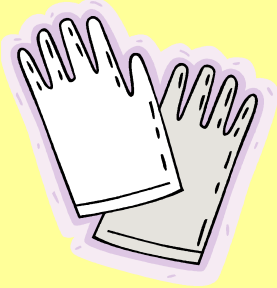


# Long term catheter care and urinary catheter infection

## Prevent infection - Follow the correct procedure for emptying a catheter bag



**Wash your hands and put clean gloves on to reduce the risk of CROSS INFECTION**

- Swab the outlet valve of the catheter with an alcohol swab to reduce the risk of ascending infection
- Open the outlet valve and allow the urine to drain into a clean jug or single use disposable container.
- Close the valve and swab with a new alcohol swab to reduce the ASCENDING INFECTION
- Attach a new bag or night bag and place on a catheter bag stand or secure the bag to the resident's leg using a leg strap.  
This reduces the risk of the CROSS INFECTION from the floor and the risk of the catheter being pulled
- Wash and dry your hands after finishing the procedure to reduce the risk of CROSS INFECTION
- Document the output, dispose of your gloves.



**YES**

### Maintain good urine output:

- Check the bag is draining properly every 4 hours
- Keep the bag below the resident's hip line  
Attach a new bag every 7 days
- Encourage the resident to drink plenty of fluids e.g. 150mls/hour
- Quality cranberry juice helps to prevent urine infections by increasing acidity in the bladder

### Is the urine output normal?

Have they got a low urine output or dark coloured urine?



100mls/ hour = OK



50-90 mls /hour = Low



30mls / hour = very low

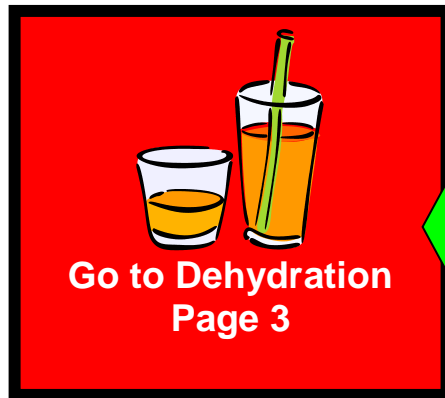
**NO**

### Troubleshoot leaks or blockages

- Is the catheter draining properly?
- Check for kinks and straighten them out
- Check the balloon – re-inflate to the manufacturer's guidelines
- Check for blockage- flush with normal saline
- Recatheterise if necessary
- Check the bag every 4 hours to keep it trouble free

### Has this solved the problem?

**NO**



## Do you suspect a Urinary Tract Infection?

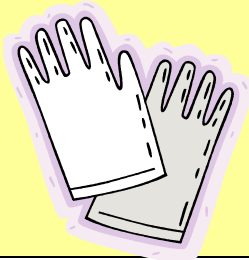
### Does the resident have Urinary Symptoms?

- Fever, with or without chills
- Pain in the abdomen, flank or lower back
- Urine that smells foul or unusually strong
- Urine that is thick, cloudy or tinged with blood

NO

YES

### Collect a sterile sample:



- Wash your hands and put on a new pair of gloves.
- Clean the catheter port with an alcohol swab
- Take the urine sample from the catheter port
- If the resident is NOT catheterized, collect a mid-stream specimen of urine

### Do a dip stick test for:

**Leucocytes** - Evidence of infection which can be confirmed by urine culture.

**Nitrites** - Nitrites in urine indicate infection

**Blood** - Can indicate infection, local trauma or stones

YES

- Send a specimen for urine culture and call the GP that day
- Use the checklist to describe the resident's symptoms

