

**Catheter Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of urinary tract infections, [allergic reaction](https://www.healthline.com/health/allergies/allergic-reaction) to the material used in the catheter, such as latex, [bladder stones](https://www.healthline.com/health/bladder-stones), blood in the urine, injury to the urethra, kidney damage (with long-term indwelling catheters), [septicemia](https://www.healthline.com/health/septicemia), or infection of the urinary tract, kidneys, or blood.

**Desired Outcome:**       will have the catheter replace as recommended and will remain free from infections and injuries. Staff will respond as trained if symptoms of catheter or urinary issues are exhibited.

**Why at risk/History:**       uses a catheter to urinate.

A **catheter** is a flexible, hollow tube that is inserted into the bladder, allowing urine to drain freely. The most common reasons for using a catheter are to rest the bladder following an episode of urinary retention or after surgery – usually bladder, bowel or urinary tract surgery. Long term catheter use may be a result of a condition that affects the nerves that control the bladder, such as spina bifida, multiple sclerosis (MS), stroke or spinal injury, or a chronic debilitating or terminal illness with loss of mobility or sufficient awareness to be able to use a toilet or commode. The main risk of using a urinary catheter is that it can allow bacteria to enter the body. This can cause an infection in the urethra, bladder or, less commonly, in the kidneys. These types of infection are known as urinary tract infections (UTIs). It may also cause an [allergic reaction](https://www.healthline.com/health/allergies/allergic-reaction) to the material used in the catheter, such as latex, bladder stones, blood in the urine, injury to the urethra, kidney damage (with long-term indwelling catheters), [sepsis,](https://www.healthline.com/health/septicemia) which is a life threatening infection that can happen within hours, or infection of the blood.

**Supports and interventions:**

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* will be responsible for changing the catheter every      , as recommended by the manufacturer.
* Staff will wash hands with soap and warm water and put on gloves before and after touching catheter equipment.
* Staff will assist      , as needed, with cleaning the insertion site, washing the skin in the area where the catheter enters the body with mild soap and water every day.
* Tubing and drainage system should be manipulated as little as possible during care.
* Staff will assist      , as needed, with ensuring that there are no obstructions, kinks, or bends in the tubing or any part of the drainage system and observe for leakage or drainage. Irrigate catheter only if an obstruction is suspected.
* Staff will assist      , as needed, with ensuring that no part of the tubing or any part of the drainage system to touch the floor and that the drainage bag is positioned below the bladder.
* Staff will assist      , as needed, with emptying the catheter bag every       or as needed.
* will be responsible for replacing the urine drainage bag every       according to manufacturer’s instructions.

**Monitor:**

* Severe or ongoing bladder spasms (like stomach cramps)
* Catheter blockage or urine leaking around the edges
* Urine is bloodstained or has specks of blood in it
* Passing bright red blood
* Catheter falls out

**Signs/symptoms of urinary tract infection (UTI)**:

* A strong, persistent urge to urinate
* A burning sensation when urinating
* Passing frequent, small amounts of urine
* Urine that appears cloudy
* Urine that appears red, bright pink or cola-colored — a sign of blood in the urine
* Strong-smelling urine
* Pelvic pain, in women — especially in the center of the pelvis and around the area of the pubic bone
* Upper back and side (flank) pain
* Pelvic pressure
* Lower abdomen discomfort
* Frequent, painful urination
* Blood in urine
* Discharge
* Change in mental status
* Nausea
* Vomiting
* Severe abdominal or back pain
* Shaking and chills
* High fever

**Notify:**

* **CALL 911 if exhibiting vomiting, severe abdominal or back pain, shaking and chills, high fever, or passing bright red blood in urine, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech and/or Nurse of any symptoms of catheter or urinary issues, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of catheter or urinary issues, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | **Catheter** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
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