	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	1 of 7
		Effective from	October 2017
	<b>STANDARD OPERATING PROCEDURE (SOP)</b> <b>Insertion &amp; Maintenance of Adult Indwelling Urethral Urinary Catheters</b>	Review date	October 2019
		Version	5
The most up-to-date version of this policy can be viewed at the following website: <a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">www.nhsggc.org.uk/your-health/infection-prevention-and-control/</a>			

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde (Acute Operating Division) and locum staff on fixed term contracts.

### SOP Objective

To ensure the safe insertion and maintenance of urethral urinary catheters (UUCs) in acute adults.


### KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- Entire document has been changed in line with Acute Adult Safety Programme and HPS Bundles

### Document Control Summary


Approved by and date	Board Infection Control Committee 09 Oct 2017
Date of Publication	09 Oct 2017
Developed by	Infection Prevention and Control Policy Sub-Group
Related Documents	National Infection Prevention and Control Manual, <a href="http://www.nipcm.hps.scot.nhs.uk">http://www.nipcm.hps.scot.nhs.uk</a> Bundle for preventing infection when inserting and maintaining a Urinary Catheter (acute settings) (Health Protection Scotland 2014) Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in Scotland (2014) Information about Urethral Urinary Catheter Care Patient Information Leaflet <a href="http://library.nhsggc.org.uk/mediaAssets/Infection%20Control/PIL%20-%20Urethral%20Urinary%20Catheter%20-%20MI273764.pdf">http://library.nhsggc.org.uk/mediaAssets/Infection%20Control/PIL%20-%20Urethral%20Urinary%20Catheter%20-%20MI273764.pdf</a> Decision Aid for Diagnosis and Management of Suspected Urinary Tract Infection (UTI) in People with Indwelling Catheters (Scottish Antimicrobial Prescribing Group 2016) <a href="http://www.scottishmedicines.org/files/sapg1/Decision_aid_for_management_of_CAUTI.pdf">http://www.scottishmedicines.org/files/sapg1/Decision_aid_for_management_of_CAUTI.pdf</a>
Distribution/Availability	NHSGGC Infection Prevention and Control Policy Manual and the Internet <a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">www.nhsggc.org.uk/your-health/infection-prevention-and-control/</a>
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

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[www.nhsggc.org.uk/your-health/infection-prevention-and-control/](http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/)

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	2 of 7
		Effective from	October 2017
	<b>STANDARD OPERATING PROCEDURE (SOP)</b> <b>Insertion &amp; Maintenance of Adult Indwelling Urethral Urinary Catheters</b>	Review date	October 2019
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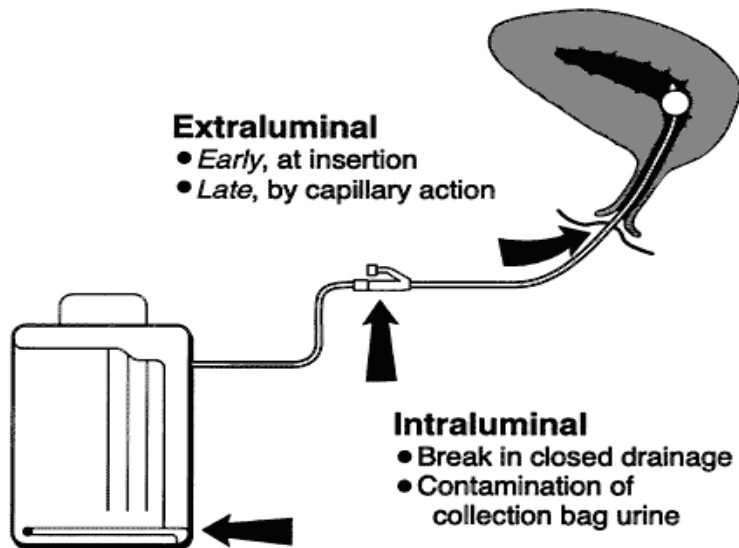
<b>UC Care Bundle</b>	<p>A care bundle is a group of evidence-based interventions, when implemented together, result in improved outcomes than when implemented individually.</p> <p>Compliance with the bundle is measured by adherence to all elements of the bundle. If all elements have been accomplished, or if an element is documented as medically contraindicated, the bundle is counted as complete for that patient.</p> <p>The approach has been most successful when all elements are executed together, an “all-or-none” strategy. If any of the elements are absent, this is deemed non-compliance.</p> <p><b>NHSGGC Adult UUC Insertion &amp; Maintenance Bundle Elements</b>  The NHSGGC Adult UUC bundle has been collaboratively developed by clinical teams and the Infection Prevention and Control Team (IPCT). It is based on the Acute Adult Safety Programme and the Health Protection Scotland UUC Bundle and will support optimal care for adults with a UUC.</p> <p>Every patient with a UUC must have supporting documentation to evidence that the correct insertion and maintenance interventions are fully maintained for each patient. <b>This should be completed by the ward or department where the UUC is inserted.</b></p> <p>If a patient is admitted to an NHSGGC acute ward with a UUC insitu the NHSGGC Adult UUC Insertion &amp; Maintenance bundle must be completed. It may be necessary to contact community nursing teams to ascertain date of insertion of the UUC. (check catheter passport or contact community nursing team to ascertain date of insertion if not known.)</p> <p><u>The UUC must be checked at least once per day and the <b>NHSGGC Adult UUC Insertion &amp; Maintenance Care Plan or continuation sheet</b> must be fully completed to ensure optimal practice to avoid patient harm.</u></p>
<b>Insertion</b> – When inserting a UUC ensure that:	<ol style="list-style-type: none"> <li>1. Alternatives to UUC have been considered and a clinical reason for UUC has been documented.</li> <li>2. Hand hygiene is performed immediately before and after UUC insertion.</li> <li>3. Aseptic technique is performed at insertion.</li> <li>4. The urethral meatus is cleaned with sterile saline and sterile</li> </ol>




