Emergency room

A282 - Local audit of urinary catheterization practices in accordance with northampton healthcare nhs foundation trust guidelines 2015

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Introduction:
The audit was carried out to objectively investigate the problems associated with technique of folley catheterization in emergency department and 3 indoor units of internal medicine wards. The audit was carried out to objectively investigate the problems associated with technique of folley catheterization in emergency department and 3 indoor units of internal medicine wards.

Methods:
A questionnaire was designed in accordance with Northampton Healthcare NHS foundation trust guidelines 2017 and data was collected from 102 House Officers and Post-Graduate residents after permission from Head of Departments of Internal Medicine. Personal help was available to people while they were filling questionnaire in case they have any questions.

Results:
45.1% participants claimed that they had no formal training before they started practicing urinary catheterization. Not being fully aware of protocols, 24.5% doctors did not have the habit of taking informed consent from patients or their attendants before catheterization. 74-94% do not wear disposable apron, keep disposable pad under patient’s thighs or clean perineum of patient before catheterization. Almost 60% doctors allow time for lubricant to take its effect before they insert catheter to patients and 58.8% let urine to drain before balloon inflation. Regarding post-catheterization, 25-40% doctors do not guide patients or attendants about when and how to drain catheter bag. For long term catheterization, only 24.5% doctors give written advice about catheter maintenance and 54.9% change catheter bag after 7 days. Similarly, 7.8% percentage didn’t know about positioning catheter bag below level of patients and 10% about importance of decontaminating hands before manipulating a patient’s catheter.

Conclusion:
Regular teaching sessions should be held for both new and old doctors to improve their technique of catheterization.

References: