Subject: Urinary Catheter Insertion/Care/Removal

Purpose:

The purpose of urinary catheterization is to facilitate urinary drainage when medically necessary. Urinary catheters should be evaluated every day for need and removed promptly when no longer necessary.

Urinary catheters are deemed medically necessary for the following reasons:

1. Urinary retention including obstruction and neurogenic bladder: the patient is unable to pass urine because of an enlarged prostate, blood clots or an edematous scrotum/penis or unable to empty the bladder because of neurologic disease/medication effect.
2. Short perioperative use in selected surgeries (less than 48 hours) and for urologic studies or surgery on contiguous structures.
3. Output measurements in the Intensive Care units.
4. Assist healing of perineal and sacral wounds in incontinent patients to avoid further deterioration of wound and skin.
5. Required immobilization for trauma or surgery.
6. Hospice/comfort care or palliative care, if requested by patient.
7. Chronic indwelling urinary catheter on admission (may clarify reason of use from physician).

Foley Catheter Insertion

May be performed by: RN, LPN, Healthcare worker within his/her scope of practice

NOTE: A physician order for foley catheter insertion AND urinalysis with reflex is ordered in the medical record.

Equipment:

A. Catheter kit
Foley Catheter Insertion Procedure:

A. Prepare patient
   1. Instruct
   2. Ensure privacy - Place bath blanket over patient
   3. Assist patient to dorsal recumbent position with knees flexed and separated

B. Prepare equipment
   1. Take catheter kit to bedside

C. Method
   1. Put on non sterile gloves and cleanse the perineal area with soap and water
   2. Remove gloves and open catheter kit
   3. Put on sterile gloves
   4. Check patency of the catheter balloon by inflating and deflating balloon prior to insertion
   5. Place a sterile towel under buttocks (female patient) with absorbent side up
   6. Place a sterile towel under penis and over scrotum and thighs (male patient) with absorbent side up
   7. Lubricate the tip of the catheter 2 ½ inches with sterile water-soluble lubricant (Good lubrication prevents irritation)
   8. Insertion
      a) Female
         i. Separate the labia with thumb and forefinger to expose meatus (This glove is contaminated)
         ii. Cleanse vulva with Betadine downward strokes on each side and over meatus and discard (Use a new Betadine stick for each stroke)
         iii. Pick up catheter end 3 inches from tip
         iv. Insert catheter gently into meatus and drain bladder – never use force (Urine specimen to be obtained)
      b) Male
         i. Lift penis (retract foreskin) to expose meatus
         ii. Cleanse penis with Betadine from meatus outward and discard (use a new Betadine stick for each stroke)
         iii. Draw penis forward and upward to stretch it tightly (To straighten anterior urethra)
iv. Insert catheter gently into meatus approximately 5-6 inches until resistance is met, wait 2-3 seconds and advance catheter for about 2 ¼ inches after urine starts to flow and drain bladder (Do not use force)

9. Insert foley approximately 2 inches more and inflate foley balloon (Do not inflate balloon in urethra, test by sliding foley freely until balloon reaches the bladder neck)

10. Remove gloves and discard

11. Secure catheter to thigh using a securing device

12. Replace bedding and remove bath blanket; assist patient to a position of comfort

13. Discard disposable equipment

14. A specimen for urine with reflex is to be sent to the lab

15. Remove stickers from catheter package and place in medical record on the physician order sheet after completing documentation on the sticker

16. Attach drainage tube sticker to the drainage tube after completing the documentation

**Documentation:**

A. Initiate Urinary Catheter Flow Sheet in the Medical Record

B. Document
   1. Size and type of catheter inserted
   2. Amount and character of urine

C. Document on the Intake and Output Flow Sheet amount of urine returned

D. Daily Assessment
   1. A daily assessment of criteria (same as insertion criteria) for the necessity to continue the foley catheter is to be documented in the medical record on the Urinary Catheter Flow Sheet

**Urinary Catheter Maintenance and Site Care**

A. Perform hand hygiene and put on gloves

B. Wash and/or teach the patient to wash around urinary meatus area with soap and water twice daily and following each bowel movement. Avoid excessive manipulation of the catheter. Keep perineal and rectal area clean and dry.

