

**PARKLAND HEALTH & HOSPITAL SYSTEM**  
**Nursing Service**

Section: Urological/Renal  
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Distribution: Nursing Procedure Manual

**URINARY CATHETERIZATION OF THE ADULT**

**PRACTICE**

**STATEMENT:** Upon the order of a physician, licensed nursing personnel and Patient Care Assistant II's may catheterize the patient using sterile technique.

The Suprapubic catheter exchange must be performed by licensed nursing personnel using sterile technique.

**PURPOSE:** To obtain a sterile specimen of urine for diagnostic examination

To relieve urinary retention

To obtain measurement of residual urine

To provide continuous bladder drainage

To provide continuous bladder irrigation in the case of bleeding

To prevent clot formation and retention.

To provide accurate measurement of urine output

Related Procedures:

Intermittent Bladder and Catheter Irrigation

NSG 35-10 <http://intranet.pmh.org/home/PP-Index/Nursing/35-10.pdf>

Continuous Bladder Irrigation "Murphy Drip"

NSG 35-11 <http://intranet.pmh.org/home/PP-Index/Nursing/35-11.pdf>

**EQUIPMENT:** A. **Intermittent (In & Out) Catheterization:**

Sterile disposable catheterization tray:

underpad	Povidone-Iodine cleansing solution
gloves	lubricant
fenestrated drape	catheter
rayon sponges	specimen container
forceps	

B. **Indwelling Catheterization (Foley):**

Sterile Foley catheterization tray:

underpad	catheter
gloves	specimen container
fenestrated drape	drainage bag and tubing
rayon sponges	lubricant
pre-filled 12 ml syringe with water	forceps
Povidone-Iodine cleansing solution	

Foley catheter irrigation shall never be done routinely. If necessary to determine patency, use a 60cc catheter tipped syringe and sterile saline. Instill about

30-50cc NS into the drainage port and draw back. A rapid return of urine should be obtained without resistance.

**C. Suprapubic Catheter Exchange:**

Sterile Foley catheterization tray:

Underpad	catheter
Gloves	specimen container
Fenestrated drape	drainage bag and tubing
Rayon sponges	lubricant
Pre-filled 12 ml	forceps
Povidone-Iodine cleansing solution	marking pen
10 ml syringe (for removal)	

**PROCEDURE:**

A. Intermittent Catheterization (I&O)

**Note: Sterility of all equipment throughout the procedure is imperative to prevent introduction of bacteria into the bladder or specimen.**

1. Check provider's orders, wash hands, and assemble equipment at bedside.
2. Identify patient using two identifiers (name and medical record number, or no armband use name and date of birth).
3. While providing privacy, explain procedure and place patient in dorsal recumbent position and drape with top sheet.
3. Inspect perineum: if grossly soiled (blood, feces, etc.), bathe area.
4. Open pack and place between patient's legs. Create a sterile field with the inside of the outer wrapper. Open catheter if separately packaged and place on sterile field.
5. Don sterile gloves.
6. Remove underpad and place under the patient, plastic side down.
7. Place fenestrated drape over the patient.
8. Open and pour Antimicrobial solution over rayon sponges.
9. Open lubricant and apply to the tip of the catheter.
- Male:** 10. a) With one hand, lift the penis upward and almost perpendicular to the patient's body.

- b) If uncircumcised, the foreskin must be retracted to facilitate adequate cleansing, but must be returned to the previous position after the procedure.
  - c) Cleanse the meatus of the urethra, using a circular motion. Use sponge once, then discard. (Repeat X2)
  - d) Insert catheter into urethra six to eight inches until urine begins to flow.
  - e) If resistance is felt, slightly increase the traction on the penis and apply steady gentle pressure with the catheter. If any further obstruction or difficulty is encountered, notify the physician.
  - f) Continue to #12.
- Female:**
- 11. a) Locate the meatus by separating the labia with one hand, maintaining hand placement until catheter is placed.
  - b) Cleanse the folds of labia using downward strokes with the povidone iodine sponges, using each sponge only once.
  - c) Cleanse the meatus with a povidone iodine sponge, using a downward stroke.
  - d) Insert the lubricated catheter into the urethra until urine begins to flow.
- 12. a) To obtain specimen, allow catheter to drain a small amount before collecting specimen in bottle. The urine must flow directly into the bottle without the catheter touching it.
  - b) Remove the specimen container and attach lid.
  - c) Label at bedside.
- 13. Allow the remaining urine to drain into the receiver.
  - 14. When drainage is complete, pinch the catheter and remove it slowly.
  - 15. Cleanse the area with a remaining sponge, removing the lubricant. For the male, if uncircumcised, the foreskin is brought forward. Dry the perineum and reassure patient.
  - 16. Remove gloves and wash hands.
  - 17. Leave the patient comfortable.
  - 18. Dispose of equipment. If patient is on intake and output, record amount obtained and send specimen to laboratory.

