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| PROCEDURE | Manual: Clinical | Section: Interdisciplinary Clinical | Code No.: I C045 | Old Code No.: PROC45, I C45 |
| Title: Catheter - Insertion of Straight/Indwelling in Male/Female Adults | | | Original Effective Date: May 01, 1999 | |
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Purpose:

- Insertion of a catheter through the urethra into the bladder to facilitate the drainage of urine.

Indications for use of Indwelling Urinary Catheter (guideline):

- Acute urinary retention or bladder outlet obstruction;
- Accurate urinary output measure required (e.g. critically ill patients);
- When necessary for surgical procedure;
- To aid in healing of open sacral or perineal wounds for incontinent patients;
- For continuous bladder irrigation for gross hematuria;
- To improve comfort for end of life care.

Note: indwelling catheters are **not** indicated in the elderly for management of incontinence without any other indications listed above.

Note: remove urinary catheter as soon as possible (see medical directive [U2-PP Removal of Urinary Catheter](#)).

Contraindications for use of Indwelling Urinary Catheter:

- Bleeding at meatus.
- Suspected trauma to urethra.

Consider alternatives to indwelling urinary catheter use, if appropriate:

- Toileting routine;
- External catheters in cooperative male patients without urinary retention or obstruction;
- External catheters in cooperative female patients without urinary retention or obstruction(the "Purewick" external device);
- Intermittent catheterization, where appropriate;
- Use the bladder scanner to assess urine volume in patients when considering the need for catheterization related to urinary retention; and for patients undergoing intermittent catheterization (refer to [Bladder Scan](#) procedure).

Responsibility:

- Nurse
- Most Responsible Physician (MRP)

Equipment:

- Sterile gloves;
 - Catheterization tray;
 - Catheter-select size appropriate for clinical indication of catheter use/need;
 - adult patients: 14 to 16 French, or as ordered by prescriber;
 - adult male patients over the age of 65: consider using Coude tip catheter.
- Note: **DO NOT inflate or test catheter balloon** before insertion as the balloon is designed for a single inflation only.
- Urine collection bag (required for indwelling catheter);
 - Lidocaine 2% jelly prefilled syringe as per medical directive. [L1-PP Lidocaine 2% Jelly - Insertion of Prior to Catheterization of Adult Male Patient.](#)
 - Waterproof pad;
 - Additional lighting if needed.

Method:

1. Review patient's medical record to confirm that there is a prescriber's order and determine if there are any pathological conditions that may impair passage of catheter.
2. Assess for drug allergies if lidocaine 2% jelly is to be used.
3. If there is suspected/obvious injury or trauma to the urethra(which may include, but not limited to, blood at the meatus), **DO NOT** proceed with the insertion and notify MRP for potential Urology consultation.
4. Explain procedure, answer any questions, and confirm that the patient/SDM agrees to have the catheter inserted. Ensure [consent](#) has been obtained.

Female:

1. Confirm correct patient using [two patient identification](#).
2. Perform [hand hygiene](#).
3. While ensuring patient privacy, position patient supine with knees flexed and slightly abducted. If unable to be supine, position patient in side-lying position with upper leg flexed at knee and hip. Cover patient with linens so that only perineum is exposed.
4. Perform [hand hygiene](#) and put on sterile gloves.
5. Organize supplies to create sterile field.
6. Arrange sterile items from tray on sterile field. Drape patient with sterile drapes from tray so that only perineum is exposed.
7. Place sterile tray and contents on sterile drape between legs.
8. Clean perineal and labial area, wiping front to back using providine-iodine swab provided in catheterization tray. Use a second swab to repeat cleaning of the labia. Retract the labia to expose the meatus and cleanse with the final swab (one hand remains sterile).
9. Use water based lubricant provided in sterile tray to lubricate catheter to a minimum of 2.5-5 cm.
10. Place the drainage end of the catheter in the urine tray to avoid spillage of urine.
11. Slowly insert catheter through urethral meatus. Advance catheter 5-7.5 cm or until urine flows out. **Do not force against resistance.**
12. When urine appears, advance catheter another 2.5-5 cm. **Do not force against resistance.** If unable to advance catheter, notify the prescriber.
 1. **Note, if catheter inadvertently enters into the vagina; leave catheter in the place.**
 2. Clean meatus again and reattempt insertion with a new sterile catheter.
13. For intermittent catheter remove by withdrawing slowly once urine flow has stopped.
14. For indwelling catheter:
 1. **Do not inflate balloon until urine returns.**

2. Inflate balloon per manufacturer's recommendations on catheter packaging. If the patient complains of sudden pain, aspirate solution from balloon and advance catheter further.
3. Connect catheter to collection bag if required. Drainage must be below level of bladder (do not place on bed rails), and, not resting on the floor.
4. Tape catheter tubing to inner thigh leaving enough slack to prevent tension with leg movement.
5. Dispose of equipment into garbage, remove gloves and perform [hand hygiene](#).

Male:

1. Confirm