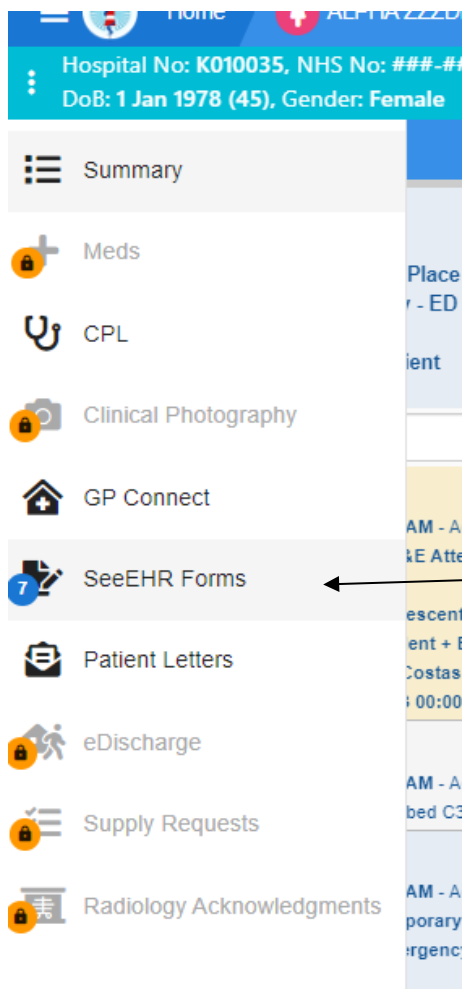


GUIDANCE FOR COMPLETION OF eUCAM

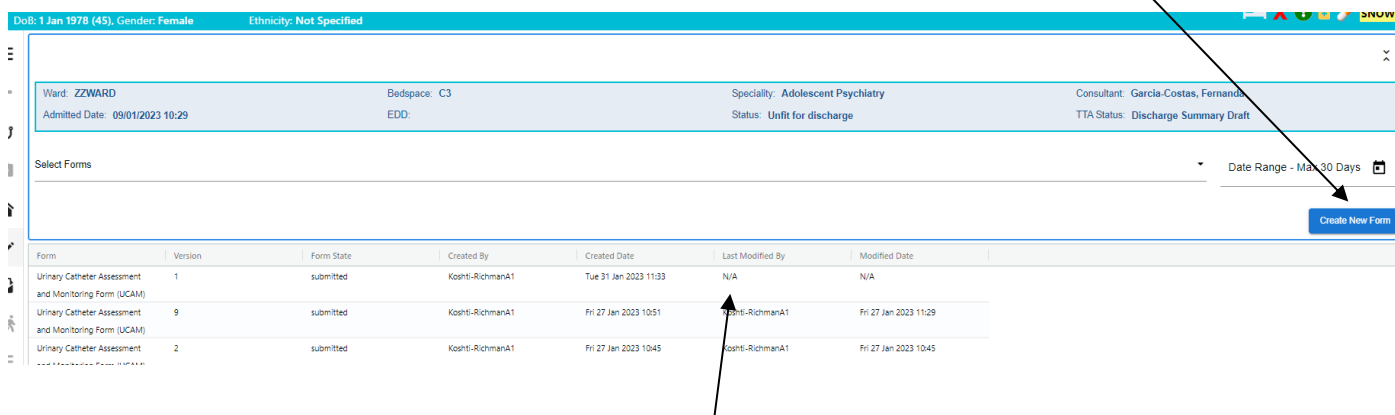
CREATING A eUCAM

On the home page of your patient.



Click on SeeEHR Forms to view an existing eUCAM, add details to an existing eUCAM or to create a new eUCAM

Next select the form you need to complete a daily contact for or create a new form for the patient you are inputting the catheter information for due to admission with a catheter or insertion of a new catheter.



The current form in use will always be at the top of the list.