C. Use Standard Precautions during any manipulation of the catheter or collecting system

D. Perform foley care each shift and after each bowel movement using soap and water.

E. Catheter Care Maintenance
   1. Secure the catheter to the patient’s thigh (suprapubic to the abdomen). Allow slack on the catheter between the meatus and the securement device. Change the securement device as needed to prevent skin breakdown.

   2. A sterile, continuously closed drainage system should be maintained with seal between catheter and catheter tubing unbroken
3. Unobstructed flow must be maintained therefore ensure tubing is free of loops or kinks (use green clip to secure tubing to sheet)
4. The collection bag should always be kept below the level of the bladder, including during transport
5. Drainage bag should be emptied after performing hand hygiene and applying gloves. Empty bag each shift or whenever 2/3 full, using a separate collection container for each patient. Also empty drainage bag prior to transport of the patient
6. The drain spigot should not come in contact with the collection container or the floor
7. Provide and document patient education related to the urinary catheter

F. Catheter should not be disconnected from bag or tubing unless continuous bladder irrigation is indicated by a physician order
G. When irrigation for obstruction is necessary, the irrigation port should be disinfected. A new syringe should be used for each irrigation procedure. Sterile water should be used
H. Urine specimen collection should be obtained aseptically:
   1. For urinary catheters in place less than 3 days, cleanse the port with alcohol for 15 seconds, and then obtain the urine specimen aseptically from the sampling port using a sterile sampling device
   2. If a urinary tract infection is suspected in a patient with an indwelling catheter in place greater than 3 days, consider removing the catheter. If catheter indication still apply, replace with a new urinary catheter and collect the sterile specimen through the new catheter system
      i. If urinary catheter is not longer indicated then straight-catheterize for urine sample
I. Changing indwelling catheters or drainage bags at routine, fixed intervals is not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised.

External Catheter

A. Helps protect the skin of an incontinent male patient. It is easily dislodged and is not practical if patient is physically active
B. Obtain an external catheter kit and urine drainage bag and cleansing supplies (soap, water, cloth and towel)
C. Method
   1. Apply to clean dry skin. Do not use on irritated/compromised skin
   2. If patient is uncircumcised, leave foreskin in natural position
   3. Apply catheter
   4. Once applied, do not attempt to reposition catheter. If catheter remains intact over 24 hours, gently remove and reapply in order to prevent pressure areas developing on patient’s skin
Reassessment Documentation

A. Urinary catheter necessity is to be reassessed at least daily and appropriate need for continued catheterization is to be documented in the patient’s medical record.
   a. If the urinary catheter meets an appropriate indication for continuance, this should be documented as well in the patient’s medical record.
B. If no indications are met, the physician should be contacted for an order to discontinue the catheter.
C. Always document amounts of urinary output obtained thru a urinary catheter in the patient’s medical record on the Intake and Output flow sheet.

Removal of Urinary Catheter

A. Reassess catheter need each shift and during round daily.
B. If there is a physician order for continuation of the urinary catheter but the patient meets the criteria for removal, the nurse is to contact the physician and request an order to remove the foley.
C. Urinary catheters on surgical patients are to be removed no later than post-op day 2 unless specifically ordered by a physician to continue (order must include reason).
D. Discontinuation of catheter and Monitoring of Voiding post-catheter removal
   1. Perform hand hygiene and don gloves
   2. Empty urine bag and record output on the Intake and Output flow sheet
   3. Remove securement device
   4. Use blunt tip syringe to withdraw fluid from balloon at port site and remove the catheter
   5. Dispose of urinary catheter and empty bag in a biohazard red bag
   6. Monitor voiding after removal of catheter
   7. If patient has not yet voided within 4-6 hours or if patient feels the urge to urinate and attempts at toileting, complete a bladder scan to determine bladder volume. If urine volume is greater than or equal to 300 ml, contact physician for orders.

Patient Discharged with a Catheter

A. Educate the patient and caregivers in urinary catheter care and maintenance
B. Instruct on the availability and use of urinary leg bag (if applicable)
C. Document patient education on the Education flow sheet