



- 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/Protocol.

Note: A case-by-case assessment is required

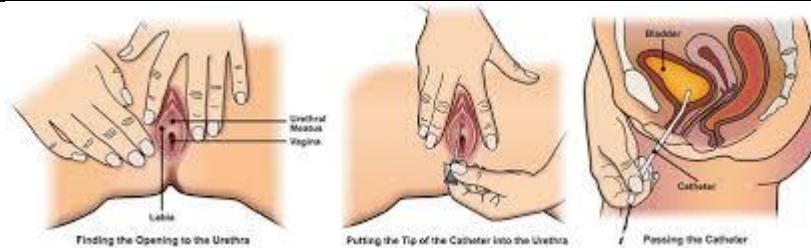
A review and risk assessment of support needs will be conducted by LWB's Regional Operations Manager (ROM), CPE Practice Support Leader/Specialist, and the person before providing intermittent catheter support to ensure safety and effectiveness.

This procedure must only be performed by suitably trained staff who have been 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 (Female) Procedure



Check

- Check and follow the person’s Intermittent Catheter Support Plan/Protocol.
- 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
- burning feeling when urinating.
- discharge from the vagina.
- 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.

Female insertion into the vagina instead of the urethra.

Response

- Leave the catheter in the vagina and get a clean catheter, lubricate and insert it into the urethra
- Take the catheter out of the vagina after the urine catheterisation has been completed.

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 gently and slowly insert the catheter further.
- 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 to transfer 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.
- Prepare equipment on a clean flat area.
- Ensure you can clearly see the entry point of the urethra.
- 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 for urine collection on the bed between the person's legs.
- Using your non-dominant hand, spread the labia. Using your dominant hand, clean the area with a wet soapy cloth wiping from front to back. If using a wet soapy cloth, wipe the area with a wet cloth to rinse. Only one wipe/ cloth is used for each wipe. Clean the perineal area from the front to the anus using the same method.
- Apply lubricant to the end of the catheter by squeezing from the tube or sachet. Do not let the catheter touch the tube or outside of the sachet.
- With your non-dominant hand, again spread the labia and find the urethra opening.
- Hold the catheter approximately 5cm from the tip, make sure the other end is in the container between the person's legs.
- Slowly and gently insert the catheter into the urethra until urine starts to flow, then continue to insert for another 2.5 cm.
- When urine stops flowing, gentle pressure can be applied to the bladder area, which helps to ensure the bladder is fully empty.
- Slowly and gently take out the catheter.
- Clean the area with a wipe or clean wet cloth.
- Measure the urine and make required observations, then dispose of urine in the toilet.
- 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.
- Place the used catheter in a bag and discard it in the garbage.
- Dispose of PPE, 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-Sight 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.