

# Making Procedures SAFER

## Urinary Catheters

### Indications for placement

- Known or suspected urinary tract obstructions
- Neurogenic bladder/ Urinary retention (consider in & out first)
- Urological surgery or near urological tract
- Anticipated long surgery or intraoperative urinary output monitoring
- Anticipated large volume infusions or diuretics in surgery or post-operative day 1
- Assisted healing of perineal Stage III/IV pressure injuries in incontinent patients
- Bladder irrigation with gross hematuria/clots
- Palliative Care for terminally ill
- Prolonged immobilization from trauma/surgery
- Strict I&Os with vasopressor titration

### Procedural Considerations

1. This is a sterile procedure requiring sterile gloves and equipment.
2. Outside catheters should be evaluated for necessity on arrival. If unnecessary, the catheter should be removed. If necessary (unless contraindicated), it must be exchanged on admission.
3. Urinary Cultures should only be ordered if signs and symptoms of infection are present. If needed, perform urinalysis first. If urinalysis is positive, the existing catheter must be exchanged before the sample is collected for the urine culture.
4. Consider **external options**: Purewick (Female). Condom or Penis Pouch (Male)

### Equipment

1. Indwelling: Bard SureStep Foley Tray
2. Intermittent Straight Catheter
3. External: Purewick (Female). Condom or Penis Pouch (Male)
4. Coude Catheters, if necessary



### Patient Preparation

1. Select the appropriate catheter size to best meet the needs of the patient.
2. **PERFORM HAND HYGIENE!**
3. Position the patient appropriately: Supine with knees flexed.



**All catheters will be evaluated daily for necessity.**

### Procedure



**1** Place the kit between the patients feet, and open first 3 folds of kit starting by opening away from you.

Place pad, shiny side down, under the perineal area.



**2** Open and unfold the castile soap wipes located on top of the kit.

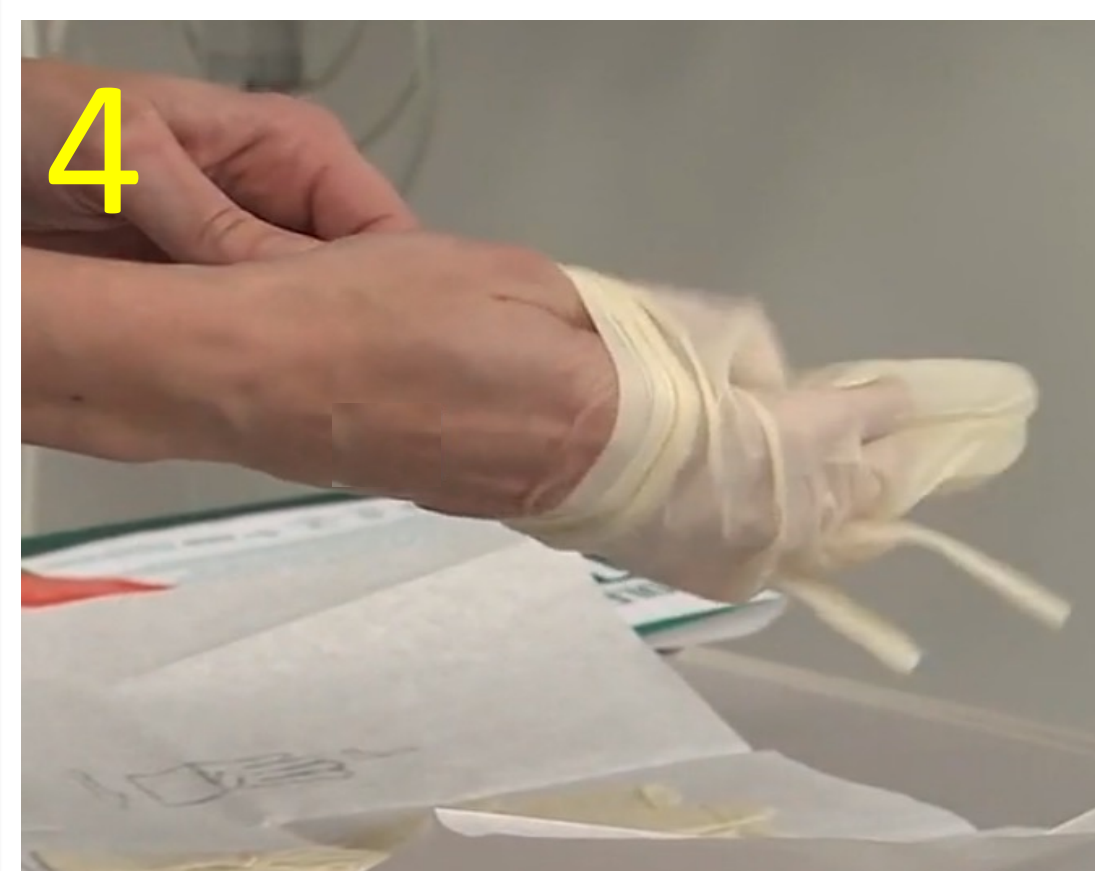
Cleanse the periurethral area with each of the 3 wipes. Discard each wipe after use and pad when finished.



