

## D-100 Urinary Catheter Insertion Straight or Indwelling Catheter

### Purpose

- Obtain a sterile urine specimen.
- Facilitate emptying bladder.
- Relieve bladder distention.
- Irrigate bladder.
- Measure residual urine.
- Manage bladder incontinence.
- Provide an accurate measurement of output.

### Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): \_\_\_\_\_

### Equipment/Supplies

Catheter insertion kit (verify size and type of catheter required for procedure) or the following individual items:

- Individual catheter (verify size and type of catheter required for procedure).
- Sterile gloves.
- Clean, disposable gloves.
- Two sterile drapes, one of which is fenestrated.
- Sterile water soluble lubricant.
- Antiseptic cleansing solution.
- Sterile cotton balls.
- Sterile forceps.
- 10 ml syringe, pre-filled with normal saline (used with indwelling catheter to inflate the balloon).
- Sterile drainage bag or leg bag if inserting indwelling catheter.
- Leg strap or tape if inserting indwelling catheter.
- Sterile specimen container (if specimen is to be collected).
- Sterile receptacle or basin.

- Sterile irrigation kit with sterile bulb syringe and container for irrigation, if irrigation ordered.
- Sterile normal saline solution.
- Warm water, soap, washcloth, and towel.
- Waterproof pad.

### Procedure

1. Gather equipment
2. Wash hands. Refer to the Hand Washing procedure.
3. Screen the client. Position the client in a lying position:
  - a. For female: Supine with knees flexed and widely spread apart.
  - b. For male: Supine with knees slightly flexed and legs slightly spread apart.
4. Raise bed to working level if client is in adjustable bed. Facing the client, stand on left side of bed if right-handed and on right side of bed if left-handed.
5. Place waterproof pad under the client and drape client with towel or blanket.
6. Don clean gloves.
7. Clean perineal area with soap and warm water. Rinse and dry.
8. Remove gloves and discard. Wash hands. Refer to the Hand Washing procedure.
9. Open catheter kit or individual sterile supplies. Don sterile gloves and organize supplies on sterile field.
  - a. Soak cotton balls with antiseptic solution.
  - b. Check patency of indwelling catheter balloon by attaching syringe and injecting normal saline. Withdraw solution and set syringe aside on sterile field. *Verifies integrity of balloon.*
  - c. Lubricate catheter tip. *Facilitates catheterization and reduces trauma to the urethra.*
  - d. If a specimen is to be collected, open specimen container and place the lid loosely on top.
10. Drape the client:
  - a. For female: Pick up first drape and allow top edge to cover gloves. Slide drape on bed just under the client's buttocks. Pick up fenestrated drape and allow it to unfold. Place over perineum exposing labia. *Do not touch contaminated surfaces with gloves.*

- b. For male: Place first drape over thighs just below penis. Pick up fenestrated drape and allow it to unfold. Place just above penis with fenestrated area over the penis. *Do not touch contaminated surfaces with gloves.*
11. Cleanse the urethral meatus:
  - a. For female: Separate labia with thumb and forefinger of non-dominant hand. Using dominant hand and forceps, pick up cotton ball and cleanse area, wiping from front to back. Repeat procedure three times using new cotton ball each time. *Keep labia separated throughout procedure.*
  - b. For male: Hold penis in non-dominant hand and retract foreskin, if applicable. Using dominant hand and forceps, pick up cotton ball. Cleanse around meatus using a circular motion and moving from center to outside.
12. For female: Pick up catheter and proceed to catheterize:
  - a. Instruct the client to bear down gently. Insert catheter into urethral meatus. *Relaxation aids in catheter insertion.*
  - b. Advance catheter until urine begins to flow out end. Approximately two to three inches in adults, one inch in children. *Female urethra is short.*
  - c. When urine begins to flow out, advance catheter another two inches. Do not force catheter against resistance. *If no urine is present after a few minutes, check if catheter is inadvertently inserted in vagina. If so, leave in place as landmark for next catheterization.*
  - d. Release labia and hold catheter securely with non-dominant hand.
13. For male: Pick up catheter and proceed to catheterize:
  - a. Lift penis perpendicular to the client's body and insert catheter. Have the client bear down gently. *Bearing down straightens the urethral canal and relaxes the client to aid in catheter insertion.*
  - b. If resistance is met, apply light traction pressure on penis.
  - c. Advance catheter until urine begins to flow out end. Approximately seven to nine inches in adults, two to three inches in children.
  - d. Lower penis and hold catheter securely with non-dominant hand.
14. If specimen is to be collected, remove lid from specimen container and hold catheter tip over container with dominant hand. Collect 20 to 30 ml. Pinch catheter to temporarily stop the flow of urine. *Refer to Urine Collection from an indwelling Catheter Procedure.*
15. If checking residual urine, allow remaining urine to drain into collection tray and measure.

