

Catheters and Drainage Bags

- Always wash hands before and after touching the catheter or leg bag
- Leg bags can be attached to the calf or thigh by straps or a sleeve - do not place straps over the tubing as this can block the tube. Different lengths of tubing are available depending on patient or service user needs
- It is preferable that the leg bag is attached to the calf during the day to assist with drainage
- All catheters should have a fixation strap to secure catheter to the thigh and avoid the catheter being unduly pulled when the individual moves
- Always ensure the catheter drainage bag is placed below the level of bladder to prevent back flow and bypassing. This includes when someone has a lie down on the bed during the day
- Empty drainage bags when 2/3 full and leave a small amount in bag to prevent a vacuum forming
- Only disconnect the leg bag on a weekly basis for changing - this reduces the risk of infection
- To aid memory the bag can be changed on the same day each week. But also the last change date can be written on the bag
- Attach the night bag to the leg bag and ensure the leg bag is left open to drain freely.
NEVER LEAVE A DRAINAGE BAG LYING ON THE FLOOR – IT SHOULD BE PLACED ON A STAND OVERNIGHT
- Avoid constipation, a full bowel can cause the catheter to block and/or bypass
- Always ensure adequate fluid intake (1,500 – 2,000mls unless otherwise indicated)
- Always ensure catheter and drainage tubing are not kinked, twisted or pulled tight
- Be observant for signs of urinary tract infection: -
 - Fever with or without uncontrollable shaking
 - Patient or service user complaining of new pain or a burning sensation in the urethra, bladder, abdomen, or lower back
 - Blood, mucus, pus, or foul odour around the individual's catheter site
 - Urine leaking around the individual's catheter
 - Urine that becomes cloudy or foul smelling
 - Distressed behaviour or confusion, new or increased
 - Feeling unwell, general malaise