


UTI assessment tool for intermittent catheter users




Dialogue board

UTI Confirmation

- Frequency of UTIs
- Signs and symptoms  ▶
- Patterns
- Challenges




Health

- Changes in health and bladder
- New medication
- Bowel function  ▶




Adherence

- IC in everyday life
- Benefits of IC
- Activities towards a healthy bladder
- Frequency of catheterisation  ▶
- Fluid intake
- Incontinence episodes





Technique

- Steps of IC  ▶
- IC settings
- Hurdles with technique



Catheter

- Discomfort  ▶
- Type(s) of catheter(s)  ▶
- Catheter check



Support

- Personal plan
- Need for information





List of common UTI signs and symptoms

List adapted from ISCoS and EAUN guidelines

- Fever (hot and sweaty)
- Shivers
- Malaise, lethargy, or sense of unease
- Feeling generally unwell ('fluey')
- Strong smell in urine
- Cloudy urine
- Blood visible in urine
- Discomfort or pain when urinating
- Discomfort or pain over the kidneys (back pain)
- Lower abdominal (belly) pain
- Urinary incontinence or worsening of urinary incontinence (urinary leakage)
- Having to catheterise more often
- Increased spasticity
- Autonomic dysreflexia



Fluid intake and catheterisation frequency

The catheterisation frequency is calculated based primarily on 1) the recommended fluid intake and 2) the maximum volume of urine allowed between catheterisations (400-500ml). Example:

Recommended daily fluid intake	2000ml (2L)	} 1600ml ÷ 400ml = 4
Sweat, breath, etc.	- 400ml	
Urine volume	1600ml	
Maximum urine volume allowed between catheterisations	400ml	

According to the simple calculation, a person who empties the bladder only by using IC needs to catheterise at least 4 times a day to avoid exceeding 400ml of urine in the bladder.

*The recommended fluid intake is approximately 30mg/kg per day, depending on factors such as age.

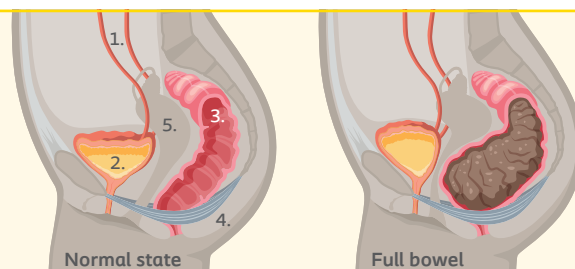


Influence of bowel dysfunction on the bladder

The bladder and bowel are located close to each other. This means that a full bowel, for example due to untreated constipation, can put pressure on the bladder so that it cannot fill properly. This can lead to a need to urinate more frequently or difficulties in emptying the bladder.

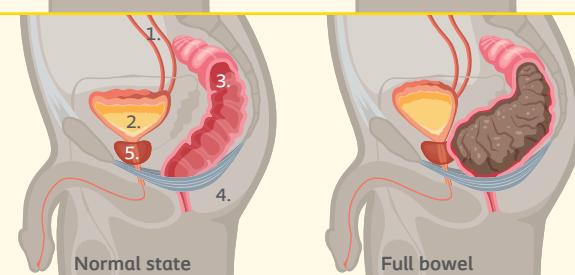
Female

1. Ureters
2. Bladder
3. Bowel
4. Pelvic floor
5. Uterus

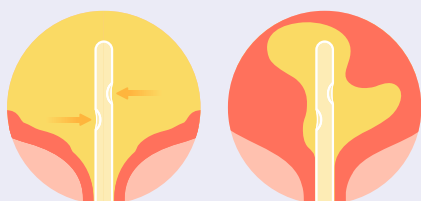


Male

1. Ureters
2. Bladder
3. Bowel
4. Pelvic floor
5. Prostate



Residual urine

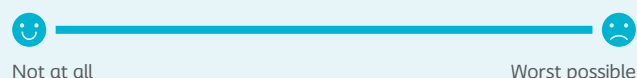


As the bladder empties, the catheter eyelets may get blocked by the bladder wall. This causes a stop of the urine flow that seems like the bladder is completely empty. If the catheter is removed, residual urine and bacteria present in it may be left behind, increasing the risk of UTIs. Therefore, the catheter needs to be repositioned or adjusted and withdrawn slowly, to allow the bladder to empty completely.



Visual analogue scale (VAS)

On the scale below, indicate the intensity of discomfort or pain when using the catheter.



Types of catheters



Coating

- Hydrophilic ready-to-use
- Activated with water
- Gel coated
- Uncoated

Design

- Straight (Standard)
- Sleeve product (Flex)
- Compact
- Set solution