CREATING A NEW UCAM Fields that have a red Asterisk * are required fields

Urinary Catheter Assessment and Monitoring Form (UCAM)

Complete Form for all Patients Admitted with a Catheter or Following Catheterisation

Patient Demographics

| | | | |
|---------------------------------|--------------|-----------------------------|---|
| Ward: Cavell Ward | Bedspace: A2 | Speciality: Neurology | Consultant: Kellaway, S A |
| Admitted Date: 25/11/2022 13:57 | EDD: | Status: Unfit for discharge | TTA Status: Discharge Summary Not Started |

Catheter Insertion Details

Trust Antimicrobial Guidelines:

Allergies:

Thu 17 Mar 2022 2:46 PM

Substance: Nifedipine Reaction: Headache Status: Suspected Source: GP

Catheter Need: *

Acute need Chronic Need

Specify Acute Need: *

Specify Acute Need: is required

For male patients always consider a sheath catheter first.

Has Bladder Scan been Completed? *

Yes No

Provide Urine Volume: * mls

Provide Urine Volume: is required

Type of Catheter Inserted: *

Short Term

Number of Catheterisations this Admission: *

Catheter Batch Number:

Was the Patient Admitted with a Catheter in Situ? *

Yes No

Date of Insertion: *

Maximum Dwell Date:

Consent Gained?

Yes No

Clinical Area Where Inserted: *

Click on the down arrow to list options

- Acute, close monitoring of output
- Acute Retention
- Acute Post Op Need
- Blockage of Catheter
- Change as part of Infection Management
- Haematuria (Requiring Irrigation)
- Open Sacral or Perineal Wound
- Unplanned / Traumatic Removal
- Unsuccessful Trial Without Catheter(TWOC)
- Other - Please Specify

Free text to add volume in mls

This must be numeric e.g. 1, 2, 3

Put the catheter sticker in the patient notes


This will automatically calculate and show as an attribute on SALUS.

Please Attach Catheter label onto the Clinical Record Sheet in the Patient's Notes.

Catheter Size:
12 Ch

Latex Free

Any Specialist Circumstances, Please Outline:
none

Details of Sterile Lubricant Used:  **Name of Lubricant, Batch Number, Expiry Date**

Specialist or Other Catheters:

Easy Insertion: *
 Yes No Not Known

Fixation Device Applied: *
 Yes No




Volume in Balloon: * 10 mls Residual Volume of Urine Drained: * 450 mls

Catheter Insertion Details Signed off by (Staff Name and Job Title): *


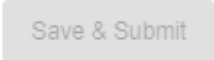
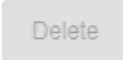
Please Submit This Form and Re-open It to Add a Daily Patient Contact Record.

If you hover over a greyed question mark you will be provided with additional information

If you do not have all the required information you can save as draft.

Remember that the Urinary Catheter attribute will only show on SALUS once the eUCAM has been saved and submitted and return to complete the required details later.

Once your form has been saved and submitted you will see the attributes listed on the SeeEHR record and on the SALUS board.



The screenshot shows a patient record for 'ALPHA ZZZDISCHARGE'. The 'ATTRIBUTES' section on the right lists several items, including 'Urinary Catheter' (UC) and 'Urinary Catheter Maximum Dw...' (UCD) with a date of Feb 27, 2023. A red circle highlights the UCD attribute.



UC Urinary Catheter
Short Term Urinary Catheter – If acut...

UCD Urinary Catheter Maximum Dw...
Feb 27, 2023

If you hover over the attribute this will provide you with further information.