**3**

Move the kit closer to the patient and remove dirty gloves.

Perform hand hygiene with the antiseptic gel hand rinse provided in the packet.



**4**

Open final flap of kit.

Don sterile gloves in an area away from the kit itself.



**5**

Place fenestrated drape over the perineal area while maintaining sterility.



**6**

Dispense lube into tray and open iodine swabs. Move tray to side to expose the catheter.

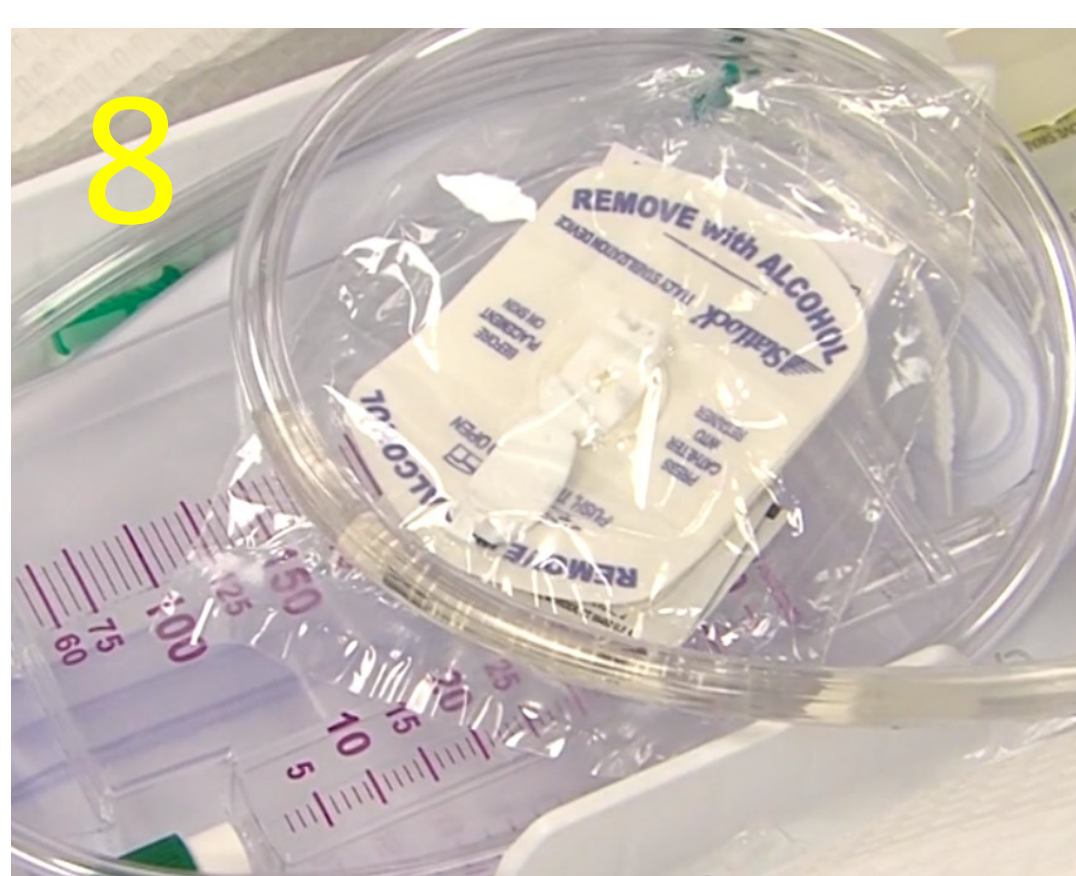
Unwrap the catheter and place in lube.



