



Continent Urostomy/Mitrofanoff Catheterisation

Child's Name..... Child's Form

Person Trained..... Assessor

Assessor job title/contact details

Objectives:

The person trained is able to demonstrate understanding of the reasons catheterising a continent urostomy or Mitrofanoff
The person trained is able to show that they understand how to safely catheterise the named child's continent urostomy or Mitrofanoff

Action	Explanation Insert date	Demonstration Insert date	Observed and Competent Insert date and any comments
Confirm all equipment required is correct and accessible <ul style="list-style-type: none"> Cleansing materials Catheter Water soluble lubricant (if required) Container to hold urine Gloves 			
Confirm that location is available and suitable for the catheterisation			
Position the child – encouraging them to be involved in procedure as much as possible			
Wash hands correctly for 15-30 seconds			
Put on gloves (Put on two pairs if child cannot wipe themselves)			
Prepare catheter as per the manufacturer's instructions			
Wash stoma using cleansing supplies as per individual care plan Remove second pair of gloves if in situ.			
Gently insert catheter into stoma until urine starts to flow			

Advance catheter about one inch (2.5cm) further as per individual care plan			
Allow urine to flow into container or toilet			
Leave catheter in situ until urine flow stops			
Withdraw catheter slowly			
Measure urine and record volume (if required)			
Dispose of urine (if necessary), clean equipment and store			
Clean or dispose of container used for urine (if used) and dispose of catheter appropriately			
Remove gloves and wash hands			
Apply stoma covering (if used)			
Assist child with adjusting clothes (if required)			
Record procedure and any observations			
Identify what would constitute a general cause for concern and how to respond e.g. child unwell			
Identify what would be a cause for concern for this child and how to respond (as per individual care plan)			
Report any changes or concerns (as per individual care plan)			

Checklist content approved by specialist nurse/consultant (name)

Signature

Contact details

Date.....

Checklist content seen and agreed by parent/carer (Name)

Signature

Date.....