

Title of Document	Catheter Maintenance		
Name of Department	Clinical Team		

What type of document is this?	Work Instruction (WI)	This is a simple guide to follow in order to complete a particular task	
Which Helping Hands policy/SOP does this WI relate to?	N/A	Index number of policy/SOP	N/A

Which Operational Priority/Priorities does this document link to?	Governance Framework	Superior Client Care	People, Performance & Culture	Business Growth

Custodian of document	Clinical Team	Committee/Group responsible for this document	Quality & Governance Committee
Approval date and committee chairperson signature	26.07.23	When is its next scheduled review?	26.07.26

Who does it apply to?	All staff at the facility / All staff working with clients				
	Does it apply to bank workers?	Yes	Does it apply to agency staff?	No	Does it apply to third party contractors?

Purpose of the Work Instruction	To ensure that all staff who support customers with catheter maintenance have the required competency and skills.				
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Catheter Maintenance Work Instruction

1.0 Purpose

Catheter maintenance or washout is a technique used to flush out the catheter by introducing a catheter maintenance solution into the catheter. A catheter maintenance solution is a prescription-only sterile solution that can be used to extend the lifetime of an indwelling urinary catheter by maintaining its patency. Older literature often refers to these solutions as 'bladder washouts'. However, it is important to note that at no point should these solutions enter the bladder. Their primary purpose is to clear any build-up within the catheter.

A catheter maintenance solution might be needed if:

- there is a lot of sediment in the urine
- the catheter is not draining correctly
- the catheter has blocked and is not being replaced

Each time a maintenance solution is inserted into an indwelling catheter, the closed system of drainage is broken. Therefore, there is a potential to introduce infection each time a catheter maintenance solution is administered. It is recommended by the Royal College of Nursing that a catheter maintenance solution should only be used following an individual assessment and other options for maintaining catheter patency have been explored.

There are several different types of catheter maintenance solution, and their use depends on the cause of the blockage i.e., encrustation due to crystals forming, or blockage due to blood clot formation. NICE guidelines state that catheter maintenance solutions should not be used to treat catheter related infections.

Special precautions when administering catheter solutions:

- Contra-indications with other bladder instillations
- Past medical history of haematuria
- Known urological cancer
- Fistula
- Recent radiotherapy to the lower urinary tract/pelvis
- Urological surgery
- Urinary tract infection
- Infection to organs related to the urinary tract
- Spinal cord injured patients (Autonomic Dysreflexia)



2.0 Process

2.1 The carer gathers the required equipment –

- Prescribed catheter maintenance solution that is in date with packaging intact
- New sterile catheter bag
- Towel or incontinence sheet to protect bedding from leakage
- Clean gloves and apron
- Bag for rubbish

2.2 The carer gains verbal consent from the customer to carry out the procedure. If the customer is unable to give informed consent a ‘best interest’ decision must be completed following a mental capacity assessment. This must be fully documented on the customer’s Care Planning file.

2.3 The carer assists the customer to remove any clothing as needed and position them appropriately, ideally lying on their back on a bed. The carer ensures the customer’s privacy and dignity throughout the procedure.

2.4 The carer then washes their hands and puts on non-sterile gloves and apron.

2.5 Prepare the catheter maintenance solution by warming to body temperature in accordance with manufacturer’s instructions.

2.6 Empty catheter bag into a clean jug or bowl and then disconnect it from the catheter and discard the bag into a rubbish bag.

2.7 Connects the catheter maintenance solution tip to the catheter following the ‘no touch’ technique to avoid introducing bacteria into the catheter.

2.8 Inserts the bladder maintenance solution in accordance with manufacturer’s instructions – do not squeeze or force the solution into the catheter.

2.9 If the solution is to be retained in the catheter close the clamp on the solution bag for the required amount of time.

2.10 Drain the catheter maintenance solution by positioning the solution bag below the level of the bladder and opening the clamp.

2.11 Remove the catheter maintenance solution bag and then attach a new sterile catheter bag, again following the ‘no touch’ technique. Secure the catheter bag using the leg straps.



- 2.12 Dispose of all used equipment, apron, and gloves.
- 2.13 The carer should then wash their hands with soap and water or decontaminate hands with alcohol-based gel.
- 2.14 Complete the activity schedule/MAR and document the procedure in the customer record notes. Any concerns should be reported to the branch staff or LCM and the GP/Community Nursing team.

3.0 Troubleshooting

- It is recommended that a catheter diary is kept to record the frequency and cause of blockages.
- If unable to resolve the blockage the GP/Community Nursing team or NHS111 should be contacted.
- The customer should ensure that they have a good fluid intake each day to avoid the urine becoming concentrated. It is advisable to reduce the intakes of caffeine, sugar, and sweetener as these can increase the risk of bladder spasm.
- The customer should avoid becoming constipated as this can put pressure on the urethral tract. A diet with a good amount of fibre and a good fluid intake is recommended.
- Catheter maintenance solutions should not be instilled if the customer is experiencing autonomic dysreflexia and the catheter appears to be blocked as this can increase the risk of bladder spasm. In this instance the carer must immediately contact 999 and inform the call handler that the customer is having autonomic dysreflexia and has a blocked catheter.

4.0 Training

Training is completed using the online module for catheter maintenance and then face to face training with a Regional Clinical Lead or a registered healthcare professional i.e., community nurse (evidence of training and sign off must be provided).

All carers supporting customers with catheter maintenance must complete annual refresher training.

Note – Equality Impact Assessments are not required for Work Instructions

What was the previous version number of this document?

Version 1



Changes since previous version	Yes, revised information based on current guidelines from The National Institute for Health and Care Excellence (NICE) and the Royal College of Nursing (RCN). Work instruction previously titled 'Bladder Maintenance'.	
Author of the document	Clinical Team	
Who was involved in developing / reviewing/ amending this work instruction?	Clinical Nursing Team	
How confidential is this document?	Public	Can be shared freely within and outside of Helping Hands

Associated Documents	Training & Competency Form – Access Care Planning
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