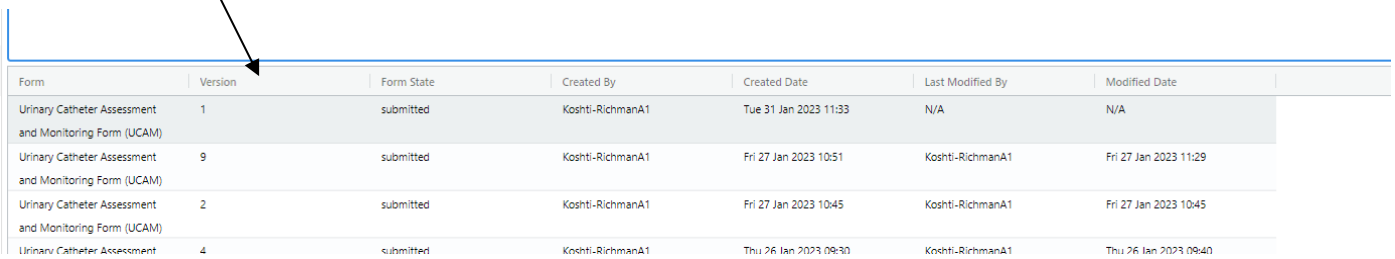


UC Urinary Catheter
Short Term Urinary Catheter – If acute need consider removal daily

UCD Urinary Catheter Maximum Dwell Date - Feb 19, 2023

DAILY ASSESSMENT

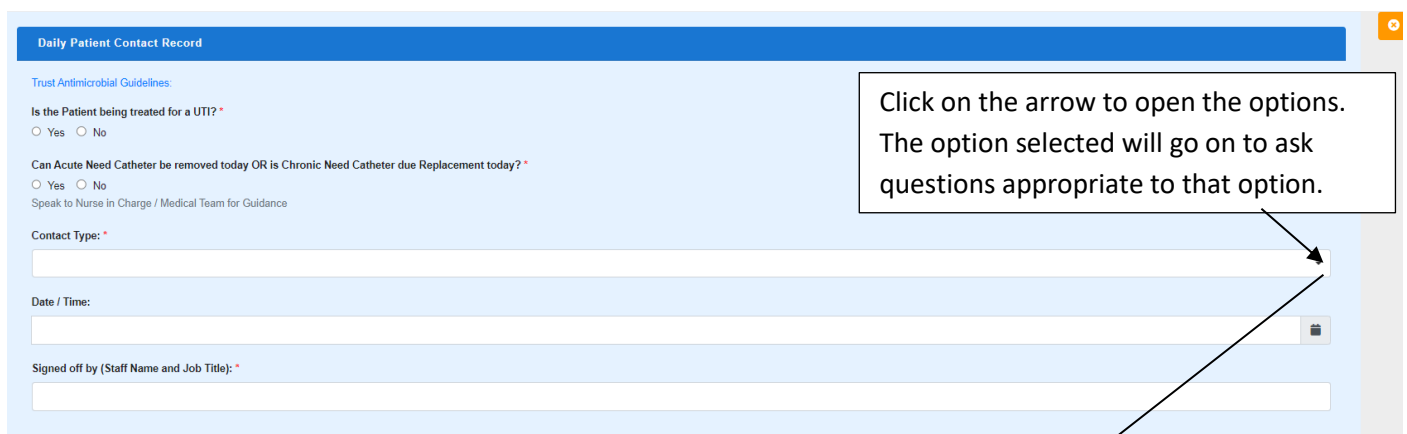
To complete a daily assessment contact for the patient, click on the most current form in use which will be at the top of the list.



| Form | Version | Form State | Created By | Created Date | Last Modified By | Modified Date |
|--|---------|------------|------------------|-----------------------|------------------|-----------------------|
| Urinary Catheter Assessment and Monitoring Form (UCAM) | 1 | submitted | Koshti-RichmanA1 | Tue 31 Jan 2023 11:33 | N/A | N/A |
| Urinary Catheter Assessment and Monitoring Form (UCAM) | 9 | submitted | Koshti-RichmanA1 | Fri 27 Jan 2023 10:51 | Koshti-RichmanA1 | Fri 27 Jan 2023 11:29 |
| Urinary Catheter Assessment and Monitoring Form (UCAM) | 2 | submitted | Koshti-RichmanA1 | Fri 27 Jan 2023 10:45 | Koshti-RichmanA1 | Fri 27 Jan 2023 10:45 |
| Urinary Catheter Assessment | 4 | submitted | Koshti-RichmanA1 | Thu 26 Jan 2023 09:30 | Koshti-RichmanA1 | Thu 26 Jan 2023 09:40 |

This will open up your patient's catheter insertion details form.