16. *Straight Catheterization:* Slowly remove single-use catheter after urine specimen collection is complete.
17. *Indwelling Catheter:*
  - a. Inflate balloon:
  - b. Anchor catheter with non-dominant hand.
  - c. Attach syringe to injection port with dominant hand.
  - d. Inject prescribed amount of solution to inflate the balloon.

***Caution: If the client complains of sudden pain, the catheter may be in the urethra. Withdraw the solution and advance catheter further, then repeat procedure.***

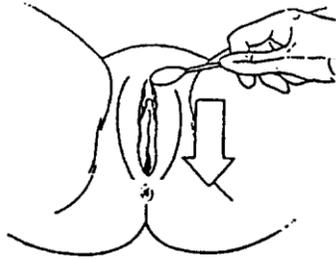
- a. After balloon is filled, remove syringe. Gently pull on catheter until resistance is met to anchor catheter tip in place.
2. Closed Drainage System:
  - a. *Drainage Bag:* Connect catheter to tubing end of drainage bag. Place the bag below the bladder level. Check to be sure there are no kinks or obstructions in the tubing.
  - b. *Leg Bag:* Connect catheter to tubing end of leg bag. A leg bag is usually worn during the day and allows for increased mobility. Refer to *Application of a Leg Bag* procedure.
  - c. Secure catheter and bag with leg strap or tape. Allow for slack so movement of leg and thigh does not create pressure on the catheter. *Anchors catheter and prevents pressure on the urinary meatus.*
3. If urine specimen is collected, secure lid on container. Place labeled container in biohazard bag and attach requisition. Deliver to lab within 15 minutes or refrigerate.
4. Remove gloves and dispose of waste per Agency Waste Disposal Policy.
5. Wash hands. Refer to the Hand Washing procedure.

### Documentation Guidelines

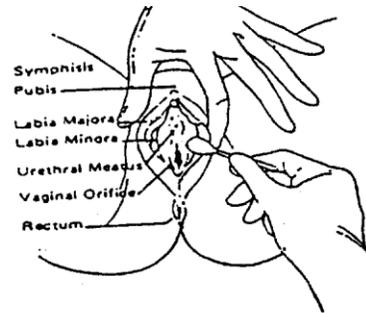
Document in the clinical record:

1. Type and size of catheter inserted.
2. Date and time of catheter insertion.
3. Urine return and characteristics, color, and odor, if any.
4. Amount of urine prior to residual catheterization.
5. Any difficulties or discomfort.
6. Teaching provided and client/caregiver response.

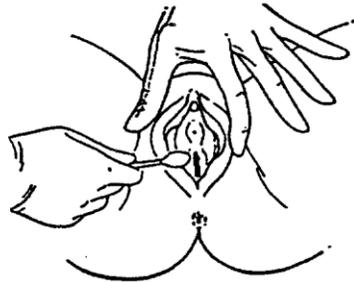
7. The client's tolerance of the procedure.



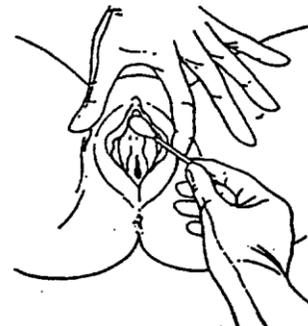
(1.)  
USE EACH COTTON BALL OR SWAB ONLY ONCE. CLEANSE FROM CLEANEST AREA (NEAR SYMPHYSIS PUBIS) TOWARD THE MOST CONTAMINATED AREA (NEAR THE RECTUM).



(2.)  
SEPARATE LABIA USING A SINGLE DOWNWARD MOTION. CLEANSE LABIAL AREA ON ONE SIDE.

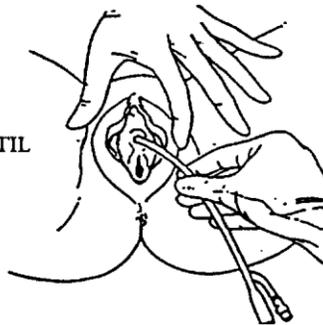


(3.)  
USE A SECOND COTTONBALL OR SWAB TO CLEANSE LABIAL AREA ON OPPOSITE SIDE.



(4.)  
USE A THIRD COTTONBALL OR SWAB TO CLEANSE URETHRAL MEATUS.

(5.)  
INSERT CATHETER 2-3 INCHES OR UNTIL URINE FLOWS. SEE PROCEDURE TO COMPLETE INSTRUCTIONS.



### Related Procedures

Urine Collection from an Indwelling Catheter, Application of a Leg Bag, as applicable

### Policy History

Approval Date	11/1/2009
Approved By	Anne Tyson, Herman Pippin, Sandra Hill
Revision Date	12/31/2009
Approved by	Anne Tyson, Herman Pippin, Sandra Hill
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