

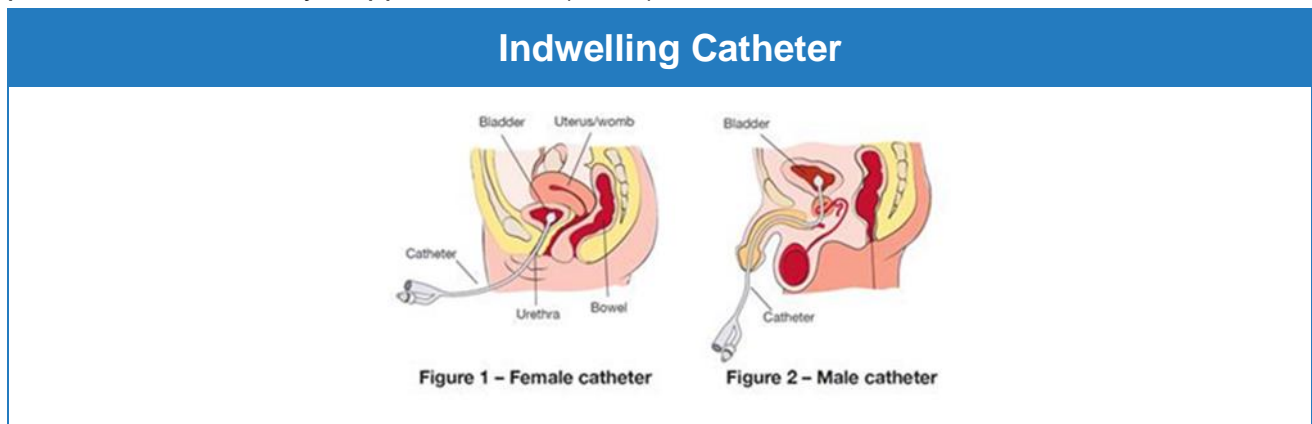


- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- Ensure that the person’s staffing preference, as detailed in their Personal Care Plan, is applied to this procedure.
- This procedure is a guide only and may not be appropriate in all circumstances. 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.

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

****The indwelling catheter is always inserted and removed by a Registered Nurse or a Doctor****

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



Indwelling Catheter Support Procedure

Check

- Check and follow the person’s Indwelling 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.



Support

Call 000 immediately if

- the urine output remains unusually low, or there is no urine output
- there is persistent blood in the urine; urine is very dark or has an offensive smell
- the person has a temperature or complains of pain
- has a distended abdomen
- has urine leakage around the insertion site

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.**

Report all blockages to the registered nurse, as the catheter management and replacement may need to be reviewed.

Distended (swollen) or hyperactive bladder

- This may result from a urinary tract infection, bladder or kidney stones, or a urological procedure such as inserting a urinary catheter. The bladder may become distended due to a blockage, the catheter not draining, infection or an enlarged prostate in males. **This is a medical emergency, and an ambulance should be called immediately.**

No urine in the drainage bag

- Check that the catheter has not become displaced. If this has occurred, **seek medical advice immediately. **Do not attempt to replace the catheter****
- The tubing from the catheter to the drainage bag may be kinked or blocked. Check all tubing. If blocked, replace the drainage bag and observe urine output.
- The person may be dehydrated. If there is no fluid restriction, encourage the person to drink one or two glasses of water to increase urine output.
- If urine is still not flowing, call the community nurse or an ambulance if the nurse is unavailable.
- If the person is in pain, call an ambulance.

Urinary Tract Infection

Report signs of a urinary tract infection immediately: urine may be cloudy, blood-stained, and have an offensive odour. The person may have a fever, chills, and sweating. Urine may be passed frequently with a burning sensation. **Seek medical advice immediately.**

Urine is leaking or bypassing the catheter.

- The tubing from the catheter to the drainage bag may be kinked.
- Check all tubing. If leaking remains, the catheter could be blocked. Replace the drainage bag and observe urine output.

