Nottinghamshire Integrated Continence Formulary

Guidance
Date: October 2009

An end to health inequalities in our City
Guidance on use of products within the Continence Formulary for Primary and Secondary Care

• All products have been chosen to ensure continuity of care from secondary care through to primary care, including care homes. Therefore products are available through NHS Supply Chain and on prescription.

• After clinical assessment if the products on the Continence Formulary do not meet the needs of the patient please refer to the specialist formulary for further product options. If you require any advice with product selection please contact the Continence Advisory Service.

• For patients who are already using products there may be situations where it is not in the patients’ best interest to change to products on the Formulary. Contact the Continence Advisory Service if you require more advice.

• The Continence Formulary must be used when undertaking a new patient assessment where products need to be prescribed.

• Compliance to the Formulary will be monitored through audit on an annual basis.

• Please refer to your NHS organisation policy on seeing Medical representatives.

• Changes to the Continence Formulary will only be made by the Countywide Continence Formulary Group.

• The Continence Formulary will be reviewed by the Countywide Continence Formulary Group after two years unless significant circumstances arise that require immediate action.
**Indwelling catheters (All catheters on Formulary are suitable for urethral or suprapubic use)**

- Choose the appropriate size and length of catheter.
- Female length size 12 -16 ch catheter (Due to functional difficulties some females may require a standard length 12-16 ch for comfort).
- Males always insert standard size 14 -18ch catheter – (Under no circumstances should a female length catheter be used in a male).
- Long-term catheters are made of all silicone or coated hydrogel latex and can stay in situ’ for up to 12 weeks.
- Short-term catheters are made from coated PTFE latex and should stay in situ’ no longer than 28 days.
- All patients with a known latex allergy/sensitivity must have an all silicone catheter.
- Length and balloon volume can be found on the packaging, or the balloon inflation valve.
- All catheters on Formulary have pre-filled syringes.
- Balloons must be fully inflated with the full 10mls from the prefilled syringe to ensure correct position of the catheter.
- All catheters on the Formulary have adhesive labels that must be used in patient documentation.
- Adequate supplies of catheters and equipment needed should be ordered (including prescribed lignocaine gel and Optiflo S X2).
- Instillagel (needs to be prescribed) to use prior to each insertion – its properties are antiseptic, anaesthetic, dilates and lubricates the urethra. Wait for 5 minutes before introducing the catheter after insertion of instillagel - allowing it to take effect.
- Indwelling catheter information leaflets are available through the Continence Advisory Service/Intranet/ Stationery supplies.
- Prescribe Instillagel 11mls male/ 6mls female.

**Intermittent catheters**

- Choose the appropriate length and size.
  - Females (10ch-14 ch) length 20cm.
  - Males (12ch-18ch) Larger charrier for stricture management up to 18ch length 40cm.
- Activate the hydrophilic coating with drinking water for 30 seconds prior to insertion (following the manufacturers instructions).
- Intermittent catheter information leaflets are available through the Continence Advisory Service/Intranet/ Stationery supplies.
- Always use standard length catheter for male patients.
- Instillagel is not required with hydrophilic catheters but may be used to aid the first few insertions. If Instillagel is used it must be prescribed and wait 5 minutes before introducing the catheter to allow it to take effect.
Guidance on usage

**Leg bags**
- Choose the appropriate length of tube for patient preference.
- Leg bags attached directly to a catheter must be sterile.
- If attached to a sheath can be non sterile.
- Catheter bag sleeve to promote patient comfort and reduce allergy and irritation from catheter straps.
- Change leg bags every 7 days.
- All catheter bag changes undertaken by health or social care staff must be documented in the patient records.
- Maintain the continuity of the sterile drainage system at all times.
- Urine samples must be taken from needle free sample port.

**2 litre drainage bag**

2 different types of 2-litre bags are available

1 Sterile 2-litre drainage bags.
   - Empty with a tap, close tap after emptying.
   - If attached directly to the catheter can stay in situ for up to 7 days.

2 Non-Sterile Single use 2 litre drainage bag.
   - Twist off non reusable tap, to drain bag – scissors must not be used.
   - Single use only.
   - Cannot be attached directly to a catheter.
   - Can only be used to link on to a leg bag.

When using the 2-litre drainage bag as a link to a leg bag Hospital/Care Home setting
- The 2-litre drainage bag must be disposed of immediately it is detached from the leg bag- it cannot be reused.
- The non-sterile single use 2-litre drainage bag is recommended for use as a link onto the leg bag for night drainage in Hospital and Care Home settings except in situations where the patient produces more than 2-litres of urine at night and the bag needs emptying.

