

# **CONTINENCE PRESCRIBING GUIDELINES**

**Southern Derbyshire Prescribing Guide**

**September 2001**

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*Development and adherence to local guidelines helps to ensure rational, cost-effective and evidence based prescribing policies<sup>1</sup>. Continence is a relatively high cost area and cost-effective prescribing of products is essential, albeit after the proper duty of care owed to the patient.*

*These guidelines discuss the general principles of prescribing those urinary continence products listed in the Nurse Prescribers' Formulary (NPF). They are designed to provide nurses with a list of products considered suitable first line choices. Other products may need to be used but the person making the recommendation or prescribing the product should give justification for their choice.*

## PRESCRIBING POINTS

- **When prescribing:**
  - **Include full details of product required**
  - **DO NOT prescribe generically**
  - **Avoid the term 'original pack' (OP)**
  - **Prescribe the smallest amount required to avoid wastage**
  
- **Average quantities to prescribe for ONE month are:**

▪ <b>Catheters indwelling</b>	<b>Foley</b>	<b>ONE (plus ONE spare)</b>
	<b>Nelaton reusable</b>	<b>FIVE</b>
	<b>Self lubricating</b>	<b>FIVE packs of 25</b>
▪ <b>Sheaths</b>		<b>PACK of 30</b>
▪ <b>Leg bags</b>	<b>drainable</b>	<b>FIVE</b>
▪ <b>Night bags</b>	<b>drainable</b>	<b>FIVE</b>
	<b>non-drainable</b>	<b>THIRTY</b>

Prescriptions should include full details of the required product to ensure the correct **size, type, quantity** and **gender** (for catheters) are provided.

The brand and manufacturer of the continence device should be stated to ensure continuity of supply. **Appliances should not be prescribed generically because of the differences between individual products.**<sup>1</sup>

The use of the term 'OP' (or original pack) on a prescription form, without indication of the quantity required, should be avoided. Pack sizes often differ between products and patients may receive inappropriate amounts if the quantity is not stated.

The Drug Tariff (Part 1XA for urethral catheters and 1XB for other continence appliances), outlines the pack sizes available for different products. When new products are being tried, the smallest pack size should be prescribed to minimise wastage. Accurate and comprehensive details should be recorded to ensure continuity of supply.

### Reuse of products

Inappropriate reuse of urinary continence devices, such as some night urine bags may increase infection risks. **Where items are labelled single use, recommending reuse means that the legal liability for the product rests with the prescriber.**

Some reusable, **non-coated**, intermittent catheters are labelled for **single patient use**, which may cause confusion. The Medical Devices Agency state that 'these may be used a number of times, according to local clinical practice, by the same patient with the item being cleaned after each episode of use'.<sup>2</sup> Manufacturers' guidelines on cleaning products should be followed.<sup>2</sup>

## GUIDELINES FOR PRODUCT SELECTION

- Choice of product depends on:
  - Accurate assessment and diagnosis
  - Evidence base for product
  - History of previous product use
  - Patient choice
  - Local guidelines
- No one product suits all
- Patient held record cards will assist continuity and increase patient involvement. Good quality written information on product type and patient groups should be provided
- The following products have been selected by the Local Continence Advisers based on the best available published evidence. National reviews of products are available on request. Where products were deemed to be of equal quality selection was made on the basis of cost  
(See Appendix 4 for the Drug Tariff codes for listed products)

### 1. CATHETERS

Careful patient assessment is essential before deciding to catheterise, due to the high risk of infection associated with catheter use.

*SEE Appendix 2: use of antimicrobials to cover catheter manipulation  
Appendix 3: long term catheter hygiene and use of maintenance solutions*

To avoid problems such as bypassing, the smallest size which provides adequate drainage should be used. Catheter size must be specified on the prescription.

#### (i) Indwelling Foley catheters

##### **A: Short/medium-term use (1-3 weeks)**

- Generally inappropriate for use in primary care unless patients experience recurrent blockage, necessitating frequent changes.

**RUSCH PTFE COATED LATEX**

## B: Long-term use (3-12 weeks)

**RUSCH SILIKON 100  
KENDALL ARGYLE  
KENDALL ULTRAMER  
BARD BIOCATH – see note below**

- Can remain in place for up to three months in many cases
- Advantages will be lost by frequent changing
- They are packed in single units; one per prescription should be adequate
- Patients should always have a spare catheter in case of blockage and when it will be difficult to obtain a replacement.
- Bard Biocath should not be used first line. It's use is restricted to specific areas within the Acute Trust.

### Notes

#### 1 Balloon size

- The balloon size must be stated on prescriptions.
- For most adults, 10ml is ideal and will be supplied automatically if no size is stated. This represents the volume of sterile water required to fully inflate the balloon. Larger sizes tend to cause irritation and leakage by pressing on the bladder neck and should only be prescribed by a consultant urologist.

#### 2 Pre-filled catheters

- These contain sterile water with a releasing mechanism which inflates the retaining balloon with water, but are more expensive. They may reduce nursing and equipment costs but reported problems include water loss and deflation.
- **Pre-filled catheters are no longer recommended.** As an alternative the Rusch Silikon 100 is packaged with a syringe and water

#### 3. Suprapubic catheters

**RUSCH SILIKON 100  
KENDALL ARGYLE  
KENDALL ULTRAMER  
BARD BIOCATH – see note above**

## C: Intermittent self catheterisation (ISC) - (Nelaton catheters)

- This technique may be particularly beneficial to patients who have incomplete bladder emptying.
- Patients should always be encouraged to try to pass urine prior to insertion of the catheter.
- General points regarding the need for hygiene apply equally with this technique. Patients should be taught to avoid touching the catheter tip.
- Patients who have problems with manual dexterity may find these catheters difficult to use - aids can facilitate easier handling.

**Single use only – PVC**

**PENNINE**

**Reusable PVC**

**SIMPLA EMS  
SIMS PORTEX**

- More rigid and suitable for intermittent use
- Reusable PVC catheters can be washed and reused for up to a week. (This will be dependent on the amount of usage e.g. greater than 'average' use will reduce the life of the catheter). Instructions on storage must be given to the patient.
- One pack contains five catheters which is an average month's supply
- Full packs should be prescribed as they cannot be split

**Single-use self-lubricating**

**SIMPLA AQUACATH  
ASTRA LOFRIC  
HOLLISTER INSTANT CATH**

- As the rate of use is approx. 6-45 times greater than reusable Nelaton catheters for patients with ISC single use catheters are an expensive option.
- Their use should be reserved for patients with neuropathic bladder disorders who are at a high risk of infection, particularly patients with multiple sclerosis, spina bifida, diabetes, spinal cord injury and following stricture therapy surgery.
- Patients are discharged home on a specific size, which should not be altered without consultation.
- About 5-6 packs should be enough for a month's supply (25 catheters per pack)
- Full packs should be prescribed as they cannot be split

## **2. SHEATHS**

**SIMPLA AQUADRY CLEAR ADVANTAGE range  
CONVEEN TWO PIECE SYSTEM  
SIMS TRANSFIX STYLE TWO SHORT LENGTH**

- They must be fitted by an appropriately trained health professional. Referral to a specialist should only be made for patients with fitting difficulties.

- Generally, problems relate to poor skin preparation, poor fitting and inappropriate choice of product. This may result in:
  - \* increased susceptibility to UTI
  - \* sores on the end of the penis, as some products have hard tips
  - \* irritation and/or damage to the surrounding skin caused by some adhesives
- Skin integrity should be regularly monitored.
- Generally, one pack of 30 should be adequate for one month.

### 3. LEG BAGS

<p style="text-align: center;"><b>SIMPLA AQUADRY MAERSK MEDICAL CARELINE SIMPLA</b></p>
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- Bags differ in outlet tap, overnight connections, length of inlet tubes and inclusion of attachment straps. **The products listed have been shown in local evaluations to outperform other bags in terms of leakage.**
- The quality of the tap on drainable appliances is important. Patient capabilities must be assessed when deciding on which bag to prescribe.
- Many drainable day bags can remain in use for 5-7 days. A pack of ten should therefore be adequate for most prescriptions, although packs can be split if required.
- Local continence advisers suggest the use of leg bag holders (e.g. Urisleeve) as leg straps are uncomfortable and often inappropriately used. A G strap should be used to secure the catheter

### 4. NIGHT DRAINAGE BAGS

<p style="text-align: center;"><b>SIMPLA AQUADRY MAERSK MEDICAL CARELINE SIMPLA</b></p>
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- Drainable bags are available to permit easier emptying of urine next morning via the tap.
- They are NOT intended for single use in the community, as this would increase costs unnecessarily. Bags may be reused for up to one week and good hygiene control should be used to avoid infection risk. Bags should not be stored in the sluice or communal areas, but immediately taken back to the patient's room after emptying and rinsing.

## 5. CATHETER VALVES

**SIMS URO-FLO  
BARD FLIP-FLO**

- May be used by patients (or carer) with long-term catheters who have sufficient manual dexterity to turn a valve to empty the bladder when required. This avoids the need for a day bag.
- The patient must have cognitive awareness and adequate bladder capacity to utilise these systems. Appropriate assessment is essential prior to prescribing these devices. **It is necessary to seek consent from the patient's GP or a consultant urologist before prescribing a valve.**
- Valves should be replaced weekly

## 6. ANAL PLUGS

**CONVEEN ANAL PLUG**

- Used for patients with faecal incontinence problems – most suitable for neurogenic conditions with impaired sensation.
- Adequate bowel management to clear bowels must be instigated
- Plug must be changed every 12 hours

## 7. ACCESSORIES

**BARD URISLEEVE  
SIMPLA G-STRAP**

## Choosing an appropriate continence product

**The choice of an appropriate continence product depends upon a variety of factors:**

- Accurate assessment and diagnosis
- The evidence base for the effectiveness of products
- Patient choice
- The history and effect of previously used products
- Prescribers' awareness of which products are available

Nurses should also remember that the use of any continence appliance may significantly affect the person who has to use them (and their carers) psychologically, physically, socially and sexually. These issues should always be considered whenever a continence product is prescribed.

### Assessment and diagnosis

**Accurate assessment of patients with a bladder/bowel problem is vital to maximise the potential for cure or alleviation.** Diagnosis must be established wherever possible, as the effective management of the bladder/bowel problem depends on the cause.<sup>3</sup> If a diagnosis cannot be made, referral to a specialist may be appropriate.

### Evidence base for products

Although there is some good evidence available on strategies for treating bladder and bowel problems, research around the appropriate use of continence products is limited and is often of poor quality. Many studies involve small numbers of patients and there are few randomised controlled trials. All nurses involved in continence care should have up to date knowledge of products available and their relative merits.

The key message from these studies is that **no one product suits all patients.**

### Product use history

A full continence product history should be taken from the patient as well as details of the patient's experience with particular devices. Patient-held product records may assist continuity and increase patient involvement. Any history of allergies to products such as latex should be determined and documented, as potential allergens are often used in continence products.

### Patient choice

Enabling the patient to make an informed choice when selecting products is important.<sup>4</sup> Nurses should be aware of the variety of non-prescribable products available which may be more appropriate for the patient.

Patients' and carers' views or needs may change with experience; therefore, a regular review of product's acceptability is essential.

## **How are continence products regulated?**

All continence products are classified as medical devices and are regulated by the Medical Devices Agency (MDA).

The MDA should be informed of minor faults and discrepancies between products as per the local Health and Safety policy. Anyone may report adverse incidents including patients, carers, or any healthcare professional.

