

LOCAL DIVISION CLINICAL POLICY DOCUMENT

PHYSICAL HEALTH CARE

Policy Number:	SD29a
Scope of this Document:	All Clinical Staff LOCAL DIVISION
Recommending Committee:	Trust Physical Health Strategy Group
Approving Committee:	Executive Committee
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Lead Executive Director:	Executive Director of Nursing
Lead Author(s):	Modern Matron (Physical Health)

LOCAL DIVISION CLINICAL POLICY DOCUMENT

2017 – Version 4

Quality, recovery and
wellbeing at the heart
of everything we do

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PHYSICAL HEALTH CARE

Further information about this document:

Document name	Physical Health Care Policy SD29
Document summary	This document clarifies the responsibility of Mersey Care NHS Foundation Trust clinicians in respect of service users physical health care needs and establishes standards of physical health examination and assessment on admission to inpatient wards.
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To be read in conjunction with	IC01 – Infection Prevention and Control Policy SD34 – Venepuncture Policy SA20 – Nicotine Management Policy SA19 – Management of Medical Devices Policy SA30 – Slips, Trips and Falls Policy SD12 – Handling of Medicines Policy SD06 – Consent to Examination and Treatment Policy SD07 – Resuscitation Policy
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

Version History:		
Version 1	Circulated to Local Division, Associate Medical Director for Physical Health and presented at Trust-wide Physical Health Strategy Group	06/05/2015
Version 2	Presented to Policy Review Group and suggested amendments made	
Version 3	Catheter Care Management procedure added	15/12/2015
Version 4	Updated following review by Physical Health Policy and Task Finish Group	30/04/2016

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity, and Autonomy**

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1. PURPOSE AND RATIONALE

1.1 Purpose

This policy establishes the minimum standards for the physical healthcare of mental health, learning disability and addictions patients across Mersey Care NHS Foundation Trust.

1.2 Rationale

- 1.2.1 Users of mental health and learning disability services should have access to the same quality of physical health care as the general population. The physical healthcare provided by mental health services must comply with the Health and Social Care Act (DOH 2008) and meet the essential standards set out by the Care Quality Commission (CQC 2009).
- 1.2.2 Adherence to the standards within this policy will ensure a consistent approach to physical health assessments that are in line with evidence based and good practice guidance. This supports the delivery of the Trust's strategic aims around safe, timely, effective, equitable and person-centred care.
- 1.2.3 Mortality among mental health service users aged 19 and over in England was 3.6 times the rate of the general population in 2010/11 (HSCIS, 2013).
- 1.2.4 People with mental health problems have a higher death rate for most causes of death, but particular:
 - (a) nearly four times the general population rate of deaths from diseases of the respiratory system;
 - (b) just over four times the general population rate of deaths from diseases of the digestive system;
 - (c) nearly three times the general population rate of deaths from diseases of the circulatory system;
- 1.2.5 People with mental health problems often have higher levels of metabolic syndrome, cardiovascular disease and diabetes, than the remainder of the population.
- 1.2.6 People with metabolic syndrome have 3-6 fold increased risk of mortality due to coronary heart disease, and 5-6 fold increased risk of developing type 2 diabetes (Arms et al 2014).
- 1.2.7 Apparently 10% of the people diagnosed with schizophrenia have diabetes. Up to 20-25% of patients diagnosed with schizophrenia and over the age of 60 years have impaired abnormal glucose metabolism (Smith et al 2008).

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 For this physical healthcare policy the aims and objectives are as follows:

- (a) to ensure all service users will be given the opportunity to have a baseline physical healthcare assessment;

- (b) to ensure any physical health needs are properly identified and service users are involved in the planning of any physical health care;
- (c) to ensure any basic, essential or specific care needs are met and observations are monitored in order that service users are kept safe;
- (d) to support the achievement of reductions in excess mortality for people aged 75 receiving secondary mental health services when compared with the general population.

To provide effective information and support to service users and carers to promote and preserve health and wellbeing (ensuring appropriate methods of communication are used).

3. SCOPE

- 3.1 This policy applies to all service users who are in contact with the Local Division of Mersey Care NHS Foundation Trust, regardless of whether they are treated in a hospital or community setting.

4. DEFINITIONS

- 4.1 The relevant terms and their definitions (within the context of this policy document) are outlined below:

A&E	Accident and Emergency
AHC	Annual Health Check
AVPU	Alert Voice Pain Unresponsive
BMI	Body Mass Index
CPA	Care Programme Approach
CQUIN	Commissioning for Quality and Innovation
CVD	Cardiovascular Disease
ECG	Electrocardiogram
GP	General Practitioner
HbA1c	Glycated Haemoglobin
MEWS	Modified Early Warning Scores
NAS	National Audit of Schizophrenia
NICE	National Institute of Clinical Excellence
NRT	Nicotine Replacement Therapy
RMO	Responsible Medical Officer
SMI	Severe Mental Illness
VTE	Venous Thromboembolism

5. DUTIES

5.1 Trust Board

Health care providers are under obligation to provide safe care to their patients and appropriate training to their staff. This duty encompasses ensuring the physical health care of patients whilst under the care of the organisation and the Trust has an obligation to comply with its statutory and regulatory observations.

The Trust Board has overall responsibility for ensuring that all staff is appropriately trained and competent to effectively fulfill their role within the organisation and to maintain the safety of patients.

5.2 **Lead Executive Director**

The Lead Executive Director for this policy (Executive Director of Nursing) has strategic responsibility for ensuring that appropriate physical health care management is monitored and reported to the board accordingly.

5.3 **Policy Lead**

The Policy Lead (Modern Matron – Physical Health) will oversee the implementation, promotion and governance of the policy across the Local Division. They will be responsible for monitoring and reviewing the policy as necessary.

5.4 **The Associate Medical Director for Physical Health and Medicines Safety**

Will support and oversee the implementation and promotion of this policy, especially to medical staff and supporting the monitoring and review of the policy.

5.5 **Chief Operating Officer and Associate Medical Director – Local Division**

Are accountable for ensuring high standards of physical healthcare within the service for which they have overall responsibility and ensuring adherence to the policy. This will include ensuring appropriate arrangements are in place with other providers of healthcare supported by service line agreements where required.

5.6 **Service Care Leads, Modern Matrons and Ward Managers**

Service Care Leads, Modern Matrons and Ward Managers are responsible for ensuring that high standards of physical healthcare are maintained within their areas of responsibility and to adhere to the local division physical healthcare policy. They also have responsibility to identify training needs of staff and to liaise with appropriate personnel to meet those needs. They must ensure all appropriate medical equipment is available and in good working order for all aspects of physical health care under the auspices of the Trust's Medical Devices Policy. They should disseminate areas of good practice across the service and share these practice aspects of care with other services. This will help to ensure a culture of learning from good practice.

5.7 **Admitting Clinician (medical practitioner) – Inpatient Only**

The Admitting Clinician is the doctor who is responsible for undertaking a physical examination in accordance with evidence based practice and trust policies and procedures during an inpatient episode.

5.8 **All Other Healthcare Practitioners**

All staff working with service users, regardless of whether they are working within inpatient settings or community settings, if relevant to their role and skills are required to assess and manage physical healthcare in accordance with evidence based practice and Trust policy and have a duty to maintain skills in physical assessment appropriate to their role and area of service provision. This includes the ability to carry out all vital signs monitoring with manual equipment and the use of physical health assessment tools in use within this field of practice (e.g. Waterlow, MEWS and VTE).

6. PROCESS

6.1 Physical Examination and Assessment to Inpatient Wards Local Division – Appendix 1

- 6.1.1 A full physical examination and assessment will take place within 24 hours of admission or as soon as it is practically possible by medical staff/duty doctor. This should be documented on the Joint Inpatient Assessment Screen within the Physical Healthcare Pathway of the local division's clinical information system.
- 6.1.2 If the patient does not consent or is too high risk, this should be documented, and the need for a physical health examination should be kept under review by the multidisciplinary team and the patient should be examined at the first practical and available opportunity.
- 6.1.3 If the patient consistently refuses, this should be documented and if necessary a care plan formulated as to how the team intend to proceed.
- 6.1.4 Assessment of the patient's capacity to consent or refuse physical health care must be made. If the team assess that the patient lacks capacity to consent to treatment for a physical health care problem then the team needs to refer to the Mental Capacity Act guidance to assist them in assessing and treating patient for physical health issues.
- 6.1.5 If the patient has been admitted from another local division ward (transfer) the admitting doctor should check whether the patient has a complete and up to date physical examination. If not it is the admitting doctors responsibility to complete this.
- 6.1.6 If the patient has been admitted from A&E or from any other provider of healthcare services, a full physical examination and assessment will take place within 24 hours per 6.1.1 of this policy.
- 6.1.7 Physical examination and assessment should be completed for each admission.
- 6.1.8 Outcomes of the joint assessment should be discussed within the multidisciplinary review. Where the assessment has identified physical health issues that require further assessment or treatment, the consultant medical team will take the lead alongside other members of the multidisciplinary team. This will include, if needed, making referrals to other secondary care specialists. The patient's GP may also be asked to investigate, monitor, treat and if necessary refer a physical health condition for specialist advice, with this normally occurring on discharge from hospital and being included in the discharge correspondence. The results of any physical health investigations, referrals and findings should also be included in the discharge correspondence to the patient's GP.
- 6.1.9 Any identified physical healthcare needs must be integral to the care plan and must include any long term conditions, weight management and/or nutritional needs of the individual. Guidance on care planning for long term conditions, weight management and nutritional needs can be accessed via the Physical Health pages of SharePoint ([Link to Care Plan Guidance on SharePoint](#)).

6.1.10 The physical examination and assessment should follow the criteria set out within the joint assessment forms (all fields are to be completed) within the Local Division's clinical information system but as a minimum must include:

- (a) examination of cardiovascular, respiratory, gastrointestinal, musculoskeletal and nervous systems;
- (b) VTE assessment;
- (c) alcohol, drug use and smoking status (drug screen if required and offer NRT and other brief interventions if required as per SA20 Nicotine Management Policy);
- (d) ECG to be undertaken if there is a history of CVD, a family history of CVD, an irregular pulse is found on examination or is otherwise clinically indicated;
- (e) baseline blood investigations to include:
 - (i) full blood count,
 - (ii) urea and electrolytes,
 - (iii) liver function test with gamma GT,
 - (iv) thyroid function test,
 - (v) random glucose,
 - (vi) HbA1c,
 - (vii) random lipids,
 - (viii) B12 folate,
 - (ix) bone profile,
 - (x) baseline therapeutic drug levels (if clinically indicated),
 - (xi) urinary drug screen (if clinically indicated);
- (f) all baseline observations must be completed within six hours of admission and include:
 - (i) pulse,
 - (ii) respiration rate,
 - (iii) temperature,
 - (iv) blood pressure,
 - (v) conscious state (AVPU),
 - (vi) oxygen saturations,
 - (vii) MEWS;
- (g) the above observations including MEWS must then be completed twice daily for 72 hours then reviewed by the medical team who will set the frequency of observation to be taken as per MEWS protocol (This protocol is integral to SD07 Resuscitation Policy). As a minimum these observations are to be undertaken and documented weekly;

