

**APPENDIX 12**

**CHANGING A URINE DRAINAGE BAG**

The bag should be changed when there is an accumulation of sediment, leakage, and a new catheter is inserted, or when the bladder has been irrigated. Bags should last for at least 5 to 7 days.

Equipment:

- Single use disposable plastic apron
- Non sterile gloves
- Sterile urine drainage bag
- STATLOCK® stabilisation device if required
- Access to hand hygiene facilities/alcohol hand gel

**NOTE It is imperative that key parts which are required to be sterile are not touched with non sterile gloves.**

No.	Action	Rationale.
1	Explain and discuss the procedure with the patient.	So that the patient is fully informed.
2	Release leg support.	To aid removal of bag.
3	Protect bed.	
4	Cleanse hands do single use disposable plastic apron and non sterile gloves.	To reduce risk of infection (EPIC 3 2014).
5	Loosen cap of new catheter tubing. Pinch the catheter 3-5 cm from its end and disconnect old drainage bag, raising the end of the tubing to drain residual urine into the bag.	To prevent infection and prevent urine leaking from tubing. Do not touch end of catheter to ensure aseptic non touch technique of key parts.
6	Holding new bag tubing 3-5 cm from its end, connect to catheter.	To minimise contamination and maintain aseptic non touch technique.
7	Secure catheter to body using a stabilisation device, STATLOCK® and bag to leg or to stand. Make patient comfortable.	To prevent urethral trauma.
8	Remove used bag and measure and record volume of urine if required	
9	Dispose of used bag, remove non sterile gloves and single use disposable plastic apron.	To prevent infection (EPIC 3 2014).
10	Cleanse hands, record intervention and any problems in patient documentation (including urinary catheter passport).	To provide point of reference or comparison in event of later queries.