Scroll down to the bottom of this page and complete the required fields. More fields will open depending on the answers you provide.



Daily Patient Contact Record

Trust Antimicrobial Guidelines

Is the Patient being treated for a UTI? *

Yes No

Can Acute Need Catheter be removed today OR is Chronic Need Catheter due Replacement today? *

Yes No

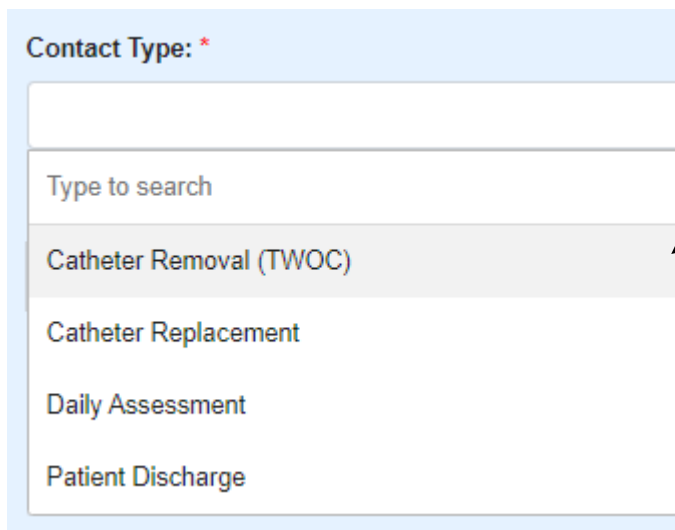
Speak to Nurse in Charge / Medical Team for Guidance

Contact Type: *

Date / Time:

Signed off by (Staff Name and Job Title): *

Click on the arrow to open the options. The option selected will go on to ask questions appropriate to that option.



Contact Type: *

Type to search

- Catheter Removal (TWOC)
- Catheter Replacement
- Daily Assessment
- Patient Discharge

TRIAL WITHOUT A CATHETER (TWOC) The following questions will be asked

Contact Type: *

Catheter Removal (TWOC)

Date / Time:

Complete Trial Without Catheter (TWOC) Information:

First Urine Volume Passed after Catheter Removal:

If patient unable to pass urine post TWOC, Enter 0

Second Urine Volume Passed after Catheter Removal:

If patient unable to pass urine post TWOC, Enter 0

Bladder Scan (complete after second urine volume passed):

If Bladder Scan not required, enter NA

Has TWOC been successful? *

Yes No In Progress

Signed off by (Staff Name and Job Title): *

Complete all the fields.

Date / Time:

2023-01-31 12:00 PM

Complete Trial Without Catheter (TWOC) Information:

[Type to search]

First TWOC

Second TWOC

Third or More TWOC

Click on the arrow to select First, Second or Third or more TWOC

If at the time of completing the TWOC details, you are not able to provide all details e.g., post removal urine volume then either yourself or someone else must come back to complete all the details later.

Therefore enter 'In Progress'

Has TWOC been successful? *

Yes No In Progress

This will enable you to save and submit the form.

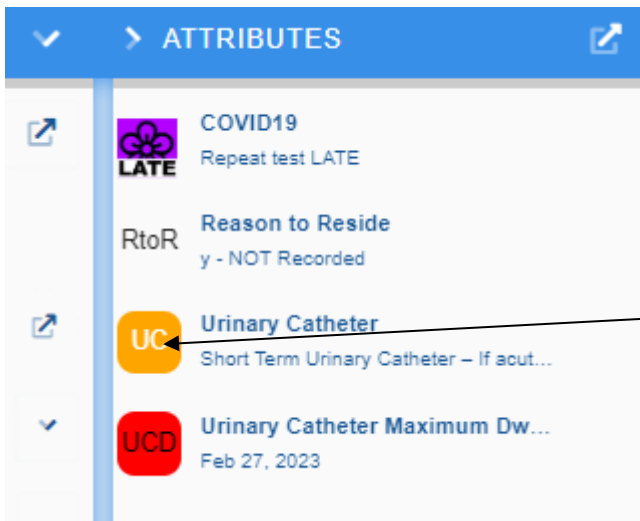
If the TWOC has been unsuccessful e.g., patient requires a new catheter inserted, then the form will alert you in red to start new eUCAM.