- (h) adapted Malnutrition Universal Screening Tool (MUST)- see appendix 2, including weight, height, BMI MUST score and MUST care plan to be undertaken within 72 hours of admission and reviewed dependent on score:

Score	Review
High risk 2+	weekly
Medium risk '1'	monthly/weekly with clinical judgment
Routine care '0'	monthly
High risk Obesity '0'	monthly

- (i) Inpatient Nursing Assessment with additional physical health information must be undertaken and completed within seven days of admission and documented on the nursing section of the Joint Inpatient Assessment Screen;
- (j) pressure ulcer risk assessment tool – Waterlow to be completed on every admission where clinically indicated within 24 hours of admission (Waterlow assessment screen is integral to the Physical Healthcare Pathway on the local division's clinical information system).

6.2 Ongoing Physical Healthcare of Inpatients

- 6.2.1 Ongoing monitoring and reviews of physical healthcare of inpatients should be based on the Positive Cardiometabolic Health Resource (Lester UK Adaption 2014) and linked to the patients care plan/ or health action plan. Further information can be found on the physical health pages of SharePoint ([Lester Tool Resources SharePoint](#)). MUST nutritional screening and care plan to be reviewed weekly/monthly according to scope.
- 6.2.2 Risks of slips, trips and falls should be routinely assessed and appropriate preventative measures adopted in line with [SA30 Slips, Trips and Falls Policy](#).
- 6.2.3 Patients should have timely access to community dental care, chiropody and optician when required.
- 6.2.4 Patients with specific medical conditions must continue to receive appropriate care and treatment. This may involve expert advice from specialist services where specific conditions are already established (e.g. diabetes, cardiovascular, respiratory).
- 6.2.5 All patients should have access to appropriate health promotion information, including physical activity, smoking cessation and appropriate dietary advice.
- 6.2.6 A full review of patients health needs including examination must be undertaken every six months for long stay patients.
- 6.2.7 On discharge from inpatient care, it is the responsibility of medical staff to ensure that the patient's GP receives a full discharge summary which must include all physical investigations undertaken and medication prescribed.

6.3. Physical Health for Community Service Users

- 6.3.1 Care coordinators in community settings must ensure that all patients are registered with a GP and that an Annual Health Check is undertaken.
- 6.3.2 Where it has not been possible for a GP to undertake an AHC (Annual Health Check) the care coordinator must work proactively with the service users and GP to facilitate this process.
- 6.3.3 Where it has not been possible, the care coordinator must make alternate arrangements to facilitate this. Screening tools are currently agreed by the Local Division and results must be shared with GP practice.
- 6.3.4 Care co-ordinators must ensure that a review of physical healthcare is undertaken as part of a CPA review and that the patient is supported to attend follow up appointments in relation to physical health needs.
- 6.3.5 Physical Health needs must be included in the individuals care plan to ensure they are able to access the appropriate primary care or secondary health care provision within the acute trusts as appropriate.
- 6.3.6 Care co-ordinators must ensure that there is clarity in the care plan about monitoring of physical health needs including timescales for review and/or of investigations.

7 CONSULTATION

- 7.1 The following were consulted with in the development of this policy:
 - (a) medical staff;
 - (b) nursing staff;
 - (c) divisional directors, service leads and modern matrons;
 - (d) service user/carer representatives.

8 TRAINING AND SUPPORT

- 8.1 In both inpatient and community settings, assessment and monitoring of physical healthcare is a routine activity. Therefore it is important that these professionals involved have the necessary skills, competence and support to deliver a high quality of care within the professional codes of conduct.
- 8.2 All staff must be able to assess their own competency; clinical staff should identify their continuing professional development needs through appraisal and supervision.
- 8.3 All clinical nursing procedures should be carried out in line with Royal Marsden Manual of Clinical Nursing Procedures, 9th edition.

- 8.4 All registered and non registered nursing staff must have competencies assessed as per the Trust's Physical Health Care in the Mental Health Setting Skills Passport and Competency Log.
- 8.5 Information and resources to support education and training can be found on the Trust's internet (SharePoint- physical health section).

9 MONITORING

- 9.1 The application of this policy will be monitored by the Trust Physical Health Strategy Group via the reporting of KPIs, CQUIN, Audit of Implementation of NICE Guidelines and NAS requirements in line with the Trust's agreed Clinical Audit Programme.
- 9.2 A copy of the most up-to-date physical health key performance indicators and quality measures can be obtained by contacting performanceteam@merseycare.nhs.uk.
- 9.3 Commissioner performance requirements including CQUINs can be obtained by contacting QualitySchedule@merseycare.nhs.uk.

