

OSCE Code 7457-350 Nursing Care 17 (Urinary catheter care) for Unit 311

This station covers the following RCVS Day One Skills: 1.1, 3.3, 4.4, 7.3, 8.3, 8.4

This OSCE will be used to assess the awards indicated

Award	Award Reference	Pathway
7457 – Level 3 Diploma in Veterinary Nursing	600/6052/6	Small Animal
7457 – Level 3 Diploma in Veterinary Nursing	600/6052/9	Equine

Scenario

This patient has an indwelling catheter which was placed two hours ago.

You are required to

- a. Carry out a routine check of the catheter and associated equipment explaining to the examiner the checks you are making
- b. Measure and inspect the quantity and visual characteristics of the urine produced, record this on the hospital chart
- c. Calculate the expected volume of urine that this patient should produce over a 24 hour period.

Ensure your hands are clean.

Show your workings including units

Methodology: You will be expected to:	
1.	Remove all hand and wrist jewellery, roll sleeves up (candidates without jewellery or long sleeves awarded this step).
2.	Nails well manicured, clean and unvarnished. False nails are not permitted.
3.	Apply 3-5 mls alcohol rub to palms (usually 1 pump)
4.	Rub hands palm to palm (minimum 3 strokes)
5.	Rub right palm over the back of the left hand with interlaced fingers (minimum 3 strokes)
6.	Rub left palm over the back of right hand with interlaced fingers (minimum 3 strokes)
7.	Palm to palm with Interlaced fingers (minimum 3 strokes)
8.	Backs of fingers to opposing palms with fingers interlocked (minimum 3 strokes)
9.	Rotationally rub the left thumb clasped in the right palm (minimum 3 strokes)
10.	Rotationally rub the right thumb clasped in the left palm (minimum 3 strokes)
11.	Rotationally rub finger tips of right hand in left palm (minimum 3 strokes)
12.	Rotationally rub finger tips of left hand in right palm (minimum 3 strokes)
13.	Air dry hands or ensure hands are dry before selecting equipment
14.	Effective hand hygiene technique used (WHO Method)
15.	Personal protective equipment worn
16.	Check urinary catheter is in place
17.	Check catheter and bag connection intact with no leaks
18.	Open tap and empty the urine from the collection bag into measuring cylinder
19.	Close tap on bag
20.	Bag suspended below the level of the patient's bladder
21.	Dispose of urine appropriately
22.	Remove gloves and dispose of appropriately
23.	Safe practice: no contamination or safety risk to patient or self
24.	Urine output recorded on hospitalisation chart
25.	Correctly comment on the characteristics of the urine
26.	Using a recognised methodology, calculate the expected volume of urine for this patient
27.	Correct units of measurement used for final answer