Nurse prescribers should also complete a CSM Yellow Card report.

**Ann Barlow, District Nurse, Central Derby PCT**  
**Debbie Bostock - District Nurse, Amber Valley PCT**  
**Ro Dutton, Clinical Nurse Specialist Continence, Community Health Services NHS Trust**  
**Jackie Fisher, District Nurse, Derbyshire Dales South Derbyshire PCG**  
**Helen Hulme, Pharmaceutical Adviser, Amber Valley PCT**  
**Helen Lewis, District Nurse, Erewash PCT**  
**Pat Smith, Continence Adviser, Southern Derbyshire Acute Hospitals NHS Trust**  
**Kate Ward, Nurse Specialist, SDHA**

**Consultation / contributions:**  
**Southern Derbyshire Prescribing Advisory Group**  
**Derbyshire Acute Trust Drugs and Therapeutics Committee**  
**Dr David Bullock, Consultant Microbiologist**

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## ***Appendix 1- PATIENT EDUCATION AND SUPPORT***

Good quality, comprehensive information on products should be given to all patients to whom they are prescribed.

Advice may be supported by written patient information designed for each product type. Patients should also be given information on the patient groups that offer support in this area.

### **Local Continence Adviser**

Home Loans Dept  
Manor Park Way  
Derby DE22 3NB  
Tel: 01332 267976

### **Local Support Groups**

*In*contact provides details of local groups (see below)

### **The Continence Foundation**

307 Hatton Square  
16 Baldwins Gardens  
London EC1N 7RUJ  
Tel: 0207 404 6875

### **Continence Foundation Helpline** (any caller)

Tel: 0207 831 9831 (Mon-Fri 9.30-4.30pm)

### ***In*contact** (National Action on Incontinence)

Suite 2.7, 11 Marshalsea Rd  
London SE1 1EP  
Tel: 0207 717 1225

[www.incontact.demon.co.uk](http://www.incontact.demon.co.uk)

### **Interstitial Cystitis Support Group**

76 High St  
Stony Stanford  
Bucks  
MK11 1AH  
Tel/Fax: 01908 569169

### **Irritable Bowel Syndrome Network**

St John's House  
Hither Green Hospital  
Hither Green Lane  
London  
SE13 6RU

**USE OF ANTIMICROBIAL AGENTS TO COVER  
CATHETER MANIPULATION**

**Unintentional expulsion of urinary catheter with balloon inflated**

Antibiotic treatment is not indicated unless the patient develops symptoms and/or signs of infection. Such symptoms or signs would include fever, rigors, tachycardia, hypotension, collapse.

**Insertion of urinary catheter**

Routine administration of antimicrobial agents to cover urinary catheter insertion is not indicated in the community except under the following circumstances:

The patient has had a febrile illness in previous catheter insertion

In this circumstance the choice of prophylactic antibiotic will be guided by recent urine culture results or, if no information is available, administer ciprofloxacin 500mg by mouth 2 hours before catheter insertion or a dose of gentamicin by injection one hour before catheterisation (single dose should approximate to 1mg/kg).

The patient develops signs/symptoms of infection (see above) or the patient is actively suffering **symptoms** of urinary infection (a positive urine culture in the absence of symptoms of infection is **not** an indication)

In this circumstance the choice of antibiotic will again be guided by recent urine cultures or, if no information is available, administer ciprofloxacin 500mg 12 hourly by mouth for 4 doses. If the patient does not show improvement after two doses the GP should assess the patient for admission to hospital care.

**Dr David Bullock**  
**October 2000**

### ***Appendix 3- LONG-TERM CATHETER MANAGEMENT***

- ❑ **There is a limited role for antiseptic bladder instillations (e.g. patients with MRSA infection). Advise from a microbiologist should be sought before their use.**
- ❑ **All patients who are catheterised should have a catheter diary in their nursing notes. Planned catheter changes may then occur before blockage**
- ❑ **Patients presenting with frequent recurrent blockage of their catheter, which on inspection shows encrustation, should be referred for a urological opinion to exclude bladder stones.**

Long-term catheter use may be associated with many problems, placing a considerable demand on community nursing services. Problems with long-term catheter use include **infection** and **encrustation** around the catheter and **inflammation** of surrounding tissue.

