|  |  |
| --- | --- |
| **Health Support Plan: Catheter Care** | |
| **Participant Name:** |  |
| **District Nurse / Continence Nurse:** |  |
| **Date of Assessment:** |  |
| **Recommended Review Date:** |  |
| **Upon review have changes been made to this plan?** | Yes No |
| **District Nurse / Continence Nurse Signature:** |  |
|  | |
| Replacing and disposing of bags and monitoring health of a person using indwelling & suprapubic catheters can be part of a general support worker role.  **Note: INSERTION is done by a HEALTH PRACTITIONER, not a support worker.** | |
| **Personal Hygiene Procedure**:  You will need these supplies:   * + Mild soap   + Water   + Tape/band to secure catheter  1. Wash your hands 2. Clean your genital area    * Men should pull back foreskin, if needed, and clean the area, including the penis.    * Women should separate the labia and clean from FRONT to BACK. 3. Clean your urethra, where the catheter enters your body. 4. Clean the catheter from where it enters you body and down, away from your body. Hold the catheter at the point it enters your body so that you don’t put tension on it. 5. Rinse the area well and dry it gently. 6. Use the tape/band to secure your catheter tubing in place. | **Changing Drainage Bag Procedure (**2x daily)**:**  You will need these supplies:   * + A clean washcloth or gauze   + Night bag or leg bag (as appropriate)   + alcohol pads x 2  1. Wash your hands with soap and warm water 2. Empty the urine from the drainage bag into the toilet. Make sure that spout of the drainage bag never touches the side of the toilet or any emptying container. 3. Place the clean cloth or gauze under the connector to catch any leakage. 4. Pinch off the catheter with your fingers and disconnect the used bag. 5. Wipe the end of the catheter with an alcohol pad. 6. Wipe the connector on the new bag with the second alcohol pad. 7. Connect the clean bag to the catheter and release your finger pinch. 8. Check all connections. Straighten any kinks or twists in the tubing. |
| **Preventing infections**  While your catheter is in place, you are advised:   * No bathing / no swimming – this puts you at risk for infections (showering is ok) * No sexual intercourse – this puts you at risk for infections and/or injury * Empty the leg bag into the toilet through the spout at the bottom every 2 to 4 hours, as needed. Don’t let the bag become completely full. * Don’t lie down for longer than 2 hours while wearing your leg bag. * Always keep the drainage bag below the level of your bladder and off the floor * Keep the catheter secured to your thigh to prevent it from moving. * Don’t lie on your catheter or block the flow of urine in the tubing. * Shower daily to keep the catheter clean. * Clean your hands before and after touching the catheter or bag. | **Cleaning the Drainage bags**  You will need these supplies:   * White vinegar * Cool water  1. Wash your hands thoroughly with soap and warm water. 2. Rinse the bag with cool water. Don’t use hot water because it can damage the plastic equipment. 3. To decrease odour, fill the bag halfway with a mixture of 1 part white vinegar to 3 parts water. Shake the bag and let it sit for 15 minutes. 4. Rinse the bag with cool water and hang it up to dry. |
| **Flushing Procedure:**   1. You will need a syringe and 50ml of saline solution or cooled boiled water 2. Wash your hands and put gloves on 3. Wipe the catheter connector with alcohol wipe before disconnecting 4. Disconnect catheter tubing 5. Connect tubing to the syringe 6. Slowly empty (push plunger down) so solution passes into tubing through the catheter 7. Slowly bring plunger back up, drawing the flush. Do not force the withdrawal of fluid as this may cause damage to the bladder wall lining. If all the fluid doesn't come back then it may drain out with position change 8. Disconnect and empty the syringe 9. Connect the tubing 10. Empty the syringe and clean with hot soapy water then rinse thoroughly. Keep this in a clean airtight container | |
| **Seek Medical advice if**:   * Any leaking * No urine in bag after 4 hours * No urine in bag after 2 hours and your bladder is full * Cloudy or foul-smelling urine (infection) * Blood in urine * Skin Inflammation * Pain at catheter site, in lower abdomen or lower back   For any required actions and escalation to ensure participant wellbeing: speak to your team leader or phone On Call 0417 156 239 | |
| **How would you like to be supported during this process?** e.g. would you like your worker to talk you through each step? How would you like your privacy to be protected and respected? E.g. how much body exposure. | |
| **Monitoring and recording requirements** | |
| CCF-93 Urinary Catheter Output Chart  Medication forms  Carelink+ shift notes | |
| **Specific alerts or risks and their management** | |
| **List alerts or risks (if relevant):**  **If medical assistance is required, please contact** | |

Participant / Nominee Signature: Date:

**PARTICIPANT NAME**:

**PLAN DATE**:

# **Staff acknowledgement**

I have read and understood the Catheter Support Plan for this participant.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Worker Name** | **Worker Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |