🗸🗸🗸** | **🗸🗸** | * If unable to insert an IDC, consider a SPC. |
| 1. **Labour & delivery management**  * Forcep or vacuum assisted delivery * Epidural block * Labour/post labour retention or obstruction * Caesarean delivery * Management and prevention of postpartum haemorrhage * Birth-related injury   \* If indication is not listed,  catheter insertion is not appropriate.  \*\* Due to injury, obstruction or urogenital atropy |  | **🗸🗸🗸** |  | * For forcep or vacuum assisted delivery, consider an in/out catheter. |

IDC: Indwelling urinary catheter, also known as an IUC

SPC: Suprapubic catheter

√√√ BEST CHOICE

√√ SECOND CHOICE

√ THIRD CHOICE