10. SUPPORTING DOCUMENTS

10.1 List of Supporting Documents and References:

- Arms T, Bostic T, Cunningham P (2014) Educational intervention to increase detection of metabolic syndrome in patients at community mental health centres. Journal of Psychosocial Nursing and Mental Health Services, September Vol 52, Issue 9: 32-36
- Cormac. I, Gray. D (Eds) (2012), Essential of Physical Health in Psychiatry. RCPsych, London.
- Department of Health (2014), Closing the gap: priorities for essential change in mental health. DOH, London.
- Department of Health (2011), The Operating framework for the NHS in England 2012/13. DOH,London.
- Department of Health (2011) No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages. DOH, London.
- Dougherty, L, Lister S (Eds) (2015) The Royal Marsden Manual of Clinical and Nursing Procedures. Ninth Edition. Wiley- Blackwell, Oxford.
- NHS England (2015) Building the NHS of the Five Year Forward View, The NHS England Business Plan 2015-2016, NHS England.
- RCPsych. Lester UK Adaptation (2014 update), Positive Cardiometabolic Resource.
- Smith M, Hopkins D, Peveler RC, Nolt R, Woodward, Ismail K (2008). First – v second generation antipsychotics and risk for diabetes in schizophrenia systematic review and meta-analysis. Br J Psychiatry, 192: 406-411.

11 Equality and Human Rights Analysis

Title: Physical Health Care Policy
Area covered: Trust-wide

<p>What are the intended outcomes of this work? This policy establishes the minimum standards for the physical healthcare of mental health and learning disability service users across Mersey Care Foundation Trust.</p>
<p>Who will be affected? Service Users/Patients Staff</p>

Evidence
<p>What evidence have you considered? The Policy High Secure Services Policy</p>
<p>Disability (including learning disability) Learning Disabilities considered through the policy.</p>
<p>Sex Reducing premature mortality in people with SMI is identified as an important area in the NHS outcomes framework 2013/14 and DOH (2011) identified improving physical health as one of the six objectives. Currently men with SMI die on average, 20 years earlier and women 15 years earlier than the rest of the population (DOH 2011). Rethink (2013) published figures that revealed over one third of 1,000,000 avoidable deaths in England every year are people with mental health problems (these figures do not include suicide).</p>
<p>Race See cross cutting below. Also physical health checks for those patients on Clozapine.</p>
<p>Age See cross cutting below.</p>
<p>Gender reassignment (including transgender) No issues identified within discussions.</p>
<p>Sexual orientation No issues identified within discussions.</p>
<p>Religion or belief No issues identified within discussions.</p>

Pregnancy and maternity

No issues identified within discussions.

Carers

No issues identified within discussions.

Other identified groups

No issues identified within discussions.

Cross Cutting

Equality and Human Rights statement included.

Users of mental health and learning disability services should have access to the same quality of physical health care as the general population.

Physical health for community service users.

Care coordinators in community settings must ensure that all service users are registered with a GP and that an Annual Health Check is undertaken.

Where it has not been possible for a GP to undertake an AHC (Annual Health Check) the care coordinator must work proactively with the service users and GP to facilitate this process.

Where it has not been possible, the care coordinator must make alternate arrangements to facilitate this. Screening tools are currently agreed by the Local division and results must be shared with GP practice.

Care coordinators must ensure that a review of physical healthcare is undertaken as part of a CPA review and that the service user is supported to attend follow up appointments in relation to physical health needs.

Physical healthcare needs must be included in the individuals care plan to ensure they are able to access the appropriate primary care or secondary health care provision within the acute trusts as appropriate.

Care coordinators must ensure that there is clarity in the care plan about monitoring of physical health needs including timescales for review and/or of investigations.

Patients on anti-psychotics.

Individuals with SMI taking regular medication prescribed by MCT, including those receiving Clozapine or depot injections must have health checks undertaken inline with Lester standards *before commencing or hanging of medication *after 6 weeks *after 12 months Review screens to document the outcomes of these health reviews and clozapine reviews can be found within the physical health care pathway (the local division's clinical information system).

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Human Rights based approach supported.
Right of freedom from inhuman and degrading treatment (Article 3)	Human Rights based approach supported.
Right to liberty (Article 5)	Human Rights based approach supported.
Right to a fair trial (Article 6)	Human Rights based approach supported.
Right to private and family life (Article 8)	Human Rights based approach supported.
Right of freedom of religion or belief (Article 9)	Human Rights based approach supported.
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	Human Rights based approach supported.
Right freedom from discrimination (Article 14)	Human Rights based approach supported.

Engagement and Involvement

The following staff were consulted with in the development of this policy: Medical Staff /Nursing Staff/Divisional directors, service leads and modern matrons.

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

Eliminate discrimination, harassment and victimisation

This policy provides an overview of the procedures for staff to adhere to in relation to service users/patients physical health care.

The policy takes account of all services users and sets out to ensure that those in the community using the Trust have access to physical health care.

The policy recognises the need to have physical health care screening for those patients on clozapine (BME) and other medication.

Advance equality of opportunity

No issues identified.

Promote good relations between groups

No issues identified.

What is the overall impact?

Intended to have a positive impact on all groups.

Addressing the impact on equalities

N/A

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified.

