

Scottish Urinary Tract Infection Network Newsletter September 2018



Having been part of the SLWG for the production of the National Catheter passport and watching its launch in January 2018, was a proud moment.



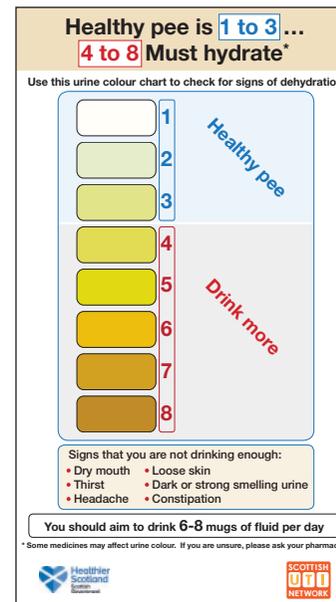
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It has been wonderful to hear that we are now on our second print run of passports due to the National demand for them. Our SUTIN mantra is 'No Catheter, no infection' and within this newsletter we are please to showcase and share the good work NHS Grampian have been undertaking within community nursing. This is in relationship to the use of the National Catheter Passport, identifying people for a trial without catheter early and where appropriate, increasing the usage of intermittent catheterisation as an alternative to an indwelling urinary catheter. An inspiring example of patient centred care in action!

Hydration Campaign evaluation

In the June newsletter we highlighted the national hydration campaign with; posters and leaflets in community pharmacies across Scotland; aide memoirs, leaflets and posters in acute and care settings. The whole population approach of this campaign is difficult to evaluate but we distributed a survey to community pharmacists and are indebted them for providing very valuable feedback. Their position, in high streets, gave great opportunity to capture the views of the public.

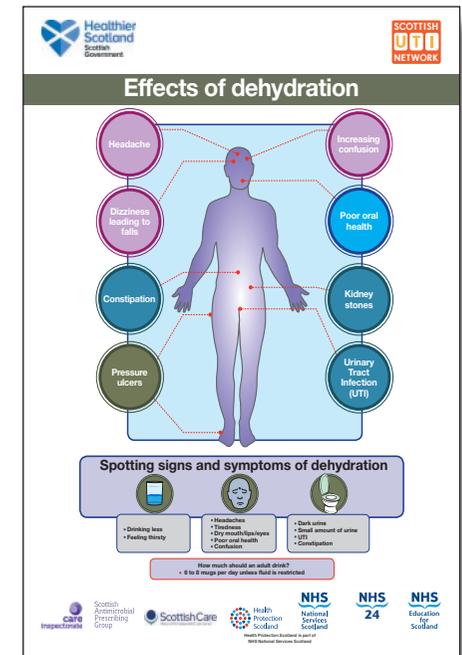
Detailed analysis of the results will follow but the poster was well received and had prompted discussions about the need to drink more. Some words used to describe the poster were; impactful; striking; very informative. The healthy pee section was



particularly welcomed (see poster), with comments that people were unaware that this was a way to assess if they had drunk enough. This also impacted staff resulting in hilarity as they became rather obsessive!!

A similar survey is being distributed to acute, community and care settings. It will be interesting to evaluate the use of specific resources prepared for these settings such as the 'Effects of dehydration' poster.

If you work in care homes, care at home or acute settings please provide us with valuable feedback via the short hydration survey which is found [here](#).



Alternatives to Indwelling Urinary Catheterisation

Setting the Scene

Urinary tract infections are the most common reason for patients to have an unscheduled hospital admission of which a substantial number are associated with having an indwelling urinary catheter in place (National Point Prevalence Survey 2016). This can often contribute to confusion in the elderly, leading to other problems such as trauma from falls. The longer a urinary catheter is in place the more likely an infection will occur (European Association of Urology Nurses 2012). Health protection Scotland (HPS 2015) has recommended that the need for an indwelling catheter is reviewed regularly and avoidance of its use where possible due to the significant infection risk to patients, thus emphasizing the importance of assessment. Point Prevalence Survey (2016) highlighted that urinary tract infections amount to 24.8% of all healthcare associated infections (HAI) in acute hospitals. Half of these patients had or had had an indwelling urinary catheter in place within the previous seven days.

Changing Practice

In NHS Grampian, an audit (over a one week period) of adults in the community on district nursing caseloads with indwelling urinary catheters was undertaken and completed in January 2018. This showed approximately 1000 patients in the community (excluding nursing homes) who had indwelling catheters in place. 45% of indwelling catheters were in place due to retention of urine and approximately 180 health care visits were related to scheduled and

unscheduled change of catheters, highlighting the substantial demand on the work force. Only 15% of patients had a trial without catheter in the last six months. Following the audit in NHS Grampian all the district nursing teams have been asked to implement an improvement plan which aims at reducing the number of indwelling catheters and to consider intermittent catheterisation as an alternative. Where clinically indicated a trial without catheter (TWOC) should be planned and undertaken. This plan should be documented in the recently launched national catheter passport. Where a TWOC has been unsuccessful due to retention of urine, intermittent catheterisation must be considered as an alternative to reinsertion of an indwelling catheter. Intermittent catheterisation carries a much lower risk of infection and is considered to be the preferred option for bladder management (National Institute for Health and Care Excellence 2012).

Additional benefits of intermittent catheterisation include: improving the quality of life and body image for the patient, allowing freedom during sexual activity and normal bladder function is maintained (Yates 2017).

In most instances, the patient is taught how to carry out this procedure, however on some occasions it may be a relative or carer who undertakes the procedure. In these circumstances, the registered nurse has the responsibility of ensuring that the carer has the necessary knowledge and competence to carry out the procedure and manage the catheter/drainage system.

The frequency of catheterisation depends on individual assessment of bladder function;

- Less than 150mls Consider stopping intermittent catheterisation (IC)
- 150-300mls Carry out (IC) twice daily
- 300-500mls Carry out (IC) three times a day
- Over 500mls Increase to four times daily and contact a Health Care Professional

or Bladder and Bowel Specialist Service for further advice.

The improvement plan also recommends that where the management of urinary incontinence has been given as a reason for the indwelling catheter, incontinence products should be considered in all cases as an alternative.

Implementing the improvement plan will change the culture and practice of the use of indwelling urinary catheters. It is important to recognise that additional support, education and training will be required for all staff. In NHS Grampian, this will be offered by the bladder and bowel specialist team, recognising the important health care delivered by the district nursing teams across all areas. A re-audit is planned to take place six months following the improvement plan and further recommendations will be made if necessary.

Health professionals have a responsibility to ensure that patients have the right information in order to make informed decisions about their health care. It is important there is engagement with the public and patient groups to enhance a better awareness of the risks associated with indwelling urinary catheters and alternatives such as intermittent catheterisation.