Patients Own Home (not Care Home)
- For patients who do not experience repeated urinary tract infections and who can effectively flush out their own Sterile 2-litre drainage bags can be used as a link on night drainage bags for up to 7 days. These can be washed with water and hung to dry with the protective cap on the connector.
- If the patient has a history of repeated urinary tract infections or is unable to effectively use a 2-litre sterile bag as above a non-sterile single use 2-litre drainage bag is recommended as it is more cost effective.
- Ensure the bag is below the level of the bladder at all times.
- All 2-litre drainage bags must be hung on a catheter stand ensuring the tap does not have contact with the floor.
- Urine samples must be taken from the needle free sample port.
- All catheter bag changes undertaken by health or social care staff must be documented in the patient records.
Guidance on usage

**Belly Bag**
- Is an alternative drainage system for urethral and suprapubic catheters.
- Can be used in situ for up to 28 days (Not appropriate for patients who require frequent disconnection of a closed drainage system).
- Capacity of up to 1 litre. This product is not appropriate for patients who produce in excess of 1 litre of urine a night.
- Secure around the waist with an adjustable strap.
- For female patients using a belly bag standard length catheters must be used.

**Drainage bag sleeves**
- A good support system for patients with catheter/sheath leg bags.
- Ensure correct size is selected by measuring mid thigh or calf depending on where catheter bag is to be worn.
- Follow manufacturer instructions for sizing and fitting.
- Single use measuring guides are recommended.
- Ensure patient is shown how to apply and recheck sizing.
- Can be laundered as per manufacturers’ instructions.
- Single patient use only.

**Catheter fixators strap**
- These are recommended for all patients with an indwelling catheter/sheath.
- To reduce the risk of trauma and friction.
- Single patient use only.
- Ensure size is appropriate for the patient (Strap can be cut if too long in length for the patient). Using single use scissors.
- For patients with MRSA/Clostridium difficile single use catheter fixator’s must be used (see specialist formulary).
- Hospital usage - single patient use, changed if soiled and changed every 7 days.
- Catheter fixators must be washed according to manufacturers instructions.
Catheter valves

- An alternative to a drainage bag and should be considered as an option for patients with a urethral or suprapubic catheter.
- Ensure patient/carer has the cognitive ability and dexterity to manage the valve.
- Catheter valves should be released to empty the bladder dependent on individual bladder function (Maximum length of time before being released 4 hours in the daytime).
- Catheter valves can remain in situ for 7 days and leg bag / 2 litre drainage bags can be linked on if required for nighttime.
- Not appropriate following some urological surgery including radical prostatectomy.
- Catheter valve information leaflets are available through the Continence Advisory Service/Intranet/ Stationery supplies.

Sheaths

- Sheath sizes vary from manufacturer to manufacturer therefore the penis must be measured with the relevant manufacturers measuring guide.(Single use).
- Fit according to manufacturers instructions.
- Change every 24hrs in accordance with manufacturer’s guidance.
- Pubic hair guards are available with some sheaths within the Formulary.
- Sheaths are available in a standard length and short lengths – for patient with a retracted penis.

Urinals

Available through logistics, NHS supply chain AND FP10.

Single patient use only.

To be Cleaned in accordance with NHS INFECTION CONTROL POLICY.

HOSPITAL USE - Only to be used for identified patients with functional incontinence to aid independence of toileting.

Hospital / Care Home - Urinals should be marked clearly with patients name and used only for that specific patient.
Urine directors/positioners MALE

Male Funnel
- Useful for men with retracted penis or difficulty directing flow.
- Helpful with patients with mobility problems.
- Can be used to aid toileting where there is difficulty with managing a urinal by attaching a 2 litre drainage bag if managing a urinal is difficult.
- Available in 2 sizes - standard- male funnel / adult funnel (short).
- Can also be used with Beambridge male drainage jug to reduce risk of complete spillage.

Urine directors/positioners FEMALE

Lady Funnel
- Useful for a woman who is unable to sit on the toilet to pass urine and can be attached to a 2 litre drainage bag.

Male Urinal
- Can be used with Vernagel/ safety gel sachets to reduce risk of spillage. Useful if the gentleman prefers to stand the urinal up.

Urinals Male BEAMBRIDGE MALE DRAINING JUG WITH TAP
- Helpful with patients with mobility problems.
- For men who void large volumes of urine a 2 litre drainage bag from the Formulary may be attached to accommodate larger volumes of urine.
- Not suitable if patient chooses to stand the urinal by the bed/chair.
- Can be used with the Beambridge funnel to reduce the risk of spillage.
- Do not use with Vernagel.

