A STUDY OF THE PROCEDURES FOR CATHETER CARE RECOMMENDED BY DISTRICT HEALTH AUTHORITIES AND SCHOOLS OF NURSING

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A Study of the Procedures for Catheter Care
Recommended by District Health Authorities
and Schools of Nursing.

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The urethral catheter is an indispensable part of the management of a large number of hospitalised patients, with nurses largely responsible for the care of the catheter and drainage system. The research programme within the Nursing Practice Research Unit was established to provide scientific principles upon which nursing care of patients with an indwelling urethral catheter may be based. This report describes part of the initial phase of this work – a study of documented nursing procedures for catheter care recommended by district health authorities and schools of nursing. The study was a postal survey of all 207 district health authorities and 181 schools of nursing in England and Wales. Replies were received on behalf of 169 districts and 163 schools of nursing.

The results demonstrated the absence of a universally accepted procedure for catheter care or even an accepted format for such a procedure. Only the technique of catheterisation was universally regarded as important, being included in 98% of procedures. Aspects such as bag emptying and catheter removal only occurred in half the procedures. Most districts (95%) had, however, revised at least one aspect of their procedures since 1980. A detailed analysis of the content of meatal cleansing and bag emptying procedures found the procedures to be far from comprehensive with many aspects, such as how frequently care should occur or whether the nurse should wash their hands before or after performing care, not being mentioned. The survey also revealed that very few districts provided any rationale for the content of the procedure. Whilst acknowledging that some aspects of practice are unproven or controversial it is worrying that procedures should be presented in such a rote fashion. The significance of these and other results and their implications for reducing the incidence of catheter associated bacteriuria amongst patients with an indwelling urethral catheter are discussed.