

Wednesday, 28 January 2026

Nursing



Retention of catheter following accidental patient removal

Summary of Event

Two Serious Adverse Incidents (SAIs) were reported related to retention of part of a plastic tube from a urinary self-retaining catheter (SRC).

Patient A was admitted following a fall at home. They were diagnosed with an acute kidney injury (AKI) for which an SRC was inserted as part of the management plan. Patient A became agitated and began pulling on their catheter, resulting in them accidentally pulling it out. The catheter was not fully inspected by staff at the time of its removal. A complaint was later received from Patient A's family stating that Patient A had deteriorated at home after discharge, complaining of pain coupled with reduced mobility. Patient A then passed a piece of plastic when going to the toilet which appeared to be part of a catheter.

Patient B was admitted after being knocked down by a car. Due to the nature of the injuries plus immobility, a self-retaining catheter (SRC) was inserted. Patient B was transferred to Ward X and over the course of the next 10 days became very agitated, secondary to head injury and acute delirium. They required 1:1 supervision to maintain safety with deprivation of liberty (DOL) safeguards in place, and they required pharmacological management of their agitation.

Patient B's urinary catheter was removed following a rehabilitation review, as this was felt to be contributing to agitation as a source of annoyance.

Later that day, a catheter was reinserted, as Patient B had not passed urine and remained agitated. It was anticipated at the time of re-insertion that the urinary catheter would remain in place until it was clinically appropriate to remove. A few days later Patient B pulled their urinary catheter out. At the time, the catheter was disposed of and not fully inspected by any of the staff on duty. Over the course of Patient B's inpatient stay, they intermittently reported dysuria, urinary frequency and microscopic haematuria. Patient was treated with antibiotics for a urinary tract infection; these were discontinued three days later following a negative Mid-Stream Sample of Urine (MSUU). Following discharge, Patient B contacted the ward to advise that they had passed a clear plastic tube when attempting to pass urine. A post incident review of inpatient imaging was then undertaken. An x-ray of the lumbar and sacral spine showed a foreign body, consistent with the shape of a urinary catheter measuring approximately 11 centimetres, visualised in the urinary bladder. The foreign body did not track down the urethra. This was not present on a whole-body CT scan carried out on admission.

The Public Health Agency and SPPG are committed to improving the quality of services in Northern Ireland.

Learning Matters Newsletter provides a method of sharing learning relating to serious adverse incidents, complaints, reviews and patient experiences across Northern Ireland.

If you have any comments or questions on the articles in the newsletter please get in contact by email at learningmatters@hscni.net or by telephone on 0300 555 0114.

In this edition (January 2026):

- Retention of catheter following accidental patient removal
- Managing Suspected Cardiac Chest Pain in Emergency Departments
- Administration of eye drops
- Silver Trauma: Not to be missed
- Raising awareness of PICA
- Prostate Specific Antigen (PSA) measurement and monitoring in patients taking 5-Alpha Reductase Inhibitors
- Preparing Milk Formula

Details

Format

A4 PDF, 4 pages

Target group

Health Professionals

Downloads

Attachment	Size
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Tags

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