#### **(i) Infection and encrustation**

As the flushing action of urine during micturition is lost in patients with a catheter, infection may arise between the external catheter surface and the urethral tissue. However, patients do not always develop systemic symptoms of infection. Infection with urease-producing organisms (most commonly *Proteus* species), increases the pH of urine due to the production of ammonia.<sup>5</sup> This may increase the formation of encrusting minerals both within the catheter lumen and externally around the catheter tip. This may result in pain and tissue trauma, especially on catheter removal. The blockage, which results from encrustation, may lead to incontinence, due to urinary bypassing. Urinary retention, with associated pain and discomfort, may also develop. Approximately 50% of patients suffer from repeat problems with encrustation.<sup>5</sup>

#### **(ii) Inflammation**

Inflammation may result from the physical presence of the catheter in the urethra. In addition, inflamed tissue is more susceptible to infection, which can compound problems.

Always follow the manufacturer's guidelines for the taking of a catheter specimen of urine from the sample port of a catheter.

#### **Use of antiseptic bladder instillations**

##### *Are they useful?*

Published evidence suggests only a limited role for antiseptic bladder instillations in the management of catheterised patients.<sup>5,6</sup>

There are few published clinical trials of bladder instillations, and **none of the studies unequivocally confirm that their use is associated with reduced rates of UTI.**

##### *Adverse effects*

Urothelial shedding has been demonstrated even when physiological saline is used as a mechanical irritant, suggesting that physical force may be the damaging factor.<sup>5</sup>

Use of aqueous chlorhexidine solution may irritate the bladder mucosa and cause burning and haematuria. It is not recommended for routine use.

Breaking a closed or linked drainage system to administer an instillation inevitably introduces contamination. **If an instillation is deemed essential, where possible it should coincide with the change of the leg bag.**

#### **Use of catheter maintenance solutions**

**Always consider whether the catheter needs to be changed more frequently to prevent recurrent blockage before the use of catheter maintenance solutions. Use of a catheter diary would indicate whether the use of a catheter maintenance solution is necessary or if catheter changes can be undertaken to avoid blockage.**

Although individual assessment may be required, as a general guide weekly irrigation with citric acid 3.23% solution (Solution G) is recommended for pH levels of 7.4 to 7.7. Higher pH levels (8.0 and above) may require citric acid solution 6% (Solution R) as a weekly instillation. However, this carries the risk of increased inflammatory reaction in the bladder, even though both products contain added magnesium in an attempt to reduce inflammation.

Solutions are currently available in 50 and 100ml packs. However, it has been suggested that frequent use of small volumes of solution, enough to fill the catheter and bathe the tip (approx. 30ml), would reduce contact with the bladder mucosa.<sup>7</sup>

#### **How can catheter blockage be avoided?**

If a catheter is blocked always check the position of the drainage bag prior to instilling any solutions. Many blockages are caused by the bag being too low on the leg creating suction. **Try altering the position of the bag first.**

Patients presenting with frequent recurrent blockage of their catheter, which on inspection shows encrustation, should be referred for a urological opinion to exclude bladder stones.