Has TWOC been successful? *

Yes No In Progress

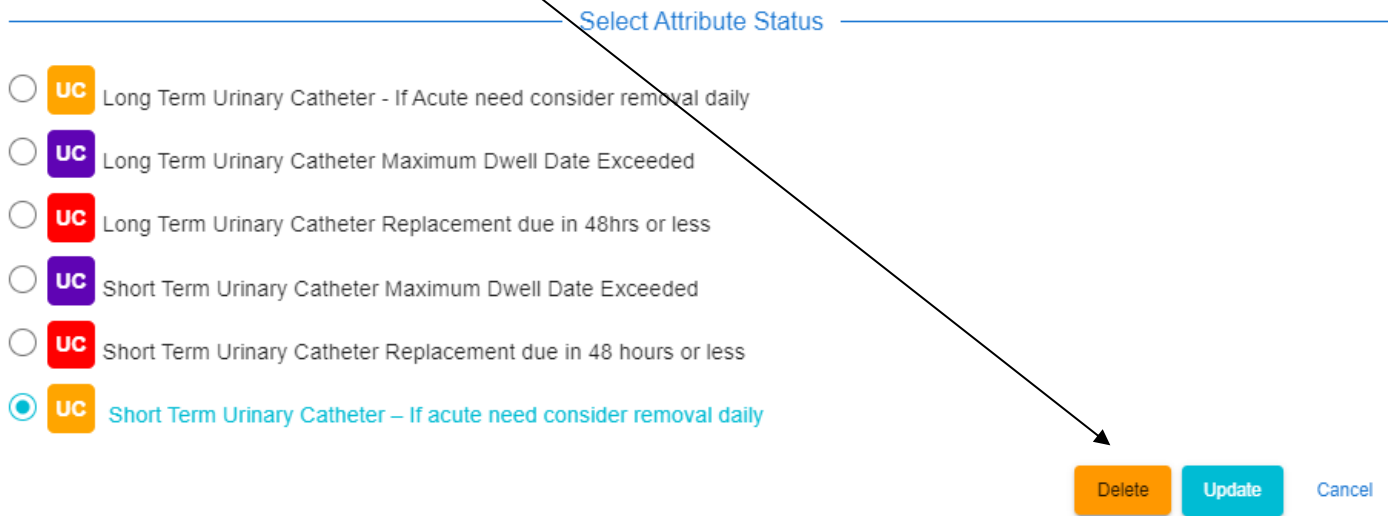
If TWOC is unsuccessful start new UCAM form for the new Catheter

If the TWOC has been successful, return to the Home page of the patient and remove **both** of the Urinary catheter attributes.



Click on the attribute you need to delete. This will open the box below

Then select the attributes and press delete.



You also need to delete the attributes if your patient has been discharged with a urinary catheter in place.

CATHETER REPLACEMENT

Daily Patient Contact Record

Trust/Antimicrobial Guidelines:

Is the Patient being treated for a UTI? *

Yes No

Can Acute Need Catheter be removed today OR is Chronic Need Catheter due Replacement today? *

Yes No

Speak to Nurse in Charge / Medical Team for Guidance

If Catheter is to be removed or replaced today, select the appropriate Contact Type from the drop down below.

