

To stop CAUTI don't catheterise

Haematuria – clots and heavy

Obstruction – mechanical urology

Urology/gynaecology/perianal surgery/prolonged surgery

Decubitus ulcer – to assist the healing of a perianal/sacral wound

Input output monitoring

Nursing at the end of life

Immobilisation due to unstable fracture/neurological deficit

If there's no indication, make that catheter disappear...

Catheter maintenance

- Maintain a closed sterile drainage system.
- Keep the catheter secure.
- Keep the bag below the bladder and off the floor.
- Maintain uninterrupted flow.
- Empty bag regularly.

Catheter top tips

- Remove post operatively within 24 hours.
- Assess the need for the catheter daily if an inpatient (at planned intervals for others) and document.
- Advise/provide peri-urethral care with soap and water, 3 times a day and after each bowel movement.
- Use an aseptic non-touch technique.
- Use the smallest size catheter possible.
- Document insertion and rationale.
- Label bag with the date inserted.

Aim for light coloured wee