## B. Indwelling Catheterization (Foley)

**Note: Sterility of all equipment throughout the procedure is imperative to prevent introduction of bacteria into the bladder or specimen.**

1. Check provider's orders, wash hands, and assemble equipment at bedside.
2. Identify patient using two identifiers (name and medical record number, or no armband use name and date of birth).
3. While providing privacy, explain procedure and place patient in dorsal recumbent position and drape with top sheet.
4. Inspect perineum: if grossly soiled (blood, feces, etc.), bathe area.
5. Open pack and place between patient's legs. Create a sterile field with the inside of the outer wrapper. Open catheter if separately packaged and place on sterile field.
6. Don sterile gloves.
7. Remove underpad and place under the patient, plastic side down.
8. Place fenestrated drape over the patient.
9. Open and pour Antimicrobial solution over rayon sponges.
10. Open lubricant and apply to the tip of the catheter.
  - Utilize size 16 Foley catheter unless otherwise ordered or indicated.
11. Test the balloon by injecting the sterile water provided in the pre-filled syringe. If no defects are found, deflate balloon and leave syringe connected to the catheter.
12. Cleanse the meatus according to procedure above and insert lubricated Foley catheter.

**Female:** When flow of urine is obtained, advance the catheter another 1-2 inches to ensure balloon has passed through the urethra and reinflate the balloon. Gently pull catheter back until resistance is met, indicating that the balloon is snug against the bladder-urethral junction.

**Male:** Insert catheter to the bifurcation, establish urine flow, reinflate the balloon. Gently pull back until resistance is met indicating that the balloon is snug against the bladder urethral junction.

13. If not already connected, or a specimen was obtained, connect the drainage bag to the catheter.
14. Secure the catheter to the abdomen/leg as appropriate (*male*), or leg (*female*) with the drainage tube over the top of patient's leg.
15. Secure the bag and tubing to the bed to allow free flow of urine.

**Draining urine from bag:**

- a. Each patient must have individual drainage collection container.
- b. Label with patient's name and date. Discard after patient has been treated for a UTI.
- c. Always wear clean gloves to empty drainage bags; never let the drainage port touch the collection container.
- d. Do not open the closed drainage system unless absolutely necessary!
- e. Remove gloves and wash hands.
- f. Document procedure in the Nurses Notes, volumes on Intake & Output Record, including any pertinent observations.

**C. Suprapubic Catheter Exchange**

**Note: \*If the patient has had their Suprapubic catheter for less than three months or has never had it exchanged, the Provider must do the exchange.\***  
**Sterility of all equipment throughout the procedure is imperative to prevent introduction of bacteria into the bladder or specimen.**

1. Check provider's orders, wash hands, and assemble equipment at bedside.
2. Identify patient using two identifiers (name and medical record number, or no armband use name and date of birth).
3. While providing privacy, explain procedure and place patient in dorsal recumbent position.
4. Open pack and place beside patient. Create a sterile field with the inside of the outer wrapper. Open catheter if separately packaged and place on sterile field.
5. Don non-sterile gloves.

6. Attach 10 ml Syringe and deflate the balloon by aspirating the water.
7. Hold the catheter at a point close to the insertion site. Keep your fingers at this point on the tube, and then gently pull the catheter in an upward motion. If the catheter is hard to pull, you may need to stop and rotate the catheter more while pressing down gently.
8. Compare the old and new catheters by looking on the position of your fingers on the old catheter. This will show how far to insert the new one. Check that catheter is intact then discard old catheter.
9. Wash hands and don sterile gloves.
10. Open and pour Antimicrobial solution over rayon sponges.
11. Clean site by swabbing in a circular motion, starting closest to the insertion site and continue outward in widening circles for approximately 2 inches. Allow povidone-iodine to dry.
12. Test the balloon by injecting the sterile water provided in the pre-filled syringe. If no defects are found, deflate balloon and leave syringe connected to the catheter.
13. Gently insert the new catheter to the same point where your finger held the old catheter after you removed it. If you are not able to reinsert a catheter contact the Provider immediately.
14. Re-inflate the balloon and gently pull back until resistance is met indicating that the balloon is snug against the bladder wall.
15. Connect the drainage bag to the catheter and secure.
16. Remove gloves and wash hands.
17. Document procedure in the Nurses Notes, volumes on Intake & Output Record, including any pertinent observations.

