

## Assessment and Accreditation in: Male & Female Catheterisation

Name of Candidate:	
Job title of Candidate:	
Department / Service:	
Date:	

<b>Male</b>				<b>Female</b>			
<b>Pre-Procedure</b>				<b>Pre-procedure</b>			
Introduce yourself to the patient, explain and discuss the procedure with them, and gain their consent to proceed. Offer a chaperone. Ask for Latex allergies.				Introduce yourself to the patient, explain and discuss the procedure with them, and gain their consent to proceed. Offer a chaperone. Ask for Latex allergy.			
Screen the bed.				Screen the bed			
Prepare the trolley, placing all equipment required on the bottom shelf.				Prepare the trolley, placing all equipment required on the bottom shelf.			
Take the trolley to the patient's bedside, disturbing the screens as little as possible.				Take the trolley to the patient's bedside, disturbing the screens as little as possible.			
Assist the patient to get into the supine position with the legs extended on the bed.				Remove the patient's underwear. Assist the patient to get into the supine position with knees bent, hips flexed and feet resting about 60 cm apart			
Remove the underpants or trousers and use a towel to cover the patient's thighs and genital area.				Place a towel over the patient's thighs and genital area.			
Ensure good lighting is available				Ensure good lighting is available			
Wash hands using soap and water or an alcohol-based handrub and apply personal protective equipment.				Wash hands using bactericidal soap and water or an alcohol-based handrub. Apply personal protective equipment.			
<b>Procedure</b>				<b>Procedure</b>			
Open the outer cover of the catheterization pack and slide the pack onto the top shelf of the trolley.				Open the outer cover of the catheterization pack and slide the pack onto the top shelf of the trolley.			
Using an aseptic technique, open the sterile catheter pack. Pour 0.9% sodium chloride or 0.1% chlorhexidine solution into a gallipot. Open the outer packaging of an appropriately selected catheter				Using an aseptic technique, open the sterile pack. Open the selected catheter and place it on the sterile field.			

onto the sterile field.							
Remove the cover from the patient's genital area, maintaining the patient's privacy, and position a disposable pad under the patient's buttocks and thighs.				Remove the towel, maintaining the patient's privacy, and position a disposable pad under the patient's buttocks.			
Clean hands with an alcohol-based handrub.				Clean hands with an alcohol-based handrub.			
Put on sterile gloves.				Put on sterile gloves			
On the sterile field, place the catheter into the sterile receiver with drainage bag attached.				On the sterile field, place the catheter into the sterile receiver.			
Place a sterile towel across the patient's thighs.				Place sterile towels under the patient's buttocks.			
With your non-dominant hand, wrap a sterile gauze swab around the penis. Use this to retract the foreskin, if necessary, and clean around the glans penis with swabs soaked with 0.9% sodium chloride or 0.1% chlorhexidine solution held between forceps, being careful not to touch the penis or gauze with your hand.				Using gauze swabs, separate the labia minora so that the urethral meatus is seen. Your non-dominant hand should be used to maintain labial separation until the catheter is inserted and urine is flowing			
If no allergies to products exist, insert the nozzle of the local anaesthetic or lubricating gel into the urethra. Squeeze the gel into the urethra and withdraw the nozzle, being sure not to touch the penis with your dominant hand. Wait 2 to 5 minutes (as per manufacturer's instructions).				Clean around the urethral orifice with swabs soaked with 0.9% sodium chloride or 0.1% chlorhexidine solution held between forceps using single downward strokes, being careful not to touch the surrounding skin.			
With your non-dominant hand, hold the penis firmly behind the glans, raising it until it is almost totally extended (maintain this hold until the catheter is inserted and urine flows).				Apply anaesthetic lubrication to the meatus and then insert the nozzle of the syringe into the urethra and instil gel into the urethra, being careful not to touch the surrounding skin.			
With your free hand, place the receiver containing the catheter between the patient's legs. Take the catheter with your dominant hand and advance the catheter into the urethra.				Place the catheter, in the sterile receiver, between the patient's legs and attach the drainage bag.			
If resistance is felt at the external sphincter, increase the traction on the penis slightly and apply steady, gentle pressure on the catheter. Ask the patient to cough gently or wiggle his toes (to distract the patient).				Using your dominant hand, introduce the tip of the catheter into the urethral orifice in an upward and backward direction. If the meatus is difficult to identify, this may be due to vaginal atrophy. Advance the catheter until urine is draining and up to the bifurcation (hilt).			
When the urine begins to flow, advance the catheter up to the bifurcation (hilt). If urine is not flowing, gently compress the lower abdomen with your hand to place pressure on bladder.				If there is no urine present, check that the catheter has not accidentally been inserted into the vagina. If the urethral meatus is clearly visible, consider removing the catheter and re-attempting the procedure with a second sterile catheter.			

