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| **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
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| **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