N/A

For the record**Name of persons who carried out this assessment:**

Anna Ashton
Michelle Barton
George Sullivan

Date assessment completed:

30/04/2015

Name of responsible Director:

Executive Director of Nursing

Date assessment was signed:

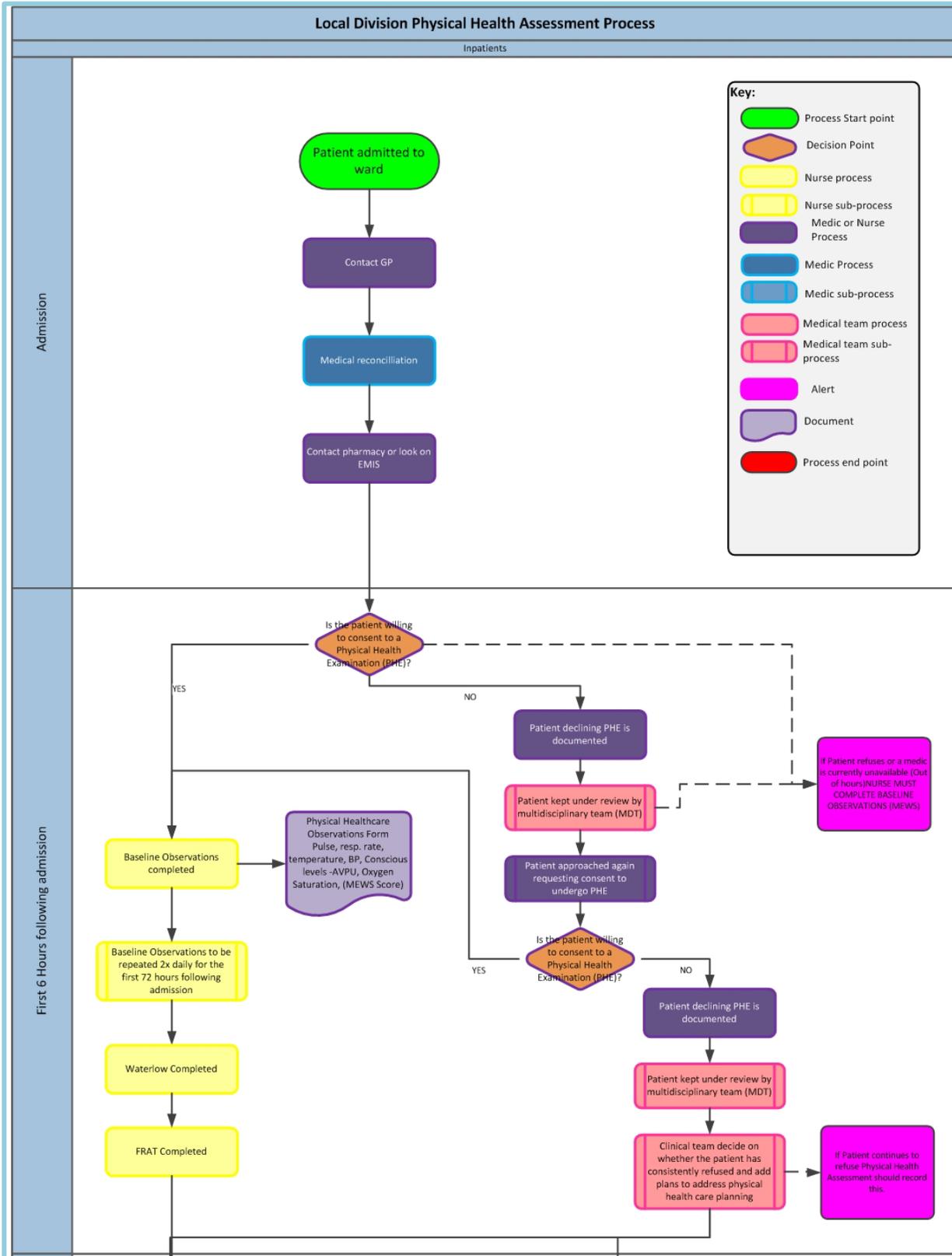
April 2015

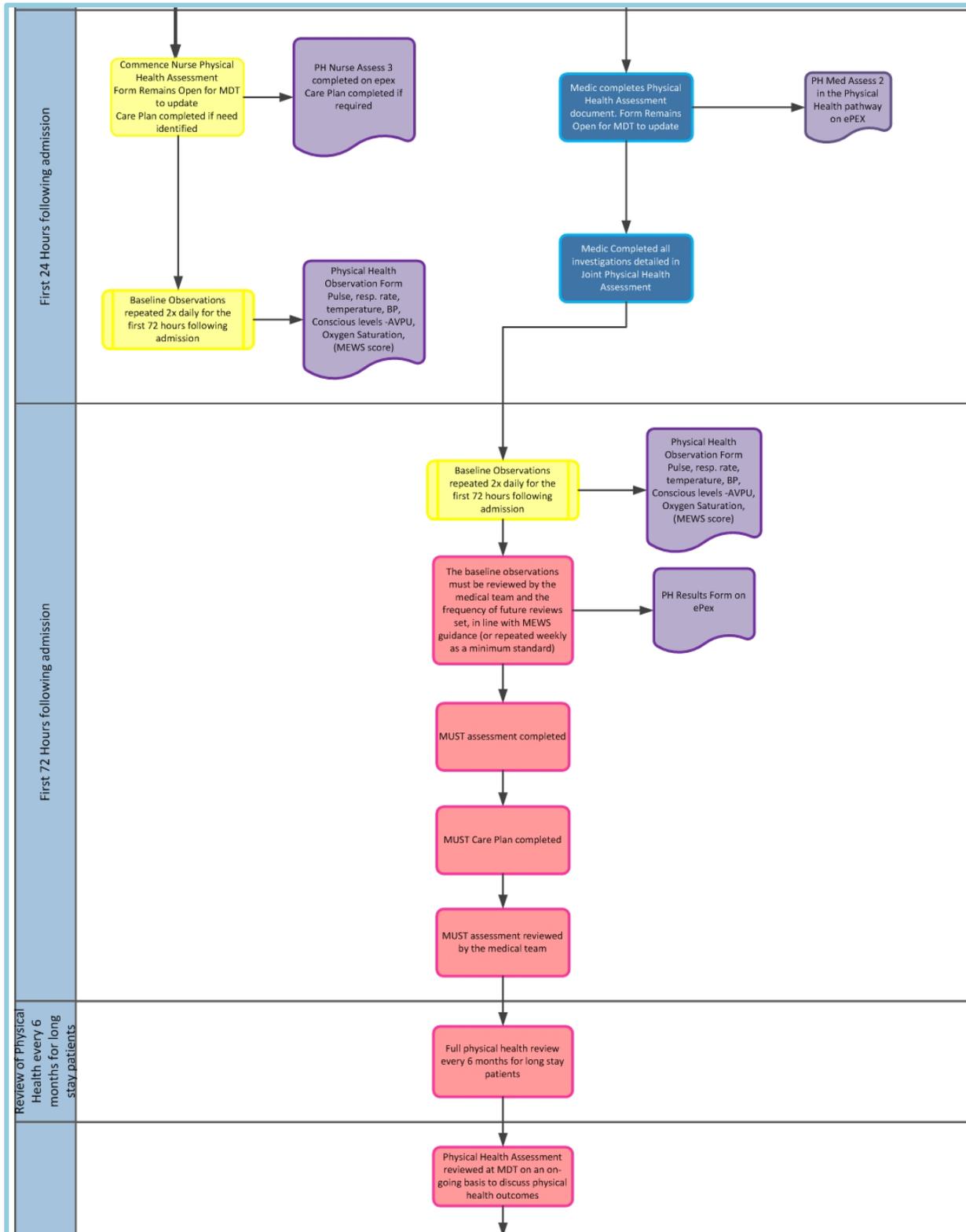
