

Urinary Catheterisation for Children/Young People Standard Operating Procedure UHL Paediatric Intensive Care Unit (PICU) (LocSSIPs)

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APPROVERS	POSITION	NAME
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Appendices in this document:

Appendix 1 : UHL Safer Surgery Invasive Procedure Safety Checklist: Urinary Catheterisation

Appendix 2 : Patient Information Leaflet for Procedure Available at: [Home \(leicestershospitals.nhs.uk\)](http://Home(leicestershospitals.nhs.uk))

Introduction and Background:

National Safety Standards for Invasive Procedures (NatSSIPs) have been developed by a multidisciplinary group of clinical practitioners, professional leaders, human factors experts and lay representatives brought together by NHS England. They set out the key steps necessary to deliver safe care for patients undergoing invasive procedures and will allow organisations delivering NHS-funded care to standardise the processes that underpin patient safety.

Organisations should develop Local Safety Standards for Invasive Procedures (LocSSIPs) that include the key steps outlined in the NatSSIPs and to harmonise practice across the organisation such that there is a consistent approach to the care of patients undergoing invasive procedures in any location. Put simply, NatSSIPs should be used as a basis for the development of LocSSIPs by organisations providing NHS-funded care.

The development of LocSSIPs in itself cannot guarantee the safety of patients. Procedural teams must undergo regular, multidisciplinary training that promotes teamwork and includes clinical human factors considerations. Organisations must commit themselves to provide the time and resources to educate those who provide care for patients.

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This LocSSIPs is designed for Paediatric Urethral Catheterisation. The SOP will help to familiarise staff with the LocSSIPs prior to its use.

Never Events:

No never events have been recorded for this procedure in the Paediatric Intensive care Units. These checklists are designed to ensure that patient safety during a procedure is paramount and that risk of never events is reduced.

List management and scheduling:

This is not required for the procedures covered in this SOP. Details of the Urinary catheterisation will be recorded on the **UHL Safer Surgery Invasive Procedure Safety Checklist: Urinary Catheterisation** and on the PICU observations chart as part of the CAUTI care bundle. The UHL Safer Surgery Safety checklist will be filed in the patients notes.

Patient preparation:

The child or young person should be involved in their care planning when possible and the clinician who needs to perform the procedure should explain the procedure to the child after explaining why it is necessary. The play specialist or clinical psychologist may be useful in helping during the discussion and consenting process and during preparation for the procedure. The identity of the patient must be verified by the child/parent/carer.

Name and Date of Birth (DOB) will be checked against the ID band as per UHL policy. In infants under 1 year of age, ID bands must be attached to the lower limbs only. In children of all other ages, the ID band should be attached to the non-dominant hand/limb. If a competent young person refuses to consent to a procedure, parents/guardians cannot override a decision for treatment that you consider to be in their best interests, but you can rely on parental consent when a child lacks the capacity to consent. Where possible, the child/young person should consent to their own treatment however, if the child cannot competently consent, then a parent/guardian can provide the consent on their behalf. This can be discussed at the bedside or in a treatment/quiet room for more privacy-it should be wherever is felt to be most comfortable.

Consent should be documented in the notes and ticked as gained on the **UHL Safer Surgery Invasive Procedure Safety Checklist: Urinary Catheterisation**. Consent should include the possible difficulties that may be encountered. An explanation of how the procedure will be carried out should be given, detailing the strategies you utilise to ensure strict adherence to infection prevention guidance.

There may be some pre-procedural investigations that need to be completed prior to performing the procedure:

- Bladder ultrasound to confirm presence of urine,
- Blood tests (FBC and Coagulation) if the patient has a suspected or ongoing coagulopathy. The decision whether to proceed with the procedure when coagulation abnormalities, anti-coagulant

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medication or physiological disturbances are present remain the responsibility of the PICU consultant in charge of the patient.

Workforce – staffing requirements:

One member of staff may be adequate for the procedure, providing they have gained and can hold the child/young person's trust, but the child/young person may need some help and encouragement (if awake) to stay in the optimum position, a parent/guardian may be useful in this situation but a play specialist or another member of staff could also be utilised. Older children and young people may wish to have the procedure carried out by a same sex member of staff and this should be accommodated wherever possible. All children should be chaperoned by a same sex member of staff or their parent/guardian. The most important thing is that the person performing the procedure is absolutely confident and competent.

Ward checklist, and ward to procedure room handover:

The LocSSIPs will cover the pre-procedure checklist and required handover to the bedside nurse in PICU. In the event that a child/young person comes from a ward area to PICU for a urinary catheter insertion, then the **UHL Safer Surgery Invasive Procedure Safety Checklist: Urinary Catheterisation** will be completed and the following documented in the patients notes:

- Procedure,
- Medications given,
- Observations/Stability,
- Problems/complications.

Procedural Verification of Site Marking:

Not Applicable.

Team Safety Briefing:

The Team Safety Briefing is incorporated into each checklist, in more than one member of staff is required for the procedure. The **UHL Safer Surgery Invasive Procedure Safety Checklist: Urinary Catheterisation** must be completed by the operator prior to and on completion of the procedure.

Before the Procedure/ Sign In:

'Sign In' refers to the checklist completed at the patient's arrival into the procedure area.

- Sign In will take place at the patient's bedside
- The Sign In must be carried out by two people. The people present should ideally be the operator and assistant. That the patient will be encouraged to participate where possible.
- Any omissions, discrepancies of uncertainties must be resolved before proceeding.

The check should consist of:

- Confirmation of the patient identity and consent for the procedure,
- Identification of all team members and their roles,
- Pre-procedure observations documented and the patients medication/coagulation been checked,
- Is a bladder palpable,
- Is there evidence of a bladder on ultrasound?

Time Out:

'Time Out' is the final safety check that must be completed for all patients undergoing invasive procedures just before the start of the procedure. The WHO checklist is the Gold Standard and may be adapted for local use with the deletion or addition of elements to suit the procedural requirements. Some Royal Colleges or other national bodies have checklists for their specialties.

The 'Time Out' should include:

- That the patient will be encouraged to participate where possible,
- Who will lead it (any member can),
- That all team members must be present and engaged as it is happening,
- That it will occur immediately before the procedure start,
- That separate time out checklist will be completed if there is a separate or sequential procedure happening on the same patient,
- That any omissions, discrepancies or uncertainties must be resolved before starting the procedure.

Specifically, the verbal time out between team members confirms that:

- The reason for the catheter is clarified,
- The patient position is optimal,
- All members of the team have been identified and roles have been assigned,
- Any concerns about the procedure have been identified and mitigated.

If antimicrobial therapy/prophylaxis is required, please refer to the UHL Antimicrobial Prescribing Policy B39/2006.

Performing the procedure:

The procedure can only be performed by those with appropriate training – this will be in line with current PICU training. Direct supervision must occur for those learning the procedures by an appropriately trained individual. All operators must ensure familiarity with the equipment required prior to performing any invasive procedure.

Monitoring:

Consider utilising the following monitoring:

- O2 Sats
- ECG
- Blood Pressure
- Pulse rate
- Respiratory rate
- GCS
- Temperature
- (Capillary Blood Glucose) CBGs
- ETCO₂ for ventilated patients

If the patient requires ongoing sedation, this must be covered by the Analgesia and Sedation Guideline for Paediatric Intensive Care Unit C10/2009.

Prosthesis verification:

Not Applicable.

Prevention of retained Foreign Objects:

The responsibility for ensuring all sharps are disposed of correctly is with the procedure operator. The appropriate Paediatric Urethral Catheterisation (**UHL Safer Surgery Invasive Procedure Safety Checklist: Urinary Catheterisation**) ensures that all guidewires have been removed and the length and integrity have been checked.

Radiography:

These procedures do not require radiography during the procedure.

Not Applicable

Sign Out:

'Sign Out' must occur post procedure. This covers, as appropriate, the following:

- Confirmation of procedure
- Confirmation that counts (guidewires, instruments, sharps and swabs) are complete if applicable
- Confirmation that specimens have been labelled correctly and placed in appropriate transport medium
- Discussion of post-procedural care and any outstanding investigations required to confirm safe completion of the procedure.
- Equipment problems to include in team debriefing

All the above points will be documented on the **UHL Safer Surgery Invasive Procedure Safety Checklist: Urinary Catheterisation**.

