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Urinary Continence Formulary

February 2020

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Guidance on Prescribing Continence Appliances in General Practice

Aims

- The aim of this document is to provide guidance to GP practices on the issue of prescriptions for appliances that are supplied to manage urinary incontinence, to help reduce over-ordering, wastage, poor communication, and inappropriate use.
- The document outlines the responsibilities of the continence advisor, GP, dispensing contractor (dispensing appliance contractor (DAC), community pharmacy and dispensing doctor) and the patient/carers or relatives.

  The healthcare professional (HCP) who prescribes the treatment legally assumes clinical responsibility for the treatment and the consequences of its use.

Scope of the guidance

This guidance is designed to be used by all prescribers (medical and non-medical), GP practices and specialist nurses. `

Key messages

Responsibilities of the Continence advisor

Assess patient then select and initiate the most appropriate product(s) for treatment / management without pressure from sponsoring company. Product selection should be made to meet patient needs on an individual basis as not all products are suitable for all.

- Appendix I provide guidance to prescribers for cost effective first line products. It is not intended to restrict patient choice.
- Only continence products listed in the Drug Tariff should be initiated
- Ensure patient has an established treatment plan that they fully understand.
- Communicate promptly with the GP regarding:
  - Product initiation (including product codes)
  - Expected monthly usage
  - Expected duration of treatment; or, if long term, date of next review.
- Monitor response to treatment, or advise GP of monitoring requirements.
- Following change to prescription, advise both GP and dispensing contractor (where appropriate) of any modifications.
- Ensure clear arrangements for back-up, advice, and support.
- Ensure catheterisation is used as a last resort and only when at least one of the following has been met.
  - Pre/post-operative surgery

- Monitoring Renal function hourly during critical illness
- Chronic urinary retention, only if symptomatic and/ or renal compromise
- Acute urinary retention
- Allowing bladder irrigation/lavage
- Bypassing an obstruction
- For investigative purposes such as urodynamics
- Instillation of medication e.g. chemotherapy

- Where it is viewed as “better” for the patient to use a catheter, such as end of life care, disability, unfit for surgery.
- Nurses must remember that the risks associated with catheter usage are of a serious nature that increasingly may become more difficult to justify (RCN 2012).

Responsibilities of the Practice

Initiate system for supply, and then continue prescribing, adjusting prescriptions for products(s) as advised by the specialist.

- Check quantities requested against information in Appendix I – ‘Prescribing guidelines for Incontinence Appliances’.
  - This gives suggested prescribing quantities and prescription directions and notes to assist in the prescriber. Be aware of the normal usage rate by the patient and that any irregularities are flagged to the GP and reviewed with the patient/carer.
- The practice should not issue retrospective prescriptions requested by the dispensing contractor.
  - The dispensing contractor must receive the prescription PRIOR to the delivery of items.
  - If the dispensing contractor delivers item(s) prior to receiving a prescription, they risk not obtaining a prescription to cover that supply if the item(s) is not considered to be necessary / appropriate.
  - The only exception to this might be the first prescription following discharge to ensure the patient has a supply of products at home. In these circumstances supply is initiated by the Acute Trust specialist team.
- Print prescription for patient / carer (or send to contractor) within the agreed turnaround time and by the agreed method of dispatch.
- If using EPS the patient can nominate a pharmacy for the dispensing of medicines AND an appliance contractor for the dispensing of continence appliances.
- Document any communication from the dispensing contractor and specialist in the patient’s clinical record.
- Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment.
- Stop or adjust treatment/management on the advice of the specialist or immediately if an urgent need to stop treatment arises.
- Copies of the AUR (Appliance Use Review) should be reviewed by an appropriate person in the practice and stored in the patient’s medical records.

- Ensure clear communication to patient with regards to process agreed between practice and contractor e.g. the interval prior to delivery when the regular prescription request should be submitted.
- When a patient dies, the prescriber should inform the dispensing contractor so that any prescriptions (including repeat dispensing prescriptions) that have not yet been sent or dispensed may be retrieved and destroyed.
- It is strongly recommended that the practice has its own agreed protocol for how it deals with dispensing contractors.

