

Catheter Care & Skin Integrity



Learning outcomes

- Explain the importance of adequate fluid intake on the effective functioning of a catheter
- Explain the purpose and function of an indwelling urinary catheter device
- Demonstrate the correct positioning and safe use of bags and attachment of leg straps
- Demonstrate the correct positioning of incontinence pads, use of barrier creams and other effective methods to maintaining skin integrity
- Explain the importance of effective record keeping.

Fluid intake?

- Adequate fluid intake is necessary for the body to function
- Approx 1,500ml/day is seen as adequate
- Remember, the older person is unable to store fluid as effectively!
- Kidneys produce **minimum** 0.5mls minute or 30mls hour. Good fluid intake will ensure the kidneys produce adequate amounts of urine
- Adequate amounts of urine will reduce the chance of the catheter becoming blocked and reduce the risk of a urinary infection

What about urine?

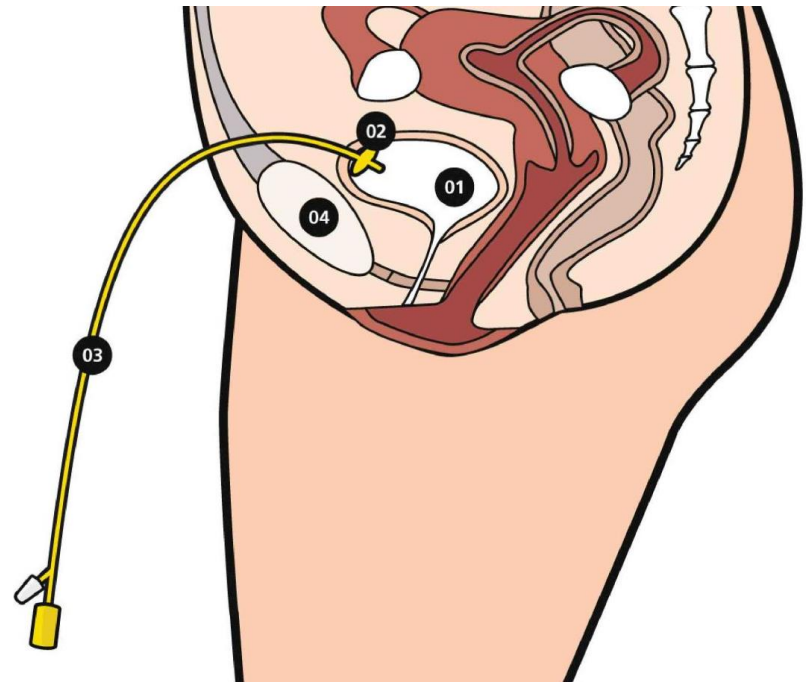
- 3.5 million people in UK suffer with incontinence (5% men/25% women)
- A full bladder holds about a pint of urine
- It takes 10 secs to empty a full bladder/5 secs for half a bladder, 70 secs for an enlarged prostate
- The urge to pass urine at night (nocturia) increases with age due to renal or cardiac dysfunction. When legs elevated, cardiac function improves and urine output is therefore increased
- Nocturia = increased risk to falls!!

Where does urine come from?

- Urine is produced in the kidneys and then stored in the bladder
- The bladder is a muscular bag that expands with urine and deflates when urine voided
- The bladder does not fill when a catheter is insitu as the urine is constantly drained away
- The muscular tone of the bladder is quickly lost once it no longer inflates and deflates. As with any muscle, if you don't use it, you lose it!

What is a catheter?

