A full bladder or bowel in the terminal phase of life can cause patients to become agitated and restless. Choosing the right option requires an understanding of bladder dysfunction and skills to assess patients’ needs. Urethral catheterisation for the first time requires verbal or written agreement from the patient's GP. A urinary catheterisation consent form should include the reason for it, patient identification details, and a statement for the GP to sign giving permission to catheterise. National guidance for nurses on end of life catheterisation are needed to standardise practice.

Inserting a catheter requires a doctor’s written consent.
Choosing the right management option requires a good understanding of bladder dysfunction, and the clinical skills to assess the patient’s current and potential needs.

**Urinary catheterisation**

Many senior community nurses have extended roles, such as independent prescribing and advanced physical assessment, and can identify when urinary catheterisation is needed.

Where this is considered the most appropriate management strategy, nurses must obtain consent from the patient’s GP. This poses a dilemma if medical consent cannot be obtained, for example out of surgery hours. Nurses can feel vulnerable, and the fear of causing harm to patients at the end of life can mean they refuse to perform the procedure. In some circumstances, patients may be sent to A&E to be catheterised. This goes against the aim of caring for patients at home, especially if home is their stated preferred place of care.

**Catheterisation consent form**

Hillingdon Community Health’s local end of life care strategy states district nurses should be the key workers responsible for coordinating end of life care.

There are 10 district nursing teams in the borough and the service operates seven days a week. A representative from each team attends a monthly meeting, along with other health professionals involved in end of life care, such as the specialist palliative care team and community matrons. The group ensures care is standardised across the borough, discusses issues or initiatives, and implements changes.

It is routine practice to pre-empt the need for specialist equipment and anticipatory medication in end of life care and we felt the same approach should be taken with bladder management. This would empower nursing staff to provide the best possible care to patients and their families.

The group was unable to find any reference to end of life catheterisation in trust policies, so a urinary catheterisation consent form was devised. This included the rationale for end of life catheterisation, patient identification details, and a statement for the GP to sign giving permission to catheterise the patient if required and the trust policy on indwelling catheters in end of life care (Box 2). The form was signed off by the trust’s medical director and clinical governance team and incorporated into the trust’s urinary catheter policy and district nursing end of life standards. It was then distributed among the group and all district nursing teams.

**BOX 1. INDICATIONS FOR CATHETERISATION AT THE END OF LIFE**

- Management or prevention of wound damage, such as sacral pressure ulcers, and soreness of the anus, perineum, vulva and penis
- Painful movements needed because of frequent changes of bedlinen needed due to incontinence
- Pain or difficulty getting in and out of bed to use a commode
- Urinary incontinence associated with obstruction
- Urinary retention and/or distended bladder: common causes of retention in the terminal phase are constipation and morphine

Source: Kyle (2010)

**BOX 2. CONSENT FORM: TRUST POLICY**

**Urinary catheterisation policy 2010 – the use of indwelling catheters in end of life care**

End of life continence care is an essential part of ensuring comfort and dignity. Management of urinary problems at the end of life often involves the containment of incontinence and the management of urinary retention.

Indications for end of life catheterisation may include:

- Management or prevention of wound damage, for example sacral pressure ulcers and or fungating wounds, or discomfort of the anus, perineum, vulva or penis
- Painful physical movements due to frequent changes of bedlinen caused by incontinence
- Pain or difficulty for female patients getting in and out of bed to use a commode
- Urinary incontinence associated with obstruction
- Urinary retention/distended bladder - the commonest cause of retention in the terminal phase is constipation caused by morphine

Consent to catheterise should be given by the medical professional responsible for that patient’s care. If the indwelling catheter increases a dying patient’s pain or restlessness, it should be removed.

It is now standard practice to discuss the consent form with the patient and GP when discussing anticipatory medicines and specialist equipment. Once the GP has completed the form, it is kept in the patient’s home notes; if the need for catheterisation arises, there is no delay in performing the procedure, preventing unnecessary discomfort to the patient.

**Discussion**

The urinary catheterisation consent form is designed to support community nursing staff in planning and implementing strategies in end of life bladder management.

The aim is to avoid terminally ill patients being sent to A&E to be catheterised, something that has not happened at the trust since the tool was implemented in October 2010. The tool has also helped promote discussion between patients, nurses and GPs.

The consent form received positive feedback from community nursing staff and GPs, especially the twilight nursing team who see patients up to midnight.

Although it was developed for use in end of life care, the form could be adapted for use with other patients with progressive bladder dysfunction, such as those with multiple sclerosis.

**Conclusion**

The fact that only medical professionals can authorise urinary catheterisation has never been challenged by nurses, yet it is nurses who become highly skilled in catheter assessment, insertion and management.

National guidance for nurses on end of life catheterisation would ensure standardised practice, and health professionals should continue to look at ways to proactively manage patients approaching the end of life.

**References**


General Medical Council (2010) Treatment and Care Towards the End of Life: Good Practice in Decision Making. London: GMC. tinyurl.com/GMC-endoflife

