

Care plan

HOUDINI - make that catheter disappear



Name: **ADD STICKER**
 DOB:

NHS number:

Clinical indication

Haematuria- clots and heavy

Obstruction/catheterised by a urologist (retention) –

Bladder scan amount: mL

Urology/gynaecology/perianal surgery/prolonged surgery

Decubitus ulcer - to assist the healing of a perianal/sacral wound in an incontinent patient

Input/output – monitoring accurate < hourly or acute kidney injury when oliguric

Nursing at the end of life

Immobilisation – neurogenic bladder – unstable fracture or neurological impairment (where all other methods of toileting are contraindicated)

Other

In patients with dementia or delirium, always avoid indwelling urinary catheters – even – if there is a strong indication for insertion and consider the use of intermittent self/carer catheterisation.

Verbal consent given	Yes	No	NA
If unable to consent, MCA best interests completed	Yes	No	NA
Admitted with passport/existing catheter	Yes	No	NA
Patient advice leaflet given/information explained and given	Yes	No	NA
Passport/card given	Yes	No	NA
Confirmed latex allergy (if yes, use all silicone catheter)	Yes	No	NA

Insertion

Date and time of insertion:

Print name and role of person responsible for catheter insertion decision:

Signature:

Aseptic non touch technique used including hand hygiene	Yes	No	
Urethral meatus/genitals cleaned with normal saline pre procedure	Yes	No	
Foreskin replaced	Yes	No	NA

Type of catheter: Reference number: Size:	<h1>ADD STICKER</h1> <div style="border: 1px solid blue; border-radius: 15px; padding: 10px; background-color: #0070C0; color: white; margin: 10px auto; width: 80%;"> <p>Always use the smallest size of catheter that will be effective. In females insert the catheter 2.5cm beyond the point of urine flow before inflating the balloon, to help prevent urethral trauma.</p> </div>
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Sterile anaesthetic lubrication used	mL
Residual amount	mL
Balloon type/mL in balloon	
Catheter securing device used	
Drainage bag used	yes <input type="checkbox"/> no <input type="checkbox"/> type:
Date of use and expiry on catheter bag	
Expected duration/date of removal	

Don't inflate balloon pre insertion or until urine drains.

If patient has a catheter assessed as long term or retention unknown cause then referral to other health professionals considered: yes no NA

The risk of CAUTI increases 3-7% for each day the IDC remains in place.

Suspect a CAUTI? Don't dipstick the urine in a patient with an indwelling urinary catheter. Send a sample using the needle free sampling port using ANTT. Do not use bladder washouts routinely.

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Day and date	Continued indication	Meatal cleansing (genital area)		Hand hygiene and clean gloves used	Emptied into a clean container	Catheter secure, bag below the bladder, tube not kinked	Connection not broken – closed sterile circuit or valve use	Hydration encouraged		Constipation managed	
		Yes	No					Yes	No	Yes	No
1	HOUDINI(O)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Notes											
2	HOUDINI(O)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Notes											
3	HOUDINI(O)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Notes											
4	HOUDINI(O)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Notes											
5	HOUDINI(O)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Notes											
6	HOUDINI(O)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Notes											
7	HOUDINI(O)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Notes											
8	HOUDINI(O)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Notes											
9	HOUDINI(O)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Notes											
10	HOUDINI(O)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Notes											

Circle your answer

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Trial without catheter

When there is no longer a rationale for an indwelling urinary catheter consider a trial without catheter (TWOC) – ensure that blood urea and electrolytes are within a normal range for the patient prior to proceeding.

If the patient is on alpha blockers for acute urinary retention, please make sure that they have been used for the recommended period before TWOC.

Patients with nocturnal polyuria may only pass small amounts of urine during the day as their diuresis is predominantly at night. It is important that the success of the TWOC is not based solely on bladder diaries and residual urine volumes must be considered.

Patients with neurological conditions such as multiple sclerosis may need to fill their bladders to a high capacity before they can initiate a good detrusor contraction to fully empty the bladder. Voiding on request may result in artificially poor emptying and specialist advice may be required.

Consider planning for a TWOC to improve bladder tone consider the use of a catheter valve to promote tone.

If your patient fails a TWOC, consider teaching them or a carer intermittent self-catheterisation.

Date of TWOC	
Outcome	pass <input type="checkbox"/> fail <input type="checkbox"/>
If re-catheterised was catheter passport started?	yes <input type="checkbox"/> no <input type="checkbox"/>
Ensure sufficient supplies	yes <input type="checkbox"/> no <input type="checkbox"/>
Ensure referral to onward services	(for review by?)
Notes:	
Signature:	Designation:

Trial without catheter (TWOC) flowchart