**Appendix 4-**

**DRUG TARIFF CODES FOR INCLUDED CONTINENCE PRODUCTS**

*Please refer to the full text for more details on product type*

**CATHETERS**

- Indwelling Foley (short term)

**RUSCH PTFE COATED LATEX**

		<b>Male</b>	<b>Female</b>
12 - 26	10 ml	DT71002-1	DT81002-1

- Indwelling Foley (medium/long term)

**RUSCH SILIKON 100**

		<b>Male</b>	<b>Female</b>
12 - 26	10 ml	DT4292	DT4294

**KENDALL ARGYLE All Silicone**

	<b>Male</b>	<b>Female</b>	<b>Paediatric</b>
8			803107
10			803081
12	805128	815127	
14	805144	815143	
16	805169	815168	
18	805185	815184	
20	805201		
22	805227		

**KENDALL ULTRAMER (5ml balloon)**

	<b>Male</b>	<b>Female</b>
12	1612-1M	1712-1F
14	1614-1M	1714-1F
16	1616-1M	1716-1F
18	1618-1M	1718-1F
20	1620-1M	1720-1F
22	1622-1M	1722-1F
24	1624-1M	
26	1626-1M	

➤ Single use PVC

**PENNINE**

	Male	Female	Paediatric
6			NC-1206/FP/25
8			NC-1208/FP/25
10		FC-1410/FP	NC-1210/FP/25
12	NC-1212/FP	FC-1412/FP	
14	NC-1214/FP	FC-1414/FP	
16	NC-1216/FP		
18	NC-1218/FP		

paediatric codes not accepted by EMIS system

➤ Reusable PVC

**SIMPLA EMS**

	Male	Female	Paediatric
6			T3006
8			T3008
10	T1010		T3010
12	T1012	T2012	
14	T1014	T2014	
16	T1016	T2016	
18	T1018	T2018	

**SIMS PORTEX**

	Male	Female
8	WS 850/8	WS 854/8
10	WS 850/10	WS 854/10
12	WS 850/12	WS 854/12
14	WS 850/14	WS 854/14

➤ Single use self-lubricating

**AQUACATH (Seton)**

	Male	Female	Paediatric
6			G3006
8	G1008	G2008	G3008
10	G1010	G2010	G3010
12	G1012	G2012	
14	G1014	G2014	
16	G1016	G2016	
18	G1018	G2018	

### LOFRIC (Astra)

	Male	Female	Tiemann tip	Paediatric
8	900825	940825		990825
10	901025	941025	961025	991025
12	901225	941225	961225	
14	901425	941425	961425	
16	901625	941625	961625	
18	901825	941825	961825	
20	902025		962025	
22	902225			
24	902425			

### HOLLISTER INSTANT CATH

	Male	Female	Paediatric
6			9677
8			9678
10	9670	9674	
12	9671	9675	
14	9672	9676	
16	9673		

### SHEATHS

#### AQUADRY (Simpla)

	Small	Medium	Standard	Large	Extra large
Clear advantage silicone <sup>1</sup>	786187	786195	786225	786233	786241

<sup>1</sup> sheath with self-adhesive liner

small - 23mm  
 medium - 28mm  
 standard - 31mm  
 large - 35mm  
 extra large - 40mm

#### CONVEEN two piece system

	Extra small	Small	Medium	Large	Extra large
Self-sealing Urisheath	5212	5200	5205	5210	5215

#### SIMS PORTEX

	25mm	29mm	32mm	36mm	41mm
Transfix Style 2	TF22530	TF22930	TF23230	TF23630	TF24130

short length					
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**LEG BAGS**

	<b>SIMPLA AQUADRY</b>	<b>MEARSK CARELINE</b>
350ml short tube	783463	45-01-SVC
350ml long tube	783501	45-02-LVC
500ml short tube	783471	45-05-SVC
500ml long tube	783528	45-06-LVC
750ml short tube	783498	45-09-SVC
750ml long tube	783536	45-10-LVC

**NIGHT DRAINAGE BAGS**

	<b>SIMPLA AQUADRY</b>	<b>MEARSK CARELINE</b>
Drainable (2 litre)	783560	45-20-IDC
Non-drainable (2 litre)	783552	45-30-LBC
(and non-return valve)		45-40-LBC

**CATHETER VALVES**

**URO-FLO**                      WS856-01-A

**FLIP-FLO**                    BFF5

## Appendix 5

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