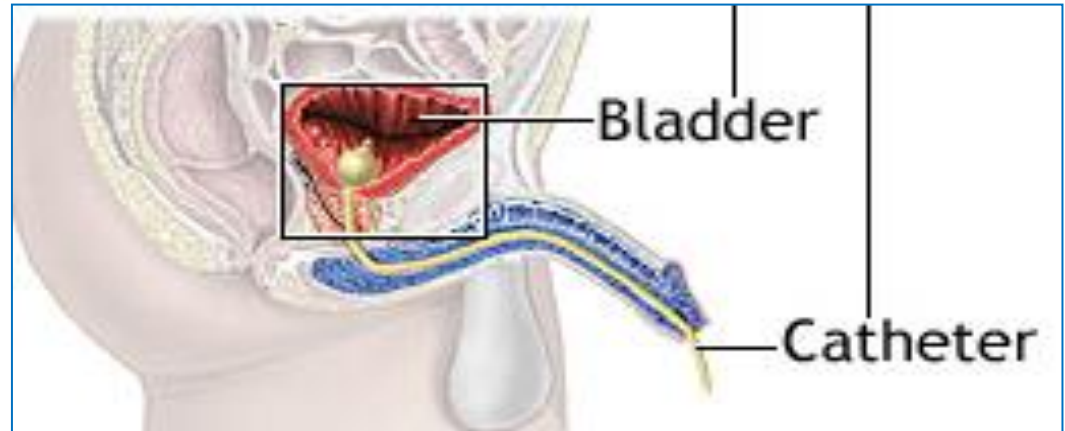
- A catheter is an indwelling urinary device designed to drain urine from the bladder
- A catheter is not be used for incontinence unless deemed necessary for other health needs (eg the healing of severe pressure damage)
- Urinary catheters can be inserted through the lower abdomen (supra-pubic) or via the urethra
- A closed system!



Why do we catheterise?

- In acute situations to monitor kidney function
- For obstruction of urine flow (eg enlarged prostate)
- If in doubt as to the management, contact continence specialist
- 96% Care Homes have access to a continence specialist

Positioning of a urinary catheter



The catheter bag needs to be positioned below the level of the bladder to promote effective drainage by gravity

Ensure tubing not twisted, kinked or sat on, even trapped under leg/between thighs

Use appropriate thigh and leg straps

Practical: How to apply leg straps and position catheter bags

- Use a thigh/G strap to reduce the likelihood of the catheter being pulled.
- Alternate the leg the bag is attached to. This helps the catheter to lie in a different position each day, minimising soreness at the catheter site. Also helps the urine drain more effectively and reduce the risk of silt build up and blockage in the tubing



Connecting and disconnecting catheter bags

Leg Bags

- Renewed weekly only
- Allow to fill $\frac{3}{4}$ before emptying
- Wear gloves/apron
- Tap and wipe end with clean tissue after emptying through port
- ANTT when renewing bag
- Alternate leg that leg bag attached to daily

Night Bags

- Renewed nightly/ discard daily
- Use catheter stand
- Remember to open leg bag port!!
- Do not remove flexible join on leg bag port when removing night bag!!
- Remove leg straps, can leave on G strap

Importance of fluid intake with catheters



To treat or not to treat?

Bacteria in the urine of an elderly person or a person with an indwelling urinary device is very common

UTI is one of the most commonest acute bacterial infections in women, WHY?

Antibiotic treatment does not reduce episodes of infection and will only increase side effects and antibiotic resistance.

Symptoms usually settle naturally after a few days

Signs and symptoms of a UTI?

Urinary frequency

Constant dull pain in
pubic region

Cloudy urine

Blood in urine
(haematuria)

Offensive smelling urine

Pain on passing urine
(dysuria)

New incontinence

Fever > 38 degree celcius

Uncontrollable shivering

Nausea/Vomiting

Diarrhoea

Back/groin/side pain,
usually worse on urination

Delirium (confusion)

Why is it important to avoid constipation with urinary catheters?

Constipation can cause blockage of the catheter: the over distended bowel presses on the catheter preventing urine flow

Prevention of constipation is the best treatment!

The elderly person is at greater risk to constipation due to slower metabolism, medication, reduced fluid intake, diet and reduced mobility

Signs and symptoms of constipation?