Handover:

Handover to the nursing and medical team post procedure should include:

- A brief description of the case,
- Explanation of samples taken so that the results can be followed up in a timely manner,
- Inform them of observations post procedure and what they are at the time of handover,
- Confirm expectations of urine output and overall fluid balance to be achieved,
- Ensure diuretics have been prescribed if necessary,
- Ensure team have an appropriate fluid balance chart,
- Inform staff of any post procedure complications.

Team Debrief:

A team debrief should occur as a discussion at the end of all procedure sessions, this should happen when the patient has been made comfortable, the procedural waste has been disposed of and documentation has been completed.

For those who have been learning the procedure and have been supervised by an appropriately trained person, the appropriate documentation/learning pack must be completed.

Post-procedural aftercare:

Urine output should be monitored hourly after the catheter has been inserted. Urine will collect in the measuring chamber, the amount recorded on the fluid balance chart and then emptied into the main bag. If the child is in bed he or she should be encouraged to use a clean wipe to clean his or her genital area, or permit a nurse, parent or carer to do this for him or her. This should be carried out daily.

For the nurse:

- Explain what you are about to do to the child.

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- Prepare a bowl of hand-warm water, new wipes and a clean towel-DO NOT USE SOAP.
- Ensure the curtains are closed fully around the bed, or the door and window closed and covered to provide privacy. Wash your hands.
- Put on a plastic apron and non-sterile gloves.
- Gently wash around the child's genital area, being careful not to pull on the catheter.
- Observe for signs of chaffing or infection of the skin or urethral meatus.
- If there is any encrustation around the catheter tubing this should be soaked off by wrapping the catheter with a warm, wet wipe and leaving for a few minutes before gently rubbing away.
- Do not pick or scrape as this could damage the catheter.
- Always wipe the catheter tubing down and away from the child, and not up toward the urethra meatus.
- Pat-dry the child's skin and dress the child appropriately.
- Ensure the catheter bag is appropriately positioned and supported and that the tubing is not kinked, trapped or occluded.
- The bag should not be allowed to touch the floor and tubing must not run up-hill.
- Dispose of the used wipes and the water.
- Remove gloves and apron and wash your hands.
- Document care given in the child's nursing notes.
- Record and report any cause for concern.

Potential problems include Bladder pain, Bypassing, Blockage, Infection, Stricture formation, Creation of a false passage or pain or haematuria from traumatic catheterisation.

Patients will be nursed in overhead incubators, cots and beds. Where they are mobile, the child, parent/guardian should have been given appropriate education on catheter care to prevent it from pulling or being damaged in any way.

Discharge:

Patients may be discharged to an appropriate ward area from PICU but are unlikely to be discharged straight to home. A patient will always be discharged with appropriate medical guidance. Any medications or specific care requirements will be given to the child/parents/carers at the time of discharge.

Governance and Audit:

Deviation from the LocSSIPs unless clinically justified in an emergency constitutes a safety incident. All safety incidents must be recorded on a DATIX.

Any Datix submitted will be fully investigated by a designated person and overseen by the Childrens Patient Safety Coordinator. All findings will be fed back to the team involved and any learning will be cascaded throughout the Childrens Hospital.

[To submit monthly Safe Surgery Audit and WHOBARS assessment as per Safe Surgery Quality Assurance & Accreditation programme.](#)

Training:

All members of staff who undertake urethral catheterisation, care and removal of the catheter for children must be supported by their line manager and carry out this activity as an integral part of their key responsibilities within their role.

Members of staff who may carry out this role are those who have undergone appropriate training and been assessed as competent.

The training must be identified through the appraisal process and be included in their personal development plan.

Members of staff must complete the Trust competency based training and assessment program led by the children's urology nurse specialist lead, who can be contacted on ext. 5533.

Members of staff must have completed a period of supervised practice, the time span of which will be agreed by the assessor but to be completed within 6 months.

Authorised members of staff must have evidence of assessment and competency signed by an appropriate assessor.

Authorised members of staff must accept responsibility for updating knowledge and skills and provide evidence of this as agreed with line manager as part of the appraisal process.

Staff new to the Trust who has been trained elsewhere or who are newly registered and have been assessed as competent within their pre-registration training must provide evidence of the training and assessment program that they have successfully completed. If the member of staff does not have any evidence of successful completion of their training and assessment they will be required to undertake the UHL training.

