Complex Care Hub Manual: Urethral Catheter Care

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Version 3.0

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1. **What is a catheter?**

A catheter is a thin flexible tube that can be placed into the child’s bladder to allow urine to be drained out. Urethral catheterisation is the process of inserting a catheter into the urethra to the bladder to drain urine out.

2. **Why does the child need a catheter?**

Some children can’t empty their bladder (pass urine) on their own. Often a child who can not empty their bladder will have urinary incontinence; this means they will occasionally leak urine. The child will wear a nappy to ‘catch the leaks’.

It is important to regularly empty the child’s bladder is prevent it becoming too full. An overfull bladder can lead to urinary infections, which if untreated, can cause kidney damage. It is also important to regularly empty the child’s bladder to try to keep the child “dry” between catheters.

The child will have a catheter inserted into their bladder about every four hours to empty the bladder. However you may need to empty the child’s bladder (catheterise) more frequently if:

- The child complains of ‘stomach ache’ (can be suggestive of a full bladder)
- Their nappy is wet, due to overflow of urine

3. **Normal Urine**

Urine is normally clear or straw in colour it may contain a small amount of sediment, and generally does not have much smell. However first thing in the morning it is normal for the child’s urine to be darker in colour and have some sediment, this is due to them not drinking as much overnight.

4. **How to do a clean urethral catheterization for a male**

**Equipment**

- Clean catheter
- Baby wipes
- Lubricating gel
- Kidney dish
- Plastic gloves
- Towel for bed
- Clean nappy

**Procedure**

1. Collect equipment
2. Wash hands (can use ABHR)
3. Position the child under good lighting
4. Place the child in the correct manner
5. Place kidney dish between the child’s legs
6. Remove catheter from Milton’s solution and place on dressing pack (or similar clean area). If using a new catheter, open packet and place on clean area
7. Put on gloves
8. Apply lubricant to catheter end
9. Retract foreskin and wash tip of penis with baby wipes
10. Hold penis upright (45° to 90° to the bed). If the child is able, encourage them to help hold their penis
11. Gently insert catheter until urine drains. This may be about 2/3 of the catheter. Be careful not to touch the catheter against the skin
12. Once urine starts to flow, advance catheter about 1cm further in
13. Drain urine into kidney dish
14. When no more urine flows out gently remove the catheter
15. Clean the child if needed
16. Replace nappy or pants
17. Remove gloves
18. Wash hands (can use ABHR)

5. **How to do a clean urethral catheterisation for a female**

**Equipment**

- Clean catheter
- Baby wipes
- Lubricating gel
- Kidney dish
- Large syringe and sterile water
- Plastic gloves
- Towel for bed clean nappy
Procedure

1. Collect equipment
2. Wash hands (can use ABHR)
3. Position the child under good lighting
4. Place the child in the correct manner—legs in a “froglike” position
5. Place kidney dish between the child’s legs.
6. Remove catheter from Milton’s solution and place on dressing pack (or similar clean area). If using a new catheter, open packet and place on clean area
7. Put on gloves
8. Apply lubricant to catheter end
9. With one hand spread labia apart and with the other hand clean gently by using baby wipes from top to bottom
10. Pick up catheter about 3-4cm from tip and gently insert into the urethra. Be careful not to touch the catheter against the surrounding skin
11. Once urine starts to flow push catheter about 1cm further in
12. Drain urine into kidney dish
13. When no more urine flows out gently remove the catheter
14. Clean the child if needed
15. Replace nappy/pants
16. Remove gloves
17. Wash hands (can use ABHR)

6. After catheterisation

Tell the parents about any changes such as:

- Less urine emptied than usual. This could be due to poor emptying, or poor fluid intake
- Change in urine colour
  - Dark yellow—possibly due to poor fluid intake
  - Bloodstained—possibly due to trauma/infection
- Increase in sediment—possibly due to infection
- The urine smells funny—possibly due to infection
7. Problems with catheterisation

7.1 What to do if resistance is met part way during catheterization

- Stop for a moment to let the muscle relax then continue using firm, gentle pressure
- If further resistance; then withdraw catheter and restart procedure using more gel
- You must not insert the catheter if you have to use force. If you are unable to insert the catheter you must inform the parents straight away.

7.2 What to do if urine is not flowing

<table>
<thead>
<tr>
<th>Possible cause</th>
<th>Action to try</th>
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<tbody>
<tr>
<td>The catheter may not be inserted far enough</td>
<td>Insert 1-2cms further</td>
</tr>
<tr>
<td>The catheter may be lodged against the bladder wall</td>
<td>Reposition the catheter</td>
</tr>
<tr>
<td>Mucus may block the catheter, this may occur in the morning or if the child has had an inadequate fluid intake</td>
<td>Flush the catheter using 20mls of sterile water with the 50ml syringe</td>
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8. Infection control

Normally the bladder is sterile. There are no germs (bacteria) inside it. When the catheter is used to empty the bladder, some bacteria may be carried with the catheter into the bladder itself.

To reduce the chance of infection you need to

- Wash your hands thoroughly, wear new gloves each time
- Ensure all equipment is well clean and sterilized in Milton’s solution (Catheters are usually sterile and single use only)
- Clean the skin well prior to insertion of the catheter
- Take care that the catheter is not contaminated before insertion into the urethra

Always report any catheterisation difficulties to parents.
9. **Cliny safety catheter set**

The child has his/her own special catheter set, known as the Cliny safety catheter set. This set consists of:

- Cliny catheter: a silicone, reusable catheter used for intermittent catheterisation
- Foldable catheter case & cap
- Special carry bag.

9.1 **Sterilisation of cliny catheter set**

- Sterilisation of equipment is done every 24 hours
- Milton (1ml Milton solution in 80mls water) solution is provided by parent
- Each Cliny catheter is to be used for 14 days and then discarded

9.2 **Making up the solution**

**Equipment**

- Milton solution
  - 40mls water: 0.5mls Milton solution

**Procedure**

After catheterisation,

1. Wash hands (or use ABHR)
2. Wash equipment in dish with warm soapy water and a cap full of disinfectant, including the catheter
3. Empty Milton solution out of foldable catheter case
4. Refill catheter case with new Milton solution
5. Replace the catheter in the case.
6. After one hour the catheter is ready for use again