Contact Type: *

Catheter Replacement

Date / Time:

2023-01-24 03:21 PM

SAVE & SUBMIT THIS FORM AND START A NEW URINARY CATHETER ASSESSMENT & MONITORING FORM

Signed off by (Staff Name and Job Title): *

Annette Smith RN

Contact Type: *

Catheter Replacement

Type to search

Catheter Removal (TWOC)

Catheter Replacement

Daily Assessment

Patient Discharge

The form will prompt you to save and submit and start a new urinary catheter assessment and monitoring document.

2023-01-31 12:15 PM

SAVE & SUBMIT THIS FORM AND START A NEW URINARY CATHETER ASSESSMENT & MONITORING FORM

The SALUS attribute will automatically update with the new Maximum Dwell Time and Type of Catheter inserted e.g., Short term or Long term.

DAILY ASSESSMENT

Contact Type: *

Daily Assessment

Type to search

Catheter Removal (TWOC)

Catheter Replacement

Daily Assessment

Patient Discharge

Daily Patient Contact Record

Trust Antimicrobial Guidelines:

Is the Patient being treated for a UTI? *

Yes No

Can Acute Need Catheter be removed today OR is Chronic Need Catheter due Replacement today? *

Yes No

Speak to Nurse in Charge / Medical Team for Guidance

Contact Type: *

Daily Assessment

Date / Time:

2023-01-31 12:15 PM

Catheter - Days in Situ:

0

Fixation Device in Situ?

Yes No

Type of Device:

Please state either Adhesive, Strap or Other. If No Device, Please state why.

Has all Care been Given as per Urinary Catheter Care Plan? *

Yes No

Care Plan:

Click to set value

Catheter Bag / Valve

Days in Situ:

Date Last Changed:

Next Change Due:

Signed off by (Staff Name and Job Title): *

Signed off by (Staff Name and Job Title) is required

The Care Plan with information on routine catheter care can be found by clicking here

Routine Care for any Indwelling Urinary Catheter

BLOCKED CATHETER: Bladder washout and bladder irrigation are high risk procedures and should only be undertaken by a Practitioner assessed as competent to perform the procedure. Separate Standard Operating Procedures (SOPs) apply to each.

BOWEL CARE: Maintain regular bowel habit - consider medications to help with this if needed.

CATHETER MAINTENANCE SOLUTIONS: Instillation of catheter maintenance solutions should continue for patients prescribed these in the community (unless they have been admitted with acute urological complications with bladder/catheter). This should be prescribed on drug chart for inpatient stay. Use Aseptic Non Touch Technique (ANTT) with administration.

CATHETER TUBING: Ensure catheter tubing is not kinked/obstructed and that leg straps are applied behind the drainage tube to prevent occlusion.

DAILY HYGIENE: Clean catheter entry site as part of patient's routine daily hygiene (clean catheter away from genital/entry site for supra-pubic catheters) and perform meatal hygiene. For males pull the foreskin back and clean the area, remember to reposition the foreskin back again.

DOCUMENTATION: Document daily assessments on the Urinary Catheter Assessment and Monitoring document (UCAM), maintain an accurate fluid balance chart, maintain an accurate stool chart. DO NOT BREAK THE SYSTEM Always avoid breaking the catheter system unnecessarily.

FIXATION DEVICE: Ensure that a fixation device is in place. Catheter fixation reduces friction and avoids catheter migration. This reduces urethral trauma and infection risk. Adhesive and strap types are both available. Check site for skin integrity and choose type accordingly.

HYDRATION: Maintain good hydration - taking any fluid restrictions into account.

MANAGEMENT OF THE DRAINAGE BAG/CATHETER VALVE: Empty the drainage bag at least twice a day, clean urine drainage tap with alcohol impregnated wipe before and after draining the bag. Ensure bags are dated and replaced every 5 - 7 days (in accordance with the manufacturer instructions). Document date on bag when changed and on UCAM. Catheter valves need to be changed using ANTT every 7 days. OBSERVE INSERTION SITE Observe for discharge, smel, reddening areas, bypassing and escalate if observed.

