

Primary Care Prescribing Guidelines for Continence Appliances

APPLIANCE	DURATION	USUAL MONTHLY QUANTITY	PRESCRIPTION DIRECTIONS	NOTES
Indwelling Catheter for Long term use <i>See Appendix 1 for formulary choices and further guidance</i>	Up to 12 weeks. If changing less than 4 weeks consider referring to Continence Service.	One per THREE months	Change every 8 to 12 weeks	For attachment to leg bags or catheter valves. Prescribe 2 or 3 catheters for the first prescription (1-2 spare) then only one should be prescribed at a time. Silver alloy catheters (eg Bardex IC) should only be used following discussion with continence service. Guideline size: Female 10-12ch Male 12-14ch
Bard Foley Trays for catheterisation				Not recommended for routine use
Nelaton single use catheter for intermittent use <i>See Appendix 2 for formulary choices and further guidance</i>	From once or twice a week up to 5-6 daily	4 Catheters up to 7 packs of 25/30 (Packs cannot be split)		Frequency of use depends on medical reason for catheterisation. Minimum quantity on prescription is 1 pack, maximum 7 packs.
Penile Sheaths	1 daily	THIRTY (= 1 box)	Change daily. Please order once a month	Over ordering may be due to poor fit. Specialist nurse fitting recommended – refer to continence service.
Anal Plugs	Up to 1 daily	TWENTY (=1box)		Two sizes available – sample pack available via coloplast to check size prior to prescribing. Can be used for up to 12 hours.
Catheter valves	1 weekly	FIVE (=1 box)	Change every 7 days. Please order once a month	For use with indwelling catheters
Catheter maintenance solutions				Not for routine use. Seek advice from continence service.

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Leg bags (drainable)	7 days	FIVE (preferable to supply one complete box (10) on a prescription so a box should last 2 months)	Change every 7 days. Please order every 2 months	Drainable. For collection of urine from indwelling catheters or penile sheaths
Night bags (non-drainable)	1 every night	THIRTY (=3 boxes of 10)	Change every night. Please order once a month	Recommended for use in care homes to reduce the risk of cross-infection. Do not attach directly to catheter.
Night bag (drainable)	7 nights	FIVE (preferable to supply one complete box (10) on a prescription so a box should last 2 months)	Change every 7 days. Please order every 2 months	ONLY FOR USE IN PATIENTS WHO ARE BED-BOUND 24/7 Drainable. Attach to day bags (or directly to catheter if bed bound)
Instillagel	1 per indwelling catheter change	ONE		Do not order a box of 10. Use a 11ml size for males and a 6ml size for females and supra pubic catheters
Leg bag sleeves	Not for repeat prescription (1 pack should last 4-6 months)		Sleeves are washable and re-useable	Used to support a leg bag. Leg bag straps are supplied with the bag and not required on prescription
Catheter Straps	Not for repeat prescription (1 pack should last 5 months)		Straps are washable and re-useable	Used to support an indwelling catheter

The table above contains suggestions for the average quantities to prescribe for ONE month.

Please note that the appliances which are listed in Part IXA or Part IXB of the Drug Tariff may be prescribed under the NHS.

The Northamptonshire Catheterisation Policy and Maintenance Solution Guidance can be found on Pathfinder at

[Catherisation Insertion and Management Protocol](#)

Northamptonshire Continence Advisory Service

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Approved by the Northamptonshire Prescribing Management Group July 2012

Appendix 1 - Prescribing Guidelines and formulary for Indwelling Catheters

APPLIANCE	DURATION	USUAL MONTHLY QUANTITY	PRESCRIPTION DIRECTIONS	NOTES
Indwelling Catheter for Long term use	Up to 12 weeks. If changing less than 4 weeks consider referring to Continence Service.	One per THREE months	Change every 8 to 12 weeks	For attachment to leg bags or catheter valves. Prescribe 2 or 3 catheters for the first prescription (1-2 spare) then only one should be prescribed at a time. Silver alloy catheters (eg Bardex IC) should only be used following discussion with continence service. Guideline size: Female 10-12ch Male 12-14ch
Type of Catheter	Indication	Recommended Product	Notes	
PTFE	Short term use – up to 28 days	Teleflex Rusch PTFE Aquaflate (Male – DP310112 – DP310124) (Female – DP210112 – DP210124)		
Hydrogel coated latex	Long term use – between 28 days and 12 weeks	Teleflex Rusch Sympacath Aquaflate hydrogel coated latex (Male – DH310112 – DH310124) (Female – DH210112 – DH210124)	If catheter is being changed more frequently than every 28 days change to PTFE	
All silicone	For individuals with latex allergy	Teleflex Rusch Brilliant Aquaflate All-Silicone (Male – DA310112 – DA310124) (Female – DA210112 – DA210124)		

Always use 10ml balloons. Larger balloons are for specialist urological use only.

Female only catheters (20-26cm) can cause severe trauma and haemorrhage if used in males

<http://www.nrls.npsa.nhs.uk/alerts/?entryid45=59897>

Standard catheters (40 to 45cms) can be used for males and females. Shorter catheters (20 to 26cms) are for females only

**If recommended catheter is not suitable please contact continence service for further advice
Northamptonshire Continence Advisory Service : Tel. 01604 678162 Email. ncas@nhft.nhs.uk**

Appendix 2 - Prescribing Guidelines and Formulary for Intermittent Catheters

APPLIANCE	DURATION	USUAL MONTHLY QUANTITY	PRESCRIPTION DIRECTIONS	NOTES
Nelaton single use catheter for intermittent use	From once or twice a week up to 5-6 daily	4 Catheters up to 7 packs of 25/30 (Packs cannot be split)		Frequency of use depends on medical reason for catheterisation. Minimum quantity on prescription is 1 pack, maximum 7 packs.
Type of Catheter	Indication	Recommended Product and Code	Notes	
Standard female/male	Usual first line use for intermittent catheterisation	<ol style="list-style-type: none"> 1. Rusch floccath quick (Female: 851221 Male: 851241) 2. Hollister Advance (Female: 92062 – 92142 Male: 92084-92184) 3. Speedicath (Female: 28506-28516 Male: 28408-28418) 		
Catheter with Integral bag	If mobility or dexterity problems prevent catheterisation over toilet	Actreen glys set Male (226208E – 226218E) Female (226306E – 226316E)	If UTIs are an ongoing problem may use Hollister Advance as an alternative	
Compact female	Occasional use – eg. When out of the house	Actreen lite mini (228010E – 228014E)	Not for first line use Not recommended for regular use	
Compact male	Occasional use – eg. When out of the house	Speedicath compact male (28692)	Not for first line use Not recommended for regular use	

**If recommended catheter is not suitable please contact continence service for further advice
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