Action plan template

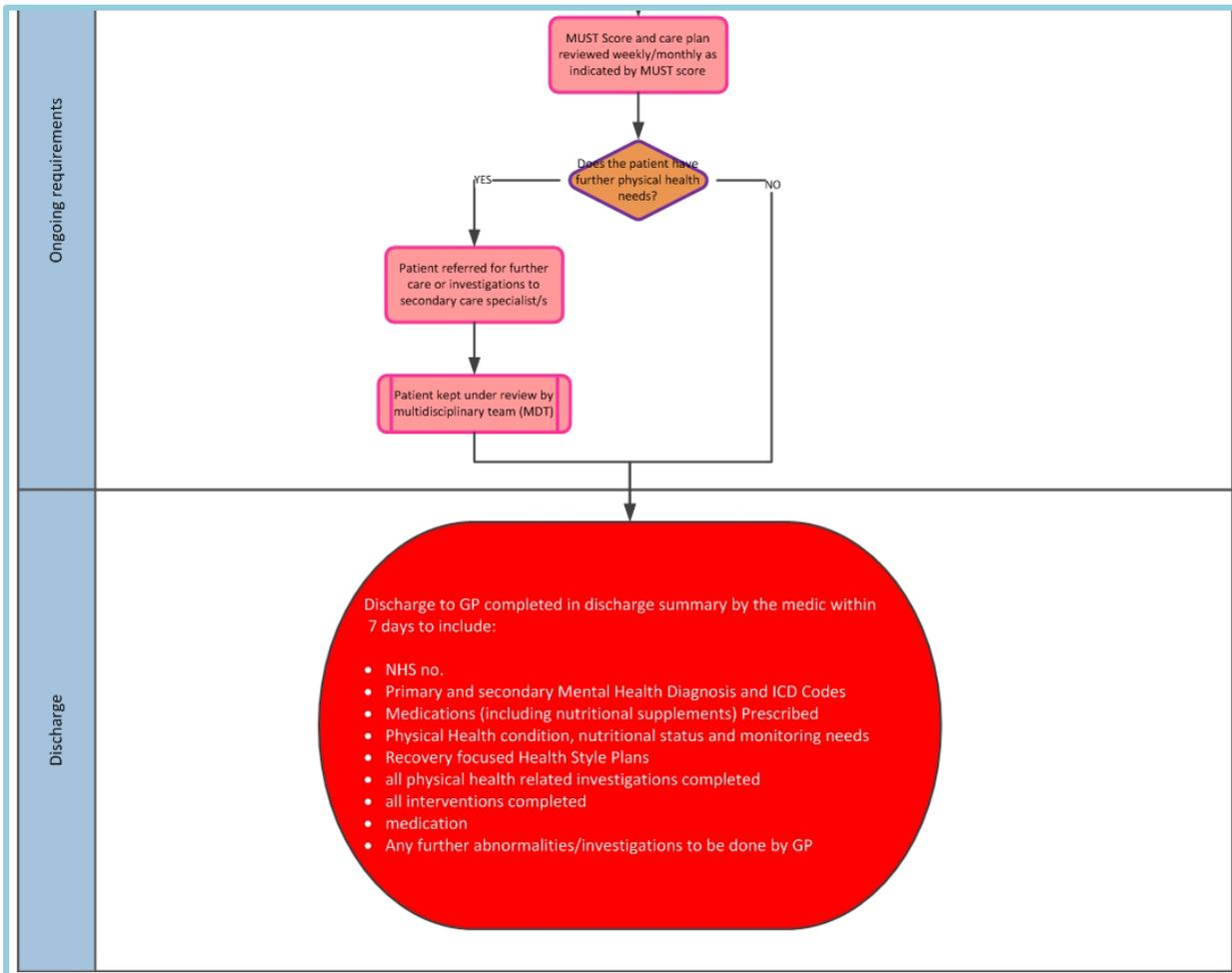
This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring	Monitoring of this policy will be via the Trust Physical Health Programme Board	On going	Modern Matron (Physical Health)
Increasing accessibility	The policy is to be available in the public domain via the Trust website		

