



**ACT**  
Government

**Canberra Health  
Services**

Community Nursing

## URINARY CATHETER MANAGEMENT

Complete details or affix label

MRN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Is this client appropriate for catheter changes in the community ☐ Yes ☐ No

Reason for catheter: \_\_\_\_\_ Date of insertion: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Short term ☐ Long term

Urology diagnosis (e.g. structure/BPH/neurogenic bladder for CAPS funding): \_\_\_\_\_

Planned date of urology/specialist review: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Catheter position:** ☐ IDC ☐ SPC ☐ Intermittent/CISC

**Catheter type:** ☐ Foley ☐ Other (e.g. Supracath, Double balloon (uromed), Cloude Tip, Nelaton)

Size of catheter: ☐ 12 ☐ 14 ☐ 16 ☐ 18 ☐ 20 ☐ Other \_\_\_\_\_

Balloon size: As per manufacturers guidelines (or as marked on catheter hub) ☐ Other \_\_\_\_\_ mL

### Catheter medical devices

☐ Flip Flow Valve (as approved by Urology)

### Frequency of catheter change

☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ 12 weeks ☐ Other \_\_\_\_\_

(Please ensure Urology input or continence CNC input if less than 4 weeks)

**Flushing catheter:** ☐ Yes ☐ No

Maximum of 2 x consecutive flushes of 20 mL normal saline (no more than 40 mL) as per CHS Clinical Procedure, Urinary Catheter Insertion and Management for Adults, Children and Infants - Section 7.

**Note: Manual bladder irrigation or washouts are not performed in the community**

### Medical order for Trial of Void

Location ☐ Urology Outpatients ☐ Community Nursing ☐ Private Hospital/Urologist rooms

Ordered by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Contact details: \_\_\_\_\_

### Community Nursing Trial of Void:

Date of catheter removal and Trial of Void in Community: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- » LINK/Community Nurse to remove of IDC early in the morning (between 0600 - 0800hrs)
- » Educate client to drink 1 full glass of fluid every hour till the clinic appt. Educate client to measure their output in a measuring jug and then write the amount on the chart provided.
- » Phone client 2-3hrs after the removal of the catheter to check if there are any problems passing urine
- » Perform bladder scan 4-5hrs after catheter removal. This will occur at the Community Health Centre. Home visit only by arrangement with community nurse.
- » If post void bladder scan reveals > 250mL, the Registered Nurse (Community nurse or LINK) is to re-catheterise, use a flip flow valve and drain up to 600mL per hour. Arrange a follow up visit or phone review by the community nurse or LINK team as required. The follow up visit or review with Community Nurse/LINK should include removing the flip flow valve, attaching the leg bag and providing education regarding catheter management/bowels etc.
- » The Registered Nurse (Community nurse or LINK) that inserts the catheter post failed trial of void, is responsible for notifying the GP and or specialist with the
  - Results of the trial of void,
  - Requesting an updated "Urinary Catheter Management" form from the GP post failed trial of void and a suggest a referral to a Urologist
  - Alert relevant community nursing team/case manager (via email).
- » ONE attempt only to re-catheterise
- » Failed Trial of void may occur within 48hrs post catheter removal. Therefore re-catheterisation should be consider by nursing or LINK teams to prevent unplanned hospital admission/emergency department presentation.
- » If catheterisation is unsuccessful client to present to ED

### Variance to standard procedure

Please specify variance if different from above and state acceptable residual volume

**Client will be scheduled for an appointment**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ with \_\_\_\_\_ Registrar contact details \_\_\_\_\_

Signature \_\_\_\_\_ Print name \_\_\_\_\_ Designation \_\_\_\_\_ Date, Time \_\_\_\_\_



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