Urinals Male Pocket URIbag
- Useful for men when travelling.
- Small enough to put in the pocket.
- Wash using hot soapy water, dry & store appropriately after each use.
- Do not use disinfectants or bleach.
- Turn the urinal inside out to wash & dry.
- Ensure rubber lining is not perished to avoid accidents.
- Keep out of direct sunlight.

Community settings only.
**Urinals – Female Saddle urinal**
- Helpful with patients with mobility problems, or to assist carer.
- For women who void large amounts of urine preferable to use with vernagel / safety gel.

**Urinals – Female Bridge urinal with tap**
- Helpful for patients with restricted movements/mobility problems or to assist carer.
- Useful for patients in wheelchairs.
- Patients need to be in a sitting position for effective use.
- Useful for women who void large amounts of urine as a 2 litre drainage bag from the Formulary can be attached to the urinal. This needs to be changed every 7 days/Hospital use changed daily.

**Lady Jug**
- Must be use with patient sitting on the edge of the bed or chair.

**Urinals Female Pocket urinal URIbag**
- Useful for women when travelling.
- Small enough to put in the pocket.
- Advise re washing using hot soapy water, dry & store appropriately after each use.
- Do not use disinfectants or bleach.
- Advise re turning urinal inside out to wash & dry.
- Advise re checking rubber lining is not perished to avoid accidents.

**Community settings only.**

**Catheter Maintenance solutions (IF UNSURE ON USAGE D/W CONTINENCE ADVISORY SERVICE OR UROLOGY TEAMS)**
- Only to be prescribed following individual assessment.
- Administer as per manufacturers instructions.

**Optiflo S 100mls.**
To check patency of catheter.
To clear debris.

**Urotainer twin Suby G 30mls x 2** - only need in Instil 10-15ml to coat lumen of catheter.
To dissolve encrustation.
To extend catheter usage.
CAUTION can cause irritation to the bladder.
Average Prescribing Quantities for Continence Appliances - PRIMARY CARE USE ONLY

This chart is for guidance purposes only as some patients may exceed these quantities for continence appliances. In cases of uncertainty please contact the Continence Advisory Service or your District Nursing team for clarification.

**Average ANNUAL prescribing quantity**

<table>
<thead>
<tr>
<th>Product</th>
<th>Single unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long term catheters(Covidien argyle/ Rusch Sympacath aquaflate) + instillagel (11mls male/6mls female)</td>
<td>8+8</td>
</tr>
<tr>
<td>Catheter fixation strap (Simpla G Strap)</td>
<td>15</td>
</tr>
<tr>
<td>Drainage bag sleeves (Aquasleeve/Urissleeve) (to be ordered in preference to leg straps)</td>
<td>20</td>
</tr>
</tbody>
</table>