  Points to consider are:

  - Where possible, agree a named person at the GP practice for managing requests for treatment.
  - If possible, agree a named contact with the dispensing contractor. All prescription requests should come from the patient / carer, but the contractor may need to be contacted to clarify the delivery schedule, product availability etc.
  - Consider frequency of supply, and the turnaround time from request of prescription by dispensing contractor to dispatch of prescription from surgery (e.g. 48 hours).
  - Consider method of receipt of prescription by contractor e.g. fax, email, post or EPS. It is recommended that if prescriptions are posted to contractors, a record is kept and if possible a certificate of posting obtained (to help with any queries regarding missing prescriptions).
  - It is strongly recommended that requests for emergency prescription should only be accepted from the patient / carer.
- The practice should ensure that the patient / carer:
  - Understands the treatment.
  - Is aware of how to raise any concerns and report any problems in relation to the treatment.
  - Understands the ordering process and reports any problems with supply to the specialist or GP.

Responsibilities of the patient or carer

To request prescriptions on a monthly basis.

To order when they reach a defined threshold sufficient to allow time for the processing of the prescription

To avoid stock piling as products have a recommended shelf life and are influenced by changes in temperature.

To avoid stock piling of products as the product choice may change over a period of time.

GP Practices should not issue prescriptions retrospectively for any Dispensing Appliance Contractor (DAC)

If the first line choices listed are unsuitable. There is a wide range of products available on FP10 for further advice and support contact your local Continence Service.

Contact Details

North Tees and Hartlepool	South Tees
01429 522500	**01287 284112** **Middlesbrough, Redcar, Guisborough & Northallerton**

Formulary compiled by Michelle Payne, Continence Nurse Specialist 2015 and reviewed in 2019

References

1. Department of Health - Drug Tariff December 2019
2. NICE Guidelines CG139 (2012 updated February 2017) Healthcare-associated infections: prevention and control in primary and community care
3. NICE Pathways (2020) Prevention and control of healthcare-associated infections in primary and community care
4. NICE Guideline NG123 (June 2019) Urinary incontinence and pelvic organ prolapse in women: management
5. RCN Guidelines (2019) Catheter care – RCN guidance for Nurses
6. Pratt et Al Evidence Based Guidelines for Prevention Health Care Infections in NHS Hospital in England Journal of Hospital Infection 65SS1-S64 (2014)

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Catheterisation pack		
Order code	**Glove Size**	**Notes**
908410	**Cath-it Insertion / Removal Pack** Small/Medium	A two layer system, layer 1 catheter removal kit, layer 2 catheter insertion kit. (catheter or anaesthetic gel not included) Facilitates aseptic non-touch technique (ANTT) to reduce risk of catheter associated urinary tract infections (CAUTI). Cost effective as supplied in one packet reducing nursing time and FP10 costs. For catheter removal only, a dressing pack with a syringe may be used.
908420	**Cath-it Insertion / Removal Pack** Med/Large	
908430	**Cath-it Insertion / Removal Pack** Large/Ex Large	

Order code	**Product**	**Notes**
CJM 08501	***Cathejell Mono** 8.5g Lubricant	*First choice use Cathejell Mono One to be used at each catheter change. Order in singles. For urethral catheter insertion 8.5g female, 12.5g male. Licensed for supra pubic use where appropriate. 8.5g to be used. To reduce injury to the urethra and subsequent risk of possible urethra damage. To facilitate pain free insertion. To help reduce the risk of associated infection
CJM 12501	***Cathejell Mono** 12.5g Lubricant	
CJL 08501	**Cathejell Lidocaine** 8.5g Anaesthetic lubricant	
CJL 12501	**Cathejell Lidocaine** 12.5g Anaesthetic lubricant	

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Urinary Catheters

- Patient assessment, monitoring and ongoing support is essential to prevent urinary tract infections and improve quality of life for those patients who have a urinary catheter.
- Aim to remove catheter as soon as possible following insertion.
- Aim to use the smallest size that provides adequate drainage to avoid problems such as bypassing.
- Select the correct length and type of catheter. Standard - for males/females and suitable for supra pubic catheterization. Female - for females only.
  Use 10ml balloon, this represents the amount of sterile water required to fully inflate the balloon. Under inflation can distort the angle of the catheter tip, causing bladder spasm.
  Please ensure those patients with latex allergy use a silicone catheter

