

## Urinary catheter care clinical competencies

Name:	Role:
Base:	Date initial training completed:

### Competency Statement:

The participant demonstrates clinical knowledge and skill in urinary catheterisation without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse (or Associate Practitioner for Band 2 or 3) who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
<b>The Participant will be able to:</b>				
<b>1. Demonstrate knowledge and skill in urinary catheterisation</b>				
a) State when it is appropriate to utilise an indwelling urinary catheter	Questioning			
b) State when this should be reviewed	Questioning			
c) State what must be considered when selecting the right catheter for the patient	Questioning			
d) Demonstrate an understanding of the terms: i) <input type="checkbox"/> Intermittent ii) <input type="checkbox"/> Short term iii) <input type="checkbox"/> Medium term iv) Long term v) <input type="checkbox"/> Foley catheter vi) Nelaton catheter in reference to catheter use	Questioning			
e) Demonstrate an understanding of the materials used to make catheters and the circumstances that they are most appropriately used. i) PVC or Plastic (Indwelling) ii) <input type="checkbox"/> Latex (non-coated) iii) PTFE (Teflon) coated Latex iv) <input type="checkbox"/> Silicone elastomer-coated Latex v) <input type="checkbox"/> 100% silicone vi) <input type="checkbox"/> Hydrogel-coated Latex	Questioning			
f) Demonstrate an understanding of the range of catheter length and appropriate, safe choice for patients: i) <input type="checkbox"/> Short ii) Standard iii) Paediatric	Questioning			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
g) Demonstrate understanding of the range of balloon size and safe and appropriate use: i) 5 ml ii) 10 ml iii) 30 ml iv) Balloon inflation	Questioning			
h) Demonstrate understanding of the process used to select Charriere size.	Questioning			
i) Discuss the mechanism and appropriate use of <b>Suprapubic</b> catheters	Questioning			
j) Discuss the options of drainage systems, considerations and appropriate choices for the patient	Questioning			
k) Discuss the use of catheter valves and the criteria for use in the individual patient	Questioning			
l) Describe the process of deflating catheter balloon and safe actions to take if the balloon fails to deflate	Questioning			
m ) Discuss/demonstrate the principles of safe, effective: i) <input type="checkbox"/> catheter maintenance ii) <input type="checkbox"/> routines for changing a catheter  Discuss the causes and solutions to catheter blockage: i) Mucosal occlusion ii)Hydrostatic suction iii) Occlusion due to spasm iv) <input type="checkbox"/> Mechanical causes v) <input type="checkbox"/> Encrustation	Questioning			
n) Discuss the causes for and solutions to: i) <input type="checkbox"/> Bypassing ii) Cramping pain iii) <input type="checkbox"/> Urethral discomfort iv) <input type="checkbox"/> Haematuria v) Purple Bag syndrome vi) <input type="checkbox"/> Pain on removal	Questioning			
o) States what information must be documented following insertion of a urinary catheter	Questioning			
<b>2. Demonstrate practical skill in urinary catheter care</b>				
a) Basic care of female catheter including meatal care.	Direct observation			
b) Basic care of male catheter including meatal care.	Direct observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
c) Basic care of suprapubic catheter including skin care.	Direct observation			
d) Empty a catheter bag and valve.	Direct observation			
e) Changing and securing day and night bags.	Direct observation			
f) Be aware of and use a variety of catheter care support equipment.	Direct observation			
g) Urine collection and analysis.	Direct observation			
h) Safe disposal of catheter bags	Direct observation			
i) Bladder irrigation	Direct observation			

Source Catheter Care Guidelines 2017

Date all elements of Competency Tool completed to level 3 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in urinary catheter care

Assessor \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_