	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	4 of 7
		Effective from	October 2017
	<b>STANDARD OPERATING PROCEDURE (SOP)</b> <b>Insertion &amp; Maintenance of Adult Indwelling Urethral Urinary Catheters</b>	Review date	October 2019
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	requirements in relation to catheter changes. <ul style="list-style-type: none"> <li>• Do not add antiseptics to drainage bags.</li> <li>• Malodorous urine, discoloured urine and urine sediment should not be used as a diagnostic feature in the diagnosis of CAUTI.</li> <li>• Do not dipstick urine from patients with a UUC in-situ to diagnose CAUTI.</li> <li>• Catheter specimens of urine (CSU) should only be obtained if the patient presents with clinical signs and symptoms of CAUTI.</li> </ul>
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### Mechanisms of bacteria entry causing UTI in the catheterised patients



From: Maki DG & Tambyah PA Engineering out the risk of infection with urinary catheters. EID 2001:7;2 1-12

<i>Write or affix label</i> Name: Address: CHI: DOB:	<b>Adult Urethral Urinary Catheter(UUC)          Insertion &amp; Maintenance Care Plan</b>	<b>Catheter Batch Label</b>	
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Insertion – Complete all sections				
Date and time inserted	Urethral Urinary Catheter inserted <input type="checkbox"/> Hospital..... ED Theatre ITU/HDU Ward _____	Gauge _____ mls in balloon	Inserted by (Print name & designation [if known])	
<b>Clinical indication for urethral urinary catheterisation</b>		Long term urethral urinary catheter (> 28 days) <input type="checkbox"/>	Short term urethral urinary catheter (≤ 28 days) <input type="checkbox"/>	
Patient had urethral urinary catheter inserted in the community/out with NHS GGC Yes <input type="checkbox"/> No <input type="checkbox"/>		Date UUC inserted (if known) _____		
Insertion Criteria				Comments
Alternatives to urethral urinary catheterisation considered		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hand hygiene is performed immediately before urethral urinary catheter insertion		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Aseptic technique performed at insertion		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Urethral Urinary catheter of smallest gauge and balloon filled to recommended level		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Urethral meatus cleaned with sterile saline and sterile lubricant used		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Aseptic technique maintained when connecting urinary catheter to closed drainage system		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**DAILY MAINTENANCE: ALL PATIENTS WITH A URETHRAL URINARY CATHETER MUST HAVE:**

- Staff must wear gloves and apron and perform hand hygiene before and after urinary catheter procedures
- The drainage bag must be emptied when clinically indicated using a clean disposable container for each patient. Please refer to Urethral Urinary Catheter SOP.

Maintenance – To be completed daily (observe for signs and symptoms of infection)						
Please regard Day 1 as day of insertion or the day patient is admitted to hospital with Urethral Urinary Catheter.	Ward	Does the patient still require a urethral urinary catheter?	Is the urethral urinary catheter connected to a closed drainage system and changed in line with manufacturer's instructions?	Daily meatal hygiene has been carried out?	Urine drainage bag is situated below the level of the bladder and not in contact with any surface e.g. floor?	Signature and Print Name
<b>Day 1</b> .... / .... / ....		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Day 2</b> .... / .... / ....		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Day 3</b> .... / .... / ....		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	


Date removed \_\_\_\_\_ Time removed \_\_\_\_\_ Reason for Urethral Urinary Catheter removal \_\_\_\_\_ Removed by \_\_\_\_\_  
 CHI Number \_\_\_\_\_



**STANDARD OPERATING PROCEDURE (SOP)**  
**Insertion & Maintenance of Adult Indwelling Urethral Urinary Catheters**

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Maintenance – To be completed daily (observe for signs and symptoms of infection)						
	Ward	Does the patient still require a urethral urinary catheter?	Is the urethral urinary catheter connected to a closed drainage system and changed in line with manufacturer's instructions?	Daily meatal hygiene has been carried out?	Urine drainage bag is situated below the level of the bladder and not in contact with any surface e.g. floor?	Signature and Print Name
Day 4	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 5	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 6	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 7	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 8	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 9	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 10	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 11	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 12	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 13	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 14	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 15	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 16	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 17	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 18	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 19	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 20	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 21	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 22	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 23	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 24	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 25	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 26	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 27	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 28	..../..../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	7 of 7
		Effective from	October 2017
	<b>STANDARD OPERATING PROCEDURE (SOP)</b> <b>Insertion &amp; Maintenance of Adult Indwelling Urethral Urinary Catheters</b>	Review date	October 2019
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