**Average 4 WEEKLY prescribing quantities**

<table>
<thead>
<tr>
<th>Product</th>
<th>Single unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short term catheters (Rusch Aquaflate) + instillagel (11mls male/6mls female)</td>
<td>1+1</td>
</tr>
<tr>
<td>Leg drainage bag (Careline)</td>
<td>4</td>
</tr>
<tr>
<td>Sterile 2 litre non drainage bag (Careline E4 Sterile)</td>
<td>4</td>
</tr>
<tr>
<td>Non sterile 2 litre single use drainage bag (Uno-medical Easy MT2)</td>
<td>28</td>
</tr>
<tr>
<td>Belly bag (Rusch B1000P)</td>
<td>1</td>
</tr>
<tr>
<td>Catheter values (Bard Flip-flo)</td>
<td>4</td>
</tr>
<tr>
<td>Intermittent catheters (Conveen Easicath/ AstraTech Lofric)</td>
<td>84</td>
</tr>
<tr>
<td>Sheaths (P Sure/ Clear advantage/ Conveen Optima)</td>
<td>28</td>
</tr>
</tbody>
</table>
## Countywide Continence Formulary Group Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lindsey Barnes</td>
<td>Chair, Head of Continence Services</td>
<td>CitiHealth NHS Nottingham</td>
</tr>
<tr>
<td>Anne Allison</td>
<td>Continence Advisor</td>
<td>CitiHealth NHS Nottingham</td>
</tr>
<tr>
<td>Tracey Fowler</td>
<td>Continence Advisor</td>
<td>CitiHealth NHS Nottingham</td>
</tr>
<tr>
<td>Fiona Saunders</td>
<td>Head of Continence Services</td>
<td>Nottinghamshire Community Health</td>
</tr>
<tr>
<td>Julie Codling</td>
<td>Continence Advisor for Independent Sector</td>
<td>Nottinghamshire Community Health</td>
</tr>
<tr>
<td>Cheryl Gresham</td>
<td>Senior Pharmacist</td>
<td>NHS Nottingham City</td>
</tr>
<tr>
<td>Nicky Bird</td>
<td>Pharmacist Manager Commissioning Strategy</td>
<td>NHS Nottinghamshire County</td>
</tr>
<tr>
<td>Angela Saxton</td>
<td>Ward Manager</td>
<td>Lings Bar Hospital</td>
</tr>
<tr>
<td>Debbie Trigg</td>
<td>Infection Control Matron</td>
<td>Nottingham University NHS Trust</td>
</tr>
<tr>
<td>Christein Reid</td>
<td>Procurement</td>
<td>Nottingham University NHS Trust</td>
</tr>
<tr>
<td>Sarah Blatherwick</td>
<td>Community Nurse</td>
<td>CitiHealth NHS Nottingham</td>
</tr>
<tr>
<td>Nicola Smith</td>
<td>Infection Control Matron</td>
<td>CitiHealth NHS Nottingham</td>
</tr>
<tr>
<td>Ros Smith</td>
<td>Continence Paediatric Advisor</td>
<td>CitiHealth NHS Nottingham</td>
</tr>
<tr>
<td>Fiona Branton</td>
<td>Service Head Infection Control</td>
<td>CitiHealth NHS Nottingham</td>
</tr>
<tr>
<td>Ruth Greenhalgh</td>
<td>District Nurse</td>
<td>Nottinghamshire Community Health</td>
</tr>
<tr>
<td>Nicky Hughes</td>
<td>Community Nurse</td>
<td>Nottinghamshire Community Health</td>
</tr>
<tr>
<td>Jenny Adcock</td>
<td>Outpatient Senior Nurse Urology Department</td>
<td>NUH</td>
</tr>
<tr>
<td>Bev Eaton</td>
<td>Urology Outreach Nurse</td>
<td>NUH</td>
</tr>
<tr>
<td>David Johnson</td>
<td>Urology Cancer Nurse Specialist</td>
<td>Kings Mill Hospital</td>
</tr>
<tr>
<td>Alison Elliott</td>
<td>RGN</td>
<td>Nottinghamshire Community Health</td>
</tr>
<tr>
<td>Jacqueline Bruce</td>
<td>Mental Health Nurse - Bramwell</td>
<td>Nottinghamshire Healthcare</td>
</tr>
<tr>
<td>Kerry Smith</td>
<td>Ward Leader - Ward 21</td>
<td>Kingsmill Hospital</td>
</tr>
<tr>
<td>Liz Towell</td>
<td>Nurse Practitioner Gynaecology Department</td>
<td>NUH</td>
</tr>
<tr>
<td>Lorraine Short</td>
<td>Deputy Ward Manager</td>
<td>Nottinghamshire Community Health</td>
</tr>
<tr>
<td>Lucy Sitton-Kent</td>
<td>Senior Nurse Service Improvement</td>
<td>Nottinghamshire Community Health</td>
</tr>
<tr>
<td>Jenny Orme</td>
<td>RGN</td>
<td>Nottinghamshire Community Health</td>
</tr>
<tr>
<td>Sara Simmonds</td>
<td>Pharmacy Technical Services Manager</td>
<td>NHS Nottinghamshire County</td>
</tr>
<tr>
<td>Claire Spencer</td>
<td>Pharmacy Administration Support</td>
<td>Nottinghamshire Healthcare</td>
</tr>
<tr>
<td>Tracey Swallow</td>
<td>Head of Workforce Modernisation</td>
<td>Nottinghamshire Community Health</td>
</tr>
<tr>
<td>Nicola Wade</td>
<td>RGN</td>
<td>Nottinghamshire Community Health</td>
</tr>
<tr>
<td>Mr Gaungoo</td>
<td>Ward Manager Harvey 2</td>
<td>NUH</td>
</tr>
</tbody>
</table>
Produced with the collaboration of

CitiHealth NHS Nottingham
Nottinghamshire Community Health
Nottingham University Hospitals NHS Trust
Nottinghamshire Healthcare
Sherwood Forest Hospitals NHS Foundation Trust

Nottinghamshire Integrated Continence Formulary

Guidance

Date: October 2009