POSITIONING: Ensure urine drainage bags are supported above the floor (use a stand or clip), but below the bladder level and that taps are secured off the floor (for Urimeters fold the tap into the side of the bag to prevent contamination).

REVIEWS: Review the need for the catheter daily. Do not exceed the maximum dwell time for the catheter (short term catheters 28 days, long term catheters 12 weeks). Be aware that some patients may have a long term catheter that is for an acute need. Consider alternatives eg sheath/converse, intermittent catheterisation, pads.

TAKING A CATHETER SPECIMEN OF URINE (CSU): Routine urine dip is not advised. If concern of an infection send a CSU. Only take a sample from the sample port of catheter tubing. Using ANTT take the sample with a sterile syringe. Wipe the port with an alcohol impregnated wipe before and after taking the sample.

Before you can save and submit make sure you have completed the mandated fields marked with the red Asterisk.

Save & Submit

Delete

Save and submit.

PATIENT DISCHARGE

Contact Type: *

Patient Discharge

Type to search

Catheter Removal (TWOC)

Catheter Replacement

Daily Assessment

Patient Discharge

Daily Patient Contact Record

Trust Antimicrobial Guidelines

Is the Patient being treated for a UTI?

Yes No

Can Acute Need Catheter be removed today OR is Chronic Need Catheter due Replacement today? *

Yes No

Speak to Nurse in Charge / Medical Team for Guidance

Contact Type: *

Patient Discharge

Date / Time:

2023-01-31 01:46 PM

Was the Patient Admitted with a Catheter in place? *

Yes No

Has the Appropriate Referral been made to District Nurse / GP Practice / Care Home for Community Care?

Care Home District Nurse GP Practice None

Has Patient been Issued with a Catheter Passport with Urinary Catheter Pages Up to Date?


Yes No

Has Referral been made to Catheter Supply Home Delivery Service?

Yes No

Has patient been issued with Hospital to Home bag containing adequate catheter supplies? *

Yes No

Has Catheter Care Advice been Discussed with Patient / Carer and Appropriate Resources Given? 

? E.g Passport, Easy Read Guide, Plain English Guide, Hospital to Home Bag

If Outpatient TWOC required refer to the Functional Urology Team via the TWOC SeeEHR portal.

Signed off by (Staff Name and Job Title): *

Signed off by (Staff Name and Job Title): is required

If you hover over a greyed question mark you will be provided with additional information

Helpful information regarding outpatient TWOCs are in this part of the form.

Before you can save and submit make sure you have completed the mandated field marked with a **red Asterisk**.

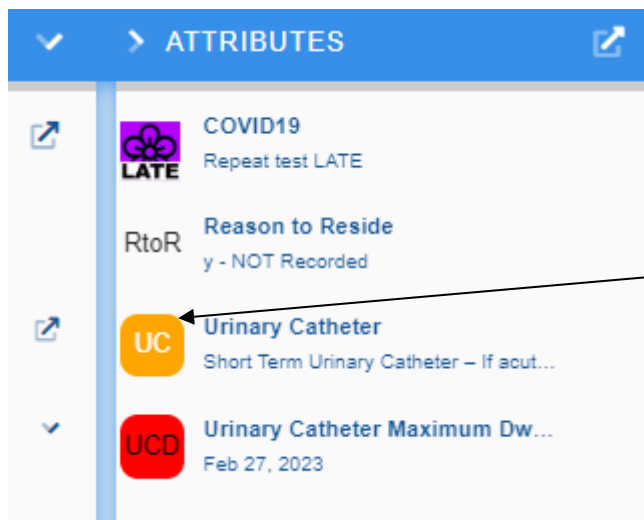
Save & Submit

Delete

Save and submit.

If discharging a patient with a catheter you need to remove the urinary catheter attributes. Only do this once the patient has left the clinical area.

Return to the Home page of the patient and remove both Urinary catheter attributes.



Click on the attribute you need to delete. This will open the box below

Then select the attributes and press delete.

