

**Integrated Care Pathway  
(ICP)  
For Patients with  
An indwelling Urinary  
Catheter**

Name .....  
Hospital No .....  
NHS No .....  
Consultant .....  
GP Name & Address.....

Catheter type: Urethral / Suprapubic

Short term / Long term

**FOR THE ATTENTION OF ALL STAFF**

This ICP has been developed for use within the Pennine Footprint (Bury/Oldham/HMR and PAHT) as a multi-disciplinary plan of care for patients with a catheter. It is intended as a comprehensive/complete document and all staff must maintain professional accountability when using this pathway. Variances from the pathway must be recorded.

**THE PATHWAY IS TO  
BE FOLLOWED IF:**

**The patient has or requires  
an indwelling urinary catheter**

Insertion date .....

Date patient started on pathway: .....

Catheter Initiated By      Primary Care   ☐   Secondary Care   ☐

Authorised by: ..... (Clinician/GP/Urology Nurse Specialist)

**Initial Catheterisation (Reason for Insertion)**

H.....	Haematuria	<input type="checkbox"/>
O.....	Obstruction (Retention)	<input type="checkbox"/>
U.....	Urology surgery (Post Op)	<input type="checkbox"/>
D.....	Decubitus Ulcers (Pressure ulcers)	<input type="checkbox"/>
I.....	Input/output monitoring	<input type="checkbox"/>
N.....	NFR (Liverpool Care Pathway)	<input type="checkbox"/>
I.....	Immobility due to physical restraint	<input type="checkbox"/>

Before signing for care \* complete this section and use initials on subsequent pages

[illegible]

The person giving the care should sign eg Nurse, Health Care Support Worker, Clinician

Name:.....  
NHS No: .....

Does the patient have any allergies? Yes ☐ No ☐  
If yes, list .....

**CATHETER CHOICE** (please circle)

Latex allergy – Use silicone catheter	Catheter Sticker (found on catheter packaging)
Female 12Fr	
Male 14Fr 16Fr	
Haematuria Debris TURP State size: .....Fr (determined by clinician)	
Paediatric State size .....Fr (determined by clinician)	

**Variance:**

INSERTION	YES	NO	Variance
Follow local ANTT policy			
Follow local Catheter policy			
Sterile lubricant used for procedure			

**Sign & Print name:**

**Residual Urine** .....mls

Difficulties encountered on catheter insertion?	
Post catheter bleeding	<input type="checkbox"/>
Inability to pass catheter	<input type="checkbox"/>
Non drainage of urine 20 minutes post-insertion	<input type="checkbox"/>
Pain experienced by patient	<input type="checkbox"/>
<b>Other Specify:</b>	

Patient advice leaflets given to patient or relative Yes ☐ No ☐  
Patient advice leaflet explained Yes ☐ No ☐  
Patient advice leaflet understood Yes ☐ No ☐

**Variance**

Results of Urinalysis/Clinical Indications of UTI	Dipstick Results	Specimen taken for C&S YES/NO

Specimen Results/Treatment		
Date	Result	Action/Treatment

Reviews by Senior Clinician (e.g. SPR) of Parent Team/GP:

Can this patient be safely re-catheterised at home?                      Yes                      No

If not reason/action .....

Date for Trial With Out Catheter (TWOC).....

## APPENDIX 1 - FOR INPATIENTS

Record A (Achieved) or V (Variance) or N/A (Not Applicable) and initial on each shift

Date																		
	A	P	N	A	P	N	A	P	N	A	P	N	A	P	N	A	P	N
	M	M		M	M		M	M		M	M		M	M		M	M	
A V N/A																		
Initials																		
Is the catheter still needed? <u>HOUDINI</u>																		
ANTT utilised for catheter manipulation																		
Urethral meatal cleaning at least once daily and as necessary																		
Drainage bag Positioned below bladder & off the floor																		
Fluid balance recorded																		
Bowel management recorded																		
Overnight bag used/discarded daily (leg bags only)																		
Catheter circuit not broken (except clinical reason)																		

<b>Variance</b>

Date Catheter bag changed (due every 7 days).....

Date Catheter Removed.....

Removed By.....

## APPENDIX 2 - FOR PATIENTS IN THE COMMUNITY

Record A (Achieved) or V (Variance) or N/A (Not Applicable) and initial on each shift

Date							
A V N/A							
Initials							
Is the catheter still needed? <u>HOUDINI</u>							
ANTT utilised for catheter manipulation							
Urethral meatal cleaning at least once daily and as necessary							
Drainage bag Positioned below the bladder & off the floor							
Bowel management recorded							
Overnight bag used/discarded daily (leg bags only)							
Catheter circuit not broken (except clinical reason)							

<b>Variance</b>

Date Catheter Removed.....

Removed By.....

### APPENDIX 3 - FOR RESIDENTS IN NURSING/RESIDENTIAL HOMES

Record A (Achieved) or V (Variance) or N/A (Not Applicable) and initial on each shift

Date																		
	A	P	N	A	P	N	A	P	N	A	P	N	A	P	N	A	P	N
	M	M		M	M		M	M		M	M		M	M		M	M	
A V N/A																		
Initials																		
Is the catheter still needed? <u>HOUDINI</u>																		
ANTT utilised for catheter manipulation																		
Urethral meatal cleaning at least once daily and as necessary																		
Drainage bag Positioned below bladder & off the floor																		
Fluid balance recorded																		
Bowel management recorded																		
Overnight bag used/discarded daily (leg bags only)																		
Catheter circuit not broken (except clinical reason)																		

<b>Variance</b>

Date Catheter bag changed (due every 7 days).....

Date Catheter Removed.....

Removed By.....