



- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- Ensure that the person’s staffing preference, as detailed in their Personal Care Plan, is applied to this procedure.
- This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP must always be obtained and followed.
- This procedure should be read in conjunction with the [NDIS LWB 5600 High Intensity Daily Personal Activities – Procedure](#), [NDIS LWB 5501 Health and Wellbeing – Procedure](#), and in consultation with the person we support or their Indwelling Catheter Support Plan.

Note: A case-by-case assessment is required

A review and risk assessment of support needs will be conducted by LWB's Regional Operations Manager (ROM), CPE Practice Support Leader, and the person before providing intermittent catheter support to ensure safety and effectiveness.

This procedure must only be performed by suitably trained staff assessed as competent by an appropriately qualified health professional.

This information is intended as a guide only and may not be appropriate in all circumstances. Instructions from an appropriate health professional should be followed.

The AQHP is to provide training in any catheter support required that is in the scope of practice of a Disability Support Worker (DSW).

Intermittent Catheter Support (Male) Procedure



Check

- Check and follow the person’s Intermittent Catheter Support Plan.
- Check that the required equipment and consumables are available and ready for use.
- Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to their chosen level.
- Explain the procedure to the person and seek their consent to proceed.
- Check for any abnormalities, including bruising, injury or skin tears.
- Check that the size of the catheter is correct, as documented on the plan.
- Check use by date.



Support

Seek urgent medical attention. Call 000 (triple zero) immediately if

Urinary tract infection -

- burning sensation when urinating
- fever, sweats, and/or shivering
- smelly urine
- cloudy urine
- confusion
- pain in the lower abdomen

Trauma or inflammation to the urethra caused by incorrect insertion of the catheter.

- burning pain or stinging on urination
- blood or blood clots in urine
- itching at urethra opening

Bladder stones due to incomplete emptying of the bladder

- burning sensation when urinating
- fever, sweats, and/or shivering
- smelly urine
- cloudy urine
- confusion
- pain in the lower abdomen

Epididymitis – inflammation of the testes

- swollen (enlarged), red or warm testicle.
- feeling of heaviness in the affected testicle.
- tenderness or pain in the affected testicle.
- pain in the abdomen or pelvis.
- frequent urge to urinate.
- burning feeling when urinating.
- discharge from the penis.
- blood in the urine.

In Spinal Cord Injury, **Autonomic Dysreflexia** can be related to a blocked urinary device.

This is a medical emergency, immediately call an Ambulance (000) and follow the person's care plan to alleviate symptoms. Do not leave the person alone.

The person has a spasm during catheterisation.

Response.

- Stop, leaving the catheter where it is, wait for the spasm to pass, and then continue.

Urine doesn't flow.**Response**

- The catheter may not be fully inserted. Try to insert the catheter gently and slowly.
- If there is still no urine, start the procedure again using a clean catheter.

The catheter will not easily go in, or there is a lot of resistance.**Response**

- Stop. Never force a catheter into the bladder.
- Seek urgent medical attention.

- Gather equipment
 - Single-use disposable catheter
 - Latex-free disposable gloves
 - Wet wipes
 - Lubricant – some catheters are pre-lubricated
 - Kidney dish or similar receptacle for the collection of urine
 - Clean continence pad, if required
 - Numbing agent such as lignocaine if prescribed
 - PPE: gloves, apron and face shield/goggles
- Select a quiet, private location to perform the procedure in accordance with the person's preferences.
- Maintain the person's dignity and privacy during the procedure.
- Assist the person in transferring onto a bed. The person must be in a semi-recumbent position, 30 - 45 degrees, with legs apart. Some people prefer to have the procedure while sitting on the toilet.
- Wash hands and apply PPE. Refer to the [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) for the correct PPE requirements and follow hygiene and infection control procedures.
- Loosen any clothing and/or continence aids.
- Open the end of the lubricant sachet and the end of the catheter packaging, ensuring it does not touch your hands or surfaces. Place onto the dry clean surface.
- Place the kidney dish or other dish on the bed between the person's legs.
- Hold the penis with the non-dominant hand, if uncircumcised, gently retract the foreskin.
- Use the wipes to clean the penis, wiping from the tip of the penis downwards. Use each wipe only once.
- Wipe the perineal area toward the anus. Use each wipe only once.
- Using your non-dominant hand, hold the penis at a right angle to the person's body.

- If required, insert the lignocaine gel into the urethral meatus. Then remove the nozzle and use your forefinger and thumb to gently clamp the urethra for 2 – 3 minutes, keeping the penis at a right angle to the body.
- After 2 – 3 minutes, release the pressure on the urethra.
- Apply lubricant, if not pre-lubricated, to the end of the catheter covering 5 –7 cm. Do not let lubricant packaging touch the catheter.
- Using your dominant hand, insert the tip of the catheter into the urethra opening, maintaining the penis at a right angle to the body until it is ½ inserted. Lower the penis and continue to insert the catheter gently. If there is resistance, stop until the muscle relaxes. Ask the person to take some deep breaths. Once relaxed, gently but firmly continue until urine flows. Once urine starts to flow, continue to insert for a further 2.5 cm.
- If the person experiences pain on insertion, stop and contact a health care professional.
- When urine ceases to flow, this indicates the bladder is empty. Light pressure can be applied to the bladder area to ensure the bladder is empty.
- Slightly rotate the catheter while withdrawing the catheter, stop if urine starts flowing.
- Observe the urine noting colour, smell and amount. Record as required
- Care must be taken to ensure the bladder is empty with each catheterisation to prevent urinary tract infections and other complications that may damage the kidneys.
- Dispose of urine into the toilet.
- Place the catheter into a bag and dispose of it in the garbage.
- Dispose of PPE and wash hands well and dry.

Note: If using a reusable catheter, clean in soapy water, rinse well and allow to air dry. Follow manufacturer instructions for safe storage. Reusable catheters can be used for up to 7 days and then discarded.



Report

- Record the urine colour, odour, and amount on the [NDIS LWB 5668 HIDPA Urine Output - Recording Chart](#)
- Record any abnormalities, including bruising, pressure injury, skin tags and haemorrhoids, in progress notes and organise for medical review of any abnormalities. See [NDIS LWB 5554 Responding to Unexplained Bruising Suspicious Mark or Injury - Procedure](#)
- Report any concerns or issues related to the person's catheter support immediately to the Disability Support Leader¹ or On Call and complete an i-Report event.

¹ All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.

For Further Guidance and Advice

Contact the AQHP who developed the person's HIDPA Urinary Catheter Support Plan.