These members of staff will be required to undertake a one-of practical assessment by an appropriate assessor within the Children's CMG.

Where the child is known to have complex urology it may be necessary to restrict urethral catheterisation to those with specialist training and experience.

Documentation:

The UHL Safer Surgery Safety Checklist is the record of insertion and should be filed in the patients notes. The CAUTI (Catheter Associated Urinary Tract Infections) care bundle should be followed at all times to prevent infection by limiting urinary catheterisation to clear indications, urinary catheter insertion using completely aseptic methods by a trained skilled person, reviewing the need to continue use of the catheter on a daily basis and appropriate care of the urine collection bag, catheter and genital area. For PICU/CICU, this is on the ITU chart.

References to other standards, alerts and procedures:

National Safety Standards for Invasive Procedures, NHS England 2015:

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf>

UHL Safer Surgery Policy: B40/2010

UHL Patient Identification Band Policy B43/2007

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UHL Antimicrobial Prescribing Policy B39/2006
UHL Urethral Catheterisation for Male and Female Children B5/2018
UHL Paediatric Sepsis Guideline B31/2016
Hand Hygiene UHL Policy B32/2003
Analgesia and Sedation Guideline for Paediatric Intensive Care Unit C10/2009
Consent to Examination or Treatment UHL Policy A16/2002
Shared decision making for doctors: [Decision making and consent \(gmc-uk.org\)](https://www.gmc-uk.org)
COVID and PPE: [UHL PPE for Transmission Based Precautions - A Visual Guide](#)
COVID and PPE: [UHL PPE for Aerosol Generating Procedures \(AGPs\) - A Visual Guide](#)

END

Appendix 1: UHL Safer Surgery Invasive Procedure Safety Checklist: Urinary Catheterisation

 University Hospitals of Leicester NHS Trust	 	<p>Safer Surgery Checklist</p> <p>Invasive Procedure Safety Checklist</p> <p>Urinary Catheterisation</p> <p>(Children's Critical Care)</p>	 
Patient ID Label or write name and number Hospital No.: _____ Name: _____ D.O.B.: _____ Sex: _____	Operator: _____ Designation: _____ Observer: _____ Designation: _____ Assistant: _____ Designation: _____	Level of Supervision: _____ Catheter Batch No.: _____	Procedure date: _____ Time: _____
BEFORE THE PROCEDURE/ SIGN IN			
Confirm patient's Name and D.O.B? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Appropriate consent completed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are there any contraindications to performing the procedure? (Coagulopathy) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are there any concerns about this procedure for the patient? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Any known allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>			
TIME OUT			
Verbal confirmation between team members before start of Procedure			
Reason for catheter insertion confirmed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is patient position optimal? Yes <input type="checkbox"/> No <input type="checkbox"/>			
All team members identified and roles assigned? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are there any concerns about this procedure for the patient? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you had any concerns about the procedure, how were these mitigated?			
SIGN OUT			
Any equipment issues? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Sterility maintained? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Catheter care bundle information completed on ITU chart? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signature of operator: _____			


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University Hospitals of Leicester
NHS Trust

Safer Surgery Checklist
Invasive Procedure Safety Checklist
Urinary Catheterisation
(Children's Critical Care)

Patient ID Label or write name and number

Hospital No.: _____

Name: _____

D.O.B.: _____

Sex: _____

Catheter Documentation	
Name:	
Signature:	
Designation:	
Date:	
Time:	
Size of catheter:	
Catheter inserted using aseptic technique?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Ensuring strict adherence to hand hygiene, PPE and safe disposal of guidewire as per UHL guidelines/policies)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Urethral Meatus cleaned with 0.9% sodium chloride?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sterile lubricant used? (Instillagel where appropriate)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sterile closed drainage system used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balloon inflated with recommended amount of water?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Based on the WHO Surgical Safety Checklist, URL: <https://www.who.int/patientsafety/safesurgery/en/>, © World Health Organization 2008. All rights reserved.

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Appendix 2: Patient Information Leaflet for Procedure Available at: [Home \(leicestershospitals.nhs.uk\)](http://leicestershospitals.nhs.uk)

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