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A STUDY OF PATIENTS WITH AN
INDWELLING URETHRAL CATHETER
AND RELATED NURSING PRACTICE

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and Related Nursing Practice.**

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ABSTRACT

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 a urethral catheter may be based. This report describes the initial phase of this research. The study comprised a survey of 294 newly catheterised patients, the sample was drawn from five District General Hospitals. The prevalence of catheterised patients was 12.6% and the daily rate of catheterisation was 11 per 1000 of the initial patient population. 134 (46%) of the catheterisations took place in the ward and 144 (49%) in the operating theatre. Medical staff performed 92% of all catheterisations in the operating theatre and 94% of male catheterisations in the ward. In contrast nurses performed 99% of female catheterisations in the ward. Half of the patients were catheterised on their first or second day of hospitalisation and 90% within two weeks of admission, with the median duration of catheterisation being 4 days. More females (56%) than males (44%) were catheterised, with a median age of 67 years for females and 70 years for males. 81% of males and 57% of females had some primary or related disorder which might predispose them to acquiring a UTI. Bacteriuria developed in 44% of patients catheterised for more than 48 hours; shorter periods of catheterisation and the use of antimicrobial therapy being associated with a lower rate of infection. The report presents a detailed description of the catheter related nursing care received by these patients and highlights a number of areas of concern. For example nurses' hands were washed on only 26% of occasions before, and 37% of occasions after meatal cleansing. Overall there was some potential for contamination of the patient during meatal cleansing on 94% of occasions. Similarly there was potential for contamination of the patient on 96% of occasions that bag emptying was observed. The 'closed' drainage system was broken at least once for 43% of patients, and the bag incorrectly positioned at least once for 48% of patients. Inconsistencies between procedures recommended by the district health authorities and actual practice were also noted. The significance of the results and their implications for reducing the incidence of catheter associated bacteriuria by improvement in the care of 'closed' urinary drainage systems are discussed.