Harder Stools or difficult to pass

Going to the toilet less often than usual
(Normal bowel action is anything from 3 times per day to 3 times per week)

Feeling bloated, sick or experiencing cramp like pains in lower abdomen

Loss of appetite

Overflow diarrhoea

Delirium

Prevention of Constipation

Promote foods that contain fibre (fibre is not digested and stays in the gut. It adds bulk and some softness to the stools)

Ensure adequate fluid intake to bulk out fibre (too much fibre and not enough fluid can cause blockage!)

Positioning - Relax, lean forward and rest your elbows on your thighs. Consider small stool to rest feet on (squatting best!?)

Call to stool – do not ignore! Carer needs to respond promptly

Incontinence and Dementia

- 60% people in Nursing Homes have dementia and 1 in 5 of us are going to get it!
- Drugs used for dementia can cause urinary and faecal frequency
- Personal care is the biggest driver of behavioural problems in dementia. Communication skills?
- UTI – Inflammatory changes throughout the body can cause **permanent** deterioration in cognition in the person with dementia
- Dementia can interfere with the ability to recognise the need to go to the toilet, hold on until it is appropriate to go, find the toilet, recognise the toilet and disrobe and use the toilet properly

Skin Integrity

- Pressure care
- Older skin more susceptible
- Pressure from hard surfaces, friction from clothing or from movement across bedding for example
- Can develop pressure sore in 1-2 hours!
- Remember to **REACT TO RED**



Positioning

- Consider mobilising, positioning and repositioning interventions for all patients.
- All patients at risk of/with pressure ulcers should actively mobilise/change position/be repositioned.
- Minimise pressure on bony prominences and avoid positioning on a pressure ulcer.



The full recumbent 30° 'tilt' position.

Barrier Creams

The use of barrier creams in incontinence can only prove effective if seen as part of a regime that should include the following:

Managing incontinence through frequent toileting

Cleansing of the skin with soap free products and gently patting dry

Correct application of appropriate cream. Some creams/ointments can form barrier on pad!!

Correct fitting of appropriate size pad. Ensure pad creased lengthways before fitting!!

A competent practitioner will.....

- Uphold the interests of the resident at all times.....be person-centred!
- Perform to a recognised standard
- Feel confident about performing the procedure
- Be aware of your limitations
- Be responsible for your own actions
- Be able to refuse
- Challenge practice
- Have the right Knowledge, Skills and Attitude/Values!

Adult with care and support needs?

The greater our need the greater our vulnerability.

If you have any concerns, you owe a duty of care to cause to no harm and trigger that concern!

Anyone can make a referral via police, CQC, social care, health, AP1 form, duty social worker, line manager.

You do not need the consent of the person concerned or their relatives to make a referral and they don't even need to be aware that you gave made one!

Record Keeping

Your Care records reflect the quality of care given

Poor record keeping often indicates poor practice

Poor records = Poor defence

Good records = Good defence

No records = **No defence**

No time = **No defence**



Activity three

List the things that your record keeping should include, with regard to nutrition and hydration?



What records should say...

- Date and time
- Signed & printed in full
- Permanent ink
- Jargon free / Avoid abbreviations
- Clearly written (may need to print if handwriting poor)
- Factual
- Valid consent
- Concerns and actions
- State if retrospective entry
- Block out space not used

Consent points to remember!

Consent should be obtained by the person performing the procedure/task

- Can the resident understand the information relevant to the decision?
- Can they retain that information,
- Can they weigh that information as a part of the process of making a decision?
- Can the resident communicate his or her decision (whether by talking, using sign language or any other means)?

Responsibility & accountability

If you delegate a task, you take the responsibility, although the person accepting will be held accountable

References...

DoH

NHS Choices

County Handouts

Age UK

NICE

NPSA

CQC

And finally.....

Please visit the E learning portal written by Elizabeth Burgess-Harvard to support this course and check how much you have learned today at:

<http://www.e-lfh.org.uk/programmes/essentials-in-care/>