Long Term Catheters

Order code	Product	Gauge/CH	Notes
DH310112	**Rusch Sympacath Aquaflate Hydrogel coated latex catheter**	12	Standard (for males and females) Includes empty syringe for deflation of previous catheter and a syringe prefilled with sterile water. Initial prescription for 3 then One every 12 weeks Be aware of latex allergy
DH310114		14	
DH310116		16	
DH310118		18	
DH210112	**Rusch Sympacath Aquaflate Hydrogel coated latex catheter**	12	***Female Only*** Includes empty syringe for deflation of previous catheter and a syringe prefilled with sterile water. Initial prescription for 3 then One every 12 weeks Be aware of latex allergy
DH210114		14	
DH210116		16	
DA310112	**Rusch Brillant Aquaflate All Silicone catheter**	12	Standard (for males and females) includes empty syringe for deflation of previous catheter and a syringe prefilled with sterile water. Initial prescription for 3 then One every 12 weeks.
DA310114		14	
DA310116		16	
DA310118		18	
DA210112	**Rusch Brillant Aquaflate All Silicone catheter**	12	***Female Only*** Includes empty syringe for deflation of previous catheter and a syringe prefilled with sterile water. Initial prescription for 3 then One every 12 weeks
DA210114		14	
DA210116		16	

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Long Term Catheters (continued)			
Order code	**Product**	**Gauge/CH**	**Notes**
AA8C12	**Coloplast Folysil X-Tra Open Ended Silicone catheter**	12	Standard (for males and females) An alternative for those patients experiencing problems with repeated bypassing and blockage. There is no tip to the end of this catheter creating an additional drainage channel. Includes a pre-filled syringe for balloon inflation and empty syringe for balloon deflation. Initial prescription for 3 then One every 12 weeks
AA8C14		14	
AA8C16		16	
AA8C18		18	
DP310112	**Rusch Aquaflate All PTFE Coated latex foley catheter**	12	Standard (for males and females) Includes empty syringe for deflation of previous catheter and a syringe prefilled with sterile water. Initial prescription for 3 then One every 4 weeks. Be aware of latex allergy
DP310114		14	
DP310116		16	
DP310118		18	
DP210112	**Rusch Aquaflate All PTFE Coated latex foley catheter**	12	*Female only* Includes empty syringe for deflation of previous catheter and a syringe prefilled with sterile water. Initial prescription for 3 then One every 4 weeks Be aware of latex allergy
DP210114		14	
DP210116		16	

Long Term Catheters – Specialist Use Only			
Order code	**Product**	**Gauge/CH**	**Notes**
D236512S	**Bard Bardex I.C.**	12	With silver alloy coating and a pre-filled syringe of sterile water. **Should only be used for 3 consecutive months and after discussion with the Specialist Continence Team.** Initial prescription for 3 then one every 4 weeks
D236514S		14	
D236516S		16	
D236518S		18	

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Catheter Valves

- For use with indwelling catheters only. These provide a discrete alternative to drainage bags.
- Their use helps to imitates normal bladder function by allowing the bladder to fill and empty, maintaining normal capacity and tone. They allow the catheter balloon to be lifted from the bladder wall decreasing the risk of bladder wall erosion and trauma to the bladder neck. (Addison 2001).
- Can be used 2-3 weeks prior to trial without catheter to regain bladder function and tone.
- **Contra-indicated in**: Reduced bladder capacity:/No bladder sensation: Cognitive impairment: Poor manual dexterity: Renal impairment/Post Radical Prostatectomy

Order code	Product	Notes
21104204	Qufora MacGregor	Catheter valves should be changed every 5-7 days. Review weekly
PCV3942	Prosys Clini-Supplies	

Intermittent catheters (ISC)

If a patient is self-catheterising liaise with specialist for guidance eg spinal, urology, continence service.

- These are suitable for patients with incomplete bladder emptying e.g. neurogenic bladder disorders, particularly patients with multiple sclerosis, spina bifida, diabetes and spinal cord injury.
- These catheters are for single use only.
- Patient needs good dexterity and cognitive ability.
- Help to reduce catheter-associated urinary tract infections (CAUTI)
- How many a patient uses a day depends on their medical reason for ISC ranging from 1 to a usually maximum of 5 times daily.(refer back for overuse)
- All patients to be managed by the specialist Continence team.

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Catheter Drainage Bags

Leg bags

- Leg bags may be worn in different positions on the leg, i.e. inside thigh/calf, which is an individual choice, and this will determine the length of the inlet tube.
- Maintaining a closed drainage system (i.e. not removing the leg bag when attaching a night bag) reduces the risk of infection.
- The leg bag must remain connected to the catheter and linked to the night bag if additional drainage capacity is required overnight.
- 500mls bags have been listed below, as this is the most common size used. Other volume leg bags are available

Order code	Product	Pack price	Notes
P500s	Prosys Slide Action Tap Short Tube	500ml x 10	**Leg bags should be changed weekly unless clinically required (manufactures recommendation).** **No more than one box of ten should be issued alternate months (6 x10 boxes per year).** **Orders in excess should be questioned as it is poor practice and increases risk of infection to change more frequently than every 5-7 days (including care homes)**
P500L	Prosys Slide Action Tap Long Tube		
P500S - LT	Prosys Lever Tap Short tube		
P500L - LT	Prosys Lever Tap Long tube		

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Night Bags

- Suitable for night time use for the collection of urine from indwelling catheters or urinary sheaths.
- The position of the bag should be below bladder level to enhance drainage.
- Night bags should be directly connected to the leg bag to maintain a closed system.
- Night bags should be used in conjunction with a catheter stand, available from Clinisupplies (not available on FP10).
- Non-drainable night bags are preferred option as single use reduces the risk of infection.