Local Division Physical Health Assessment

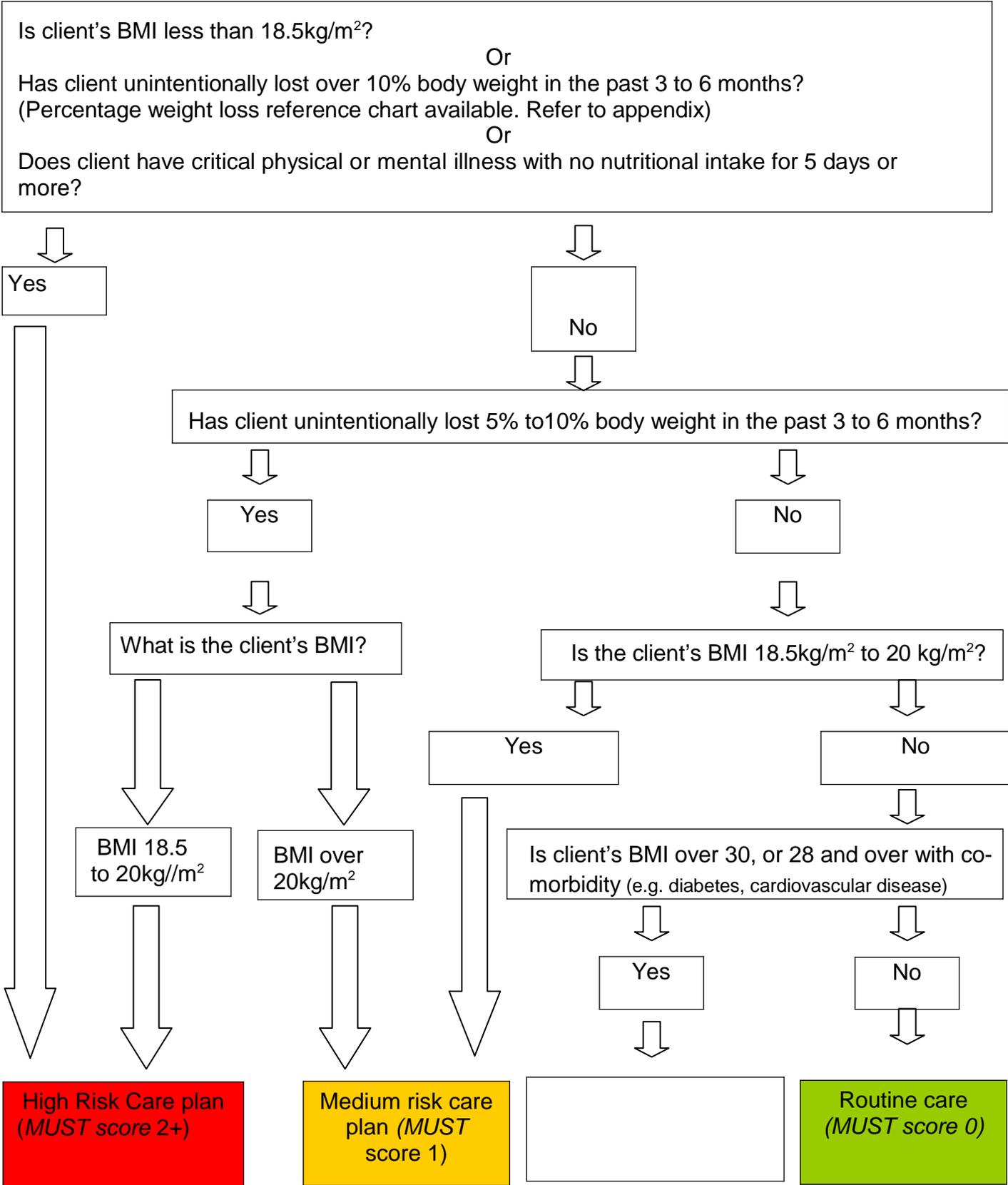






APPENDIX 2

Nutritional Screening Tool
 (Based on the Malnutrition Universal Screening Tool / MUST)



Catheter Care Management Procedure

1. Introduction

1.1 Purpose

The purpose of these guidelines are to ensure the provision of evidence based practice, which will ensure that all patients who have a urinary catheter in-situ have the best quality of care which minimises infection risk and other side effects maximising quality of life.

1.2 Scope

This procedure applies to all patients within an inpatient setting in the Trust to ensure continuity of practice.

1.3 Rationale

Urinary catheterisation is an intervention that is required for acute and chronic urinary retention for the purposes of drainage of the bladder. Catheterisation is a common procedure, yet it carries many risks including trauma, urinary tract infection, encrustation, urethral perforation, bladder calculi and neoplastic changes, it should therefore be the therapy of choice only when all other interventions are deemed inappropriate or have been unsuccessful.

All patients requiring urinary catheterisation **MUST** attend acute or primary care for this procedure – **this procedure must not be attempted by Mersey Care NHS Trust Medical or Nursing Staff**

2. Definition and types

- **Urethral Catheter** – is a hollow tube which is inserted via the urethra into the bladder for the purpose of draining urine.
- **Supra – pubic catheter** – drains the bladder by passing a tube through the anterior abdominal wall into the dome of the bladder.
- **Indwelling urinary catheter** – catheter remains in place for days/weeks
- **Intermittent catheter** – is temporarily inserted and removed once the bladder is empty.