**7**

Using all 3 iodine swabs, cleanse the periurethral area.

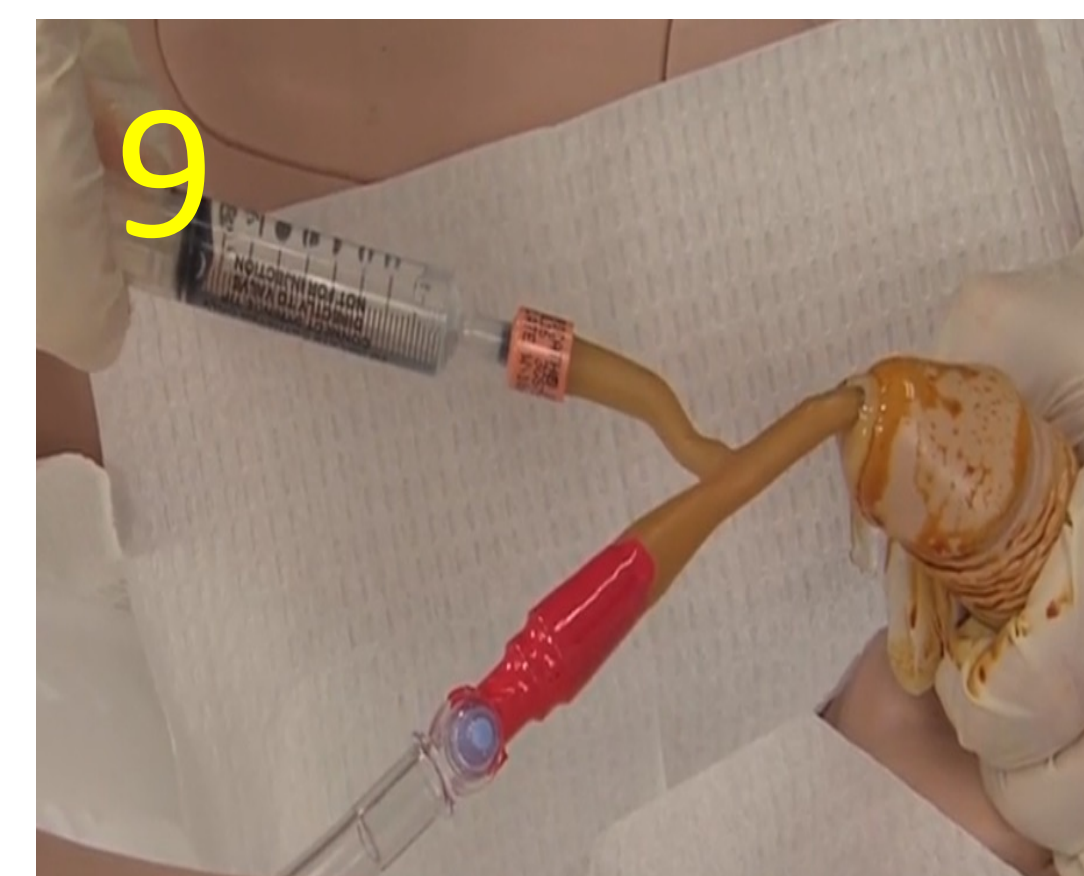
Insert catheter into the urethra without forcing if resistance is met.



**8**

Insert catheter until urine is seen flowing into the collection bag.

Advance an additional 1-2 inches (or Y in a males) to ensure tip is fully in the bladder.



**9**

Using provided prefilled syringe, inflate catheter balloon with ALL 10mLs.

Gently pull back on catheter until balloon is snug against the bladder neck.

### Post Procedure

1. Ensure catheter (if indwelling) is properly secured to patient using a Statlock and collection bag is below the level of bladder with no dependent loops and seal should remain intact to maintain closed system.
2. Document education given to patient.
3. Nurses will evaluate indication for need each morning and remove any unindicated catheters per the nurse driven indwelling urinary catheter removal protocol found in Policy Tech (Urinary Catheter Protocol).