Order code	Product	Pack Size	Notes
PSU2	ProSys Non-sterile 2 litre night bag with single use drainable tap	2L x 10 per pack	**Single Use night bag** Care homes should always use this type of night bag **attached** to a leg bag. **Change each day.** **No more than 3 packs per month**
P2000-LT	ProSys Lever outlet tap	2L x 10 per pack	**Sterile drainable night bags** come sterile and include 1 pair of leg straps & a pair of gloves For community **bed bound** patients it may be appropriate for a sterile drainable 2 litre bag to be connected directly to the catheter. (Not recommended for care home patient due to risk of cross infection). **Drainable night bags should be changed weekly**(manufacturer's recommendation). **No more than one box of ten should be issued alternate months (6x10 boxes per year)**

Catheter accessories
It is extremely important that both the catheter and leg bag is well supported to reduce traction and trauma to the bladder neck/urethra.

Order code	Product	Pack Size	Use
3004	UGO Fix Gentle Catheter Clip	5	The catheter clip is designed to fix and support the catheter. If the catheter is attached to a urine drainage bag it is advisable to use additional support for the weight of the urine bag.
150111	Uri sleeve Small Bard	24-39cm	The leg sleeve can be used as an alternative or alongside leg straps, particular good if you have frail skin, or problems with straps digging into or rubbing against your leg as it distributes the weight of the urine more uniformly. **One Pack of 4 Leg bag holders should last for four to six months(including care homes**
150121	Uri sleeve Medium Bard	36-55cm	
150131	Uri sleeve Large Bard	40-70cm	

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150141	Uri sleeve Extra Large Bard	65-95cm	

Please note: Catheter maintenance solutions have been removed from formulary as no longer recommended and other options should be considered eg hydration, review catheter type

Urinary sheaths – the use of a urinary sheath requires assessment by a specialist Nurse

It is specially designed for men to provide a secure and discreet way to manage **male urinary** incontinence. It is a soft, flexible sleeve that looks like a regular condom and is rolled on to the penis in the same way.

Can offer a valuable alternative method of urinary incontinence management for men.
It is important to accurately assess for type and size of sheath using manufacturers measuring device.
It is recommended that sheaths are changed on a daily basis.
It may be necessary to use a fixation strip to ensure the sheath remains in place.
Please ensure an adhesive remover spray is used if unable to bath/shower daily to prevent skin stripping on sheath removal.*[Pharmacy Clerks please note]*
It is recommended one box of thirty should be sufficient per month
Over ordering more than one box of thirty per month may indicate poor fit refer to continence team for advice
Refer to specialist nurse

Urinals

These may be used for patients who have functional incontinence.
These should be used as part of their treatment or management plan

Refer to specialist service

Medication	
Anticholinergics	Reduces detrusor spasm and therefore catheter expulsion or urinary bypass of catheter
Laxatives	Constipation can cause urinary incontinence and effect catheter drainage
Alpha blockers	relax the muscles in the bladder neck
Benzodiazepines	Relax the muscles in the bladder
Antibiotics	For asymptomatic bacteruria https://www.nice.org.uk/guidance/ng113

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Additional advice to offer to patients
Hygiene Normal daily bath or shower. Antiseptic solutions DO NOT reduce bacterial infection. Too frequent washing may upset normal meatal flora which acts as a defence mechanism. .If meatal cleansing is required use neutral soap and water and a disposable cloth designated for this purpose(8)
Fluid Intake Aim for a fluid intake of 1500-2000ml over 24 hours (unless C/i) as this helps to prevent infection(9). Refer to fluid matrix. Diuresis may assist in voiding micro-organisms from residual urine in the bladder. Dilute urine will reduce the concentration of encrustation components(3)
Changing bags. Do not change more frequently than necessary (once a week). Remove protective cap from new drainage bag/catheter valve and insert the ends as quickly as possible ensuring the ends of the bag/ catheter valve are not touched. This reduces the risk of contamination of bag and catheter