- The balloon may have deflated, deteriorated. Or dislodged. Call the Registered Nurse to change the catheter. If the registered nurse is unavailable, call an ambulance,
- Wash your hands before catheter support.
- Put on the correct personal protective equipment (PPE) before attending to the person or handling any catheterisation equipment. Refer to [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) for the correct PPE requirements.
- Empty the catheter bag.
- Inspect the site for redness, skin breakdown, swelling or discharge.
- Clean the tubing. Cleaning the tubing prevents germs from the tubing from being transferred to clean skin.
- Clean the genitals with a damp cloth and mild soap. Rinse the area well. If necessary, this can be repeated using a fresh damp cloth.

For Female Anatomy

- Hold the end of the catheter near the insertion site and wipe the tube with a clean, damp cloth starting at the insertion end and working away from the urethra (front to back).
- Clean around the urethra and labia and wipe from front to back.

For Male Anatomy

- Hold the end of the catheter near the insertion site, wipe the tube with a clean, damp cloth starting at the insertion end, and wipe from the tip of the penis downward.
- Start from the top of the penis where the catheter goes in, ensuring the foreskin (if uncircumcised) is pulled back and gently cleaned. Wipe towards the anus.
- Gently pat the area dry with a clean cloth.
- Secure the tubing to the leg taking care not to kink or block it.
- Assist the person in adjusting any clothing and making themselves comfortable.
- Check again that the tubing is not caught in clothing, bedclothes or equipment, i.e. wheelchair, chair, bed.
- Remove and dispose of your gloves and wash your hands.
- Remove the remaining PPE and wash your hands again.

Drainage System

- A closed drainage system should be maintained to reduce the risk of urinary tract infection. Preventing urinary tract infections is critical. Using the correct hand hygiene and PPE whenever performing catheter support can help.
- The leg bag is usually worn under clothing and attached to the thigh with leg straps.

Leg Bag Placement



- If the person uses a wheelchair, it may be worn on the calf or hung on the wheelchair. Some people use a drainage bag cover to maintain dignity in the community.
- Empty the drainage bag as necessary. When the urine bag fills, it becomes heavier and may stretch the straps or become disconnected. Therefore, the drainage bag should be emptied when it is $\frac{1}{2}$ to $\frac{3}{4}$ full. Never let the drainage bag become full.
- The leg bag should be emptied into a suitable container or directly into the toilet as per the person's choice and preference by opening the drain tap on the lower end of the leg bag. The type of drain tap may differ depending on the kind of leg bag used.

Emptying the Leg Bag



Attaching and Cleaning the Overnight Bag

- The larger overnight bag is attached to the leg bag by connecting the plastic tip on the tube to the drainage tap at the base of the leg bag. Do not remove the leg bag from the catheter; this will break the closed drainage system.
- Open the drainage tap on the leg bag to allow the urine to run into the overnight bag. Ensure the drainage tap on the overnight bag is in the closed position.
- The overnight bag should be placed on an appropriate stand below the bladder level to prevent it from touching the floor.
- The leg bag should remain strapped to the person's leg overnight to prevent it from pulling and becoming disconnected.
- When removing the overnight bag, ensure the drainage tap on the leg bag is closed.
- Empty the contents of the bag into the toilet. Record the amount if required.
- After each use, rinse the long-term overnight bag or re-usable leg bag with warm tap water, soak for 20 minutes in the sterilising solution, and then dry in a well-ventilated area out of direct sunlight.
- When hanging to dry, place the cover over the plastic tip on the tubing.

Cleaning the Overnight Bag



- Change the urine bag at least once a week or as the AQHP recommends.

Changing the Leg Bag

- Empty the contents of the leg bag into the toilet or container.
- Hold the catheter firmly in one hand and carefully disconnect the leg bag tube from the catheter.
- Continue to hold the catheter with one hand, remove the plastic cover from the new leg bag tubing and connect the tube to the catheter, taking care not to touch the ends of the catheter or tubing.
- Wipe the end of the catheter with an alcohol swab.
- Secure the leg bag to the thigh and close the tap.
- Place the used leg bag in a plastic bag and dispose of it in the general waste.



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, as well as 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.

For Further Guidance and Advice

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

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