URINARY CATHETERIZATION PROCEDURES

URINARY CATHETERIZATIONS

POLICY:
RN, LPN, EMT, ORT may catheterize patients as ordered by a physician.

PURPOSE:
Removal of urine from the bladder by means of a catheter inserted through the urethral meatus.

SPECIAL INFORMATION:
For the catheterization procedures, refer to Springhouse as indicated, with the following additions.

A. Catheter care should be performed with soap and water NOT povidone - iodine.
B. A catheterization for residual urine must be carried out no longer than 10 minutes after the patient voids to get a true residual. Physician may order a Bladder Scan to check for residual in lieu of catheterization.

1. Catheterization with female cath kit or pediatric cath kit.

PURPOSE:
To obtain a sterile specimen of urine or one uncontaminated by vaginal secretions or feces with minimal trauma to the urinary meatus.

EQUIPMENT LIST:
Pre-packaged disposable female cath kit or pediatric cath kit.

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<tr>
<th>Procedure Steps</th>
<th>Key Points</th>
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</thead>
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<tr>
<td>1. Check physician's order on chart.</td>
<td>3. Prepare patient psychologically. If allergic to iodine, another antiseptic cleansing agent must be used.</td>
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<tr>
<td>2. Confirm patient identification using 2 identifiers.</td>
<td>4. Provides best exposure to perineum. Try also to provide comfort measure. For example, rolled towels or pillows to provide support with positioning.</td>
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<tr>
<td>3. Explain the procedure to the patient and make sure he/she isn’t allergic to iodine. Wash hands.</td>
<td>5. To insure as much privacy as possible.</td>
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<td>4. Have patient lie in dorsal recumbent position with knees flexed and dropped to side.</td>
<td>6. To lessen chance of infection.</td>
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<tr>
<td>5. Drape the patient with bath blanket and make sure door to room is closed.</td>
<td>7. Use good body mechanics for yourself.</td>
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<tr>
<td>6. If poor hygiene noted, wash perineum with soap and water and rinse.</td>
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<tr>
<td>7. Adjust height of bed and light source.</td>
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<tr>
<td>8. Open female cath kit and keep in reach.</td>
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</table>
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10. Grasp plastic tube extending from specimen tube and pull it out 3-4 inches.
11. Separate labia with thumb and index finger, expose the meatus.
12. Cleanse one side of labia with swab moistened with betadine solution using downward stroke and discard swab. Cleanse the other side with a new swab and discard swab.
13. With another swab, cleanse from clitoris downward, discard swab.
14. After applying lubricant to tip of catheter, insert tip of female catheter into urinary meatus until urine returns. 
15. Collect at least 10cc in specimen tube.
16. Remove the catheter from the patient and wash perineum with soap & H2O.
17. Remove gloves and wash hands.
18. Document date, time and patients tolerance of procedure.
19. Place identification sticker on specimen tube. Secure in bio-hazard transvalope and send to lab.
20. Order test and verify collection in computer.

2. Catheterization of female or male
See Springhouse 3rd edition, pg 583.

3. Emptying the urine drainage bag

PURPOSE:
Disposing of urine which has collected in the bag attached to continuous or intermittent drainage from an indwelling urinary catheter and to prevent contamination while disposing of urine.

SPECIAL INFORMATION:
A. Avoid contamination of tubing.
B. Do not disconnect tubing from catheter in an attempt to drain urine from the tubing.
C. Check to see that tubing is not kinked in any way and that it is in proper position in hanger clamp.
D. Use Universal Precautions.
E. Catheter tubing and drainage bag should not touch floor.
F. The drainage bag must always be lower than the patient’s bladder.

EQUIPMENT:
Clear plastic disposable graduate.

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<tr>
<td>1. Wash hands and put on gloves.</td>
<td>3. Avoid contamination of tip end of tubing while clamping. Don't let tubing touch floor or side of graduate to avoid contamination.</td>
</tr>
<tr>
<td>2. Take graduate to bedside.</td>
<td>4. Be sure tubing is secured tightly in holder.</td>
</tr>
<tr>
<td>3. Remove short tube which opens from bottom of drainage bag from its plastic shield and position end of tube over container for urine. Release clamp so urine can drain from bag.</td>
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<tr>
<td>4. Clamp short tubing and reposition in the plastic shield.</td>
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</tbody>
</table>
5. Measure urine, then discard in toilet.

6. Document amount in flowchart and I&O sheet (if applicable).

6. To maintain accuracy.

4. **Urine specimen from sample port of closed drainage system**
   See Springhouse: 3rd Edition, pg 146

5. **Removal of catheter**
   See Springhouse 3rd Edition, pg 589

**REFERENCES:**

Springhouse Nursing Procedures, 3rd edition.

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