Gently inflate the balloon according to the manufacturer's instructions, having ensured that the catheter is draining properly beforehand.				Inflate the balloon according to the manufacturer's instructions, having ensured that the catheter is draining adequately.			
Withdraw the catheter slightly so that the balloon is sitting at the bladder neck.				Inflate the balloon according to the manufacturer's instructions, having ensured that the catheter is draining adequately.			
Secure the catheter using a specially designed support, for example the Simpla G-Strap or the Bard StatLock™ Foley stabilization device. Ensure that the catheter does not become taut when the patient is mobilizing or when the penis becomes erect. Ensure that the catheter lumen is not occluded by the fixation device.				Withdraw the catheter slightly so that the balloon is sitting at the bladder neck.			
Ensure that the glans penis is clean and dry and then extend the foreskin (if patient is not circumcised).				Support the catheter using a specially designed support, for example the Simpla G-Strap or the Bard StatLock™ Foley stabilization device. Ensure that the catheter does not become taut when the patient is mobilizing. Ensure that the catheter lumen is not occluded by the fixation device.			
<b>Post procedure</b>				<b>Post-Procedure</b>			
Assist the patient to replace his underwear and clothing, feeding the catheter down the leg. Ensure that the area is dry.				Assist the patient to replace her underwear and clothing, feeding the catheter down the leg. Replace the bedcovers and ensure that the area is dry.			
Measure the amount of urine				Measure the amount of urine.			
If required, take a urine specimen for urinalysis or laboratory examination.				If required, take a urine specimen for laboratory examination.			
Dispose of equipment (including apron and gloves) in a clinical waste bag as per local policy.				Dispose of equipment (including apron and gloves) in a clinical waste bag as per local policy.			
Draw back the screen				Draw back the screen			
Wash hands with soap and water				Wash hands thoroughly with soap and water.			
Record information in relevant documents; this should include: <ul style="list-style-type: none"> <li>• reasons for catheterisation</li> <li>• date and time of catheterisation</li> <li>• catheter type, length and size</li> <li>• amount of water instilled into the balloon</li> <li>• batch number</li> <li>• manufacturer</li> <li>• any problems negotiated during the procedure</li> <li>• review date to assess the need for continued catheterization or date of change of catheter.</li> </ul>				Record information in relevant documents; this should include: <ul style="list-style-type: none"> <li>• reasons for catheterisation</li> <li>• date and time of catheterisation</li> <li>• catheter type, length and size</li> <li>• amount of water instilled into the balloon</li> <li>• batch number and manufacturer</li> <li>• any problems negotiated during the procedure</li> <li>• a review date to assess the need for continued catheterization or date of change of catheter.</li> </ul>			

## Accreditation certificate

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(Insert Name)

**Has gained competency in a simulated environment in the safe and ANTT procedure of catheterising male and female patients.**

I acknowledge my accountability for practice as per the NMC code of conduct

- I will make sure that patient safety is protected.
- I will work within the limits of my competence, exercising my professional 'duty of candour' and raising concerns immediately whenever I come across situations that put patients at risk.
- I will take necessary action to deal with any concerns where appropriate.

Sign-off Assessor:	Name:
	Job Title:
	Signature: <span style="float: right;">Date:</span>

A copy of this declaration should be retained by the Middlesex Clinical skills department and trusts education department