3. Risks – Infections - Urinary Tract Infections (UTI) – Catheter associated infections (CA-UTI)

Catheterisation carries a significant risk of urinary tract infection (UTI). Patients should be observed for the following signs and symptoms

- Pyrexia – high temperature

- Systemically feeling unwell
- Patient complaining of pain in lower abdomen or where catheter comes out
- Cloudy, blood stained or offensive smelling urine
- No urine passed in over four hours
- Bladder spasms, which feel like abdominal cramps
- Leakage around the catheter site possibly caused by constipation, bladder spasms or blocked catheter.

4. General catheter maintenance

- All patients who have an indwelling catheter will be supported to be as self caring as possible with maintenance within their daily personal care.
- Washing the urethral meatus with unperfumed soap and water during daily bathing or showering routine is best practice (Loveday et al 2014, NICE 2012). Vigorous metal cleaning may increase the risk of infection
- Attention must be given to educating non-circumcised patients to clean underneath their foreskin daily to remove smegma, as this may increase the patient's risk of developing a UTI in addition to causing trauma and ulceration to the meatus and penis (EAUN 2012).
- Supra-public catheter sites should be cleaned daily with soap and water, the cystostomy site should be observed for over granulation and signs of infection. Dressings are best avoided, if a dressing is used to contain discharge Aseptic Non Touch Technique (ANNT) MUST be used to apply and change dressings, wherever possible patient's should be encouraged to change their own dressings, (EAUN 2012)
- Hand hygiene should be adhered to at all times and personal protective equipment –PPE, should be used in the form of clean (non sterile) gloves and single use apron should be worn (IC01 2013)
- Catheters and drainage bags must always be situated in such ways that will prevent backflow of urine into the bladder, keep the bag below the level of the bladder at all times and position the tube free from kinking.
- The bag should never be rested on the floor.
- Catheter stands should be cleaned daily with disinfectant wipes.
- Do not allow the drainage bag to fill beyond three quarters full.
- A disposable jug should be used for each patient when emptying the drainage bag, contact between the drainage tap and the container should be avoided when undertaking this.
- Do not add antiseptic or antimicrobial solutions to the urinary drainage bag.
- Do not change the bag routinely, follow manufacturers instructions, the date of change should be written on the bag and documented in the patient notes.

- If the catheter falls out **DO NOT** attempt to reinsert it.
- Catheters **MUST** only be changed when clinically indicated or according to manufacturer's instructions, this procedure **MUST NOT** be undertaken by staff within the trust (medical and nursing staff) but **MUST** be undertaken within acute or primary care.

5. Urinary Catheter Bag : emptying

Essential equipment

- Disinfectant wipe
- Disposable gloves
- Container (single use jug or urine bottle)
- Paper towel to cover the jug

Pre-procedure

Action	Rationale
1. Explain and discuss the procedure with the patient	To ensure that the patient understands the procedure and gives their valid consent (NMC 2013)
2. Wash hands using liquid soap and water, and put on disposable gloves.	To reduce the risk of cross infection. (Fraise and Bradley 2009)
Procedure	Rationale
3. Open the catheter valve. Allow the urine to drain into the jug.	To empty drainage bag and accurately measure volume of contents.
4. Close outlet valve and clean it with a disinfectant wipe.	To reduce the risk of cross infection. (Fraise and Bradley 2009)
5. Cover the jug and dispose of contents in the sluice, having noted the amount of urine if this is requested for fluid balance records.	To reduce the risk of environmental contamination (DEFRA 2005)
6. Wash hands with liquid soap and water.	To reduce the risk of infection (Fraise and Bradley 2009)

6. Obtaining a catheter specimen of urine procedure –(CSU)

1. Obtain consent and ensure the procedure is performed maintaining patient dignity.
2. Wash your hands and put on an apron and non sterile gloves.
3. If there is no urine visible in the catheter tubing then a clamp may be placed a few centimetres away from the sampling port.
4. Once there is sufficient urine visible in the drainage tube above the clamp, then wipe the sampling port with an alcohol swap and allow to dry.

5. Insert a sterile syringe into the needle-free sampling port. Aspirate the required amount of urine.
6. Remove the syringe and transfer specimen into the sterile specimen pot.
7. Wipe the sampling port with an alcohol swap and allow to dry.
8. Unclamp the drainage tubing.
9. Dispose of all waste materials.
10. Wash hands
11. Complete documentation according to the trust guidelines.
12. Dispatch the specimen to the laboratory.
Ref: EAUN (2012)

7. Documentation

The following information should be documented inline with the Nursing and Midwifery Council Guidance for Record Keeping (2009)

- Reason for catheterisation.
- Consent
- Type of catheter, manufacturer, batch number and expiry date
- Drainage system and method of drainage
- Date and time of insertion and by whom
- Date of planned change/reassessment and expected duration
- Interventions specific to identified problems including rationale
- Review/care given

8. Waste Disposal

All items contaminated with urine, including used catheters, catheter bags, tubing and used Personal Protective Equipment (PPE) (Gloves and Aprons) should be treated as offensive clinical waste and placed into the black and yellow (Tiger) waste stream.

If the patient has a known infection or is displaying signs and symptoms of infection all of these contaminated items must be treated as infectious waste and disposed of in the Orange (Infectious waste) stream.

9. References

DEFRA (2005) Hazardous Waste Regulations: List of Wastes Regulations 2005. London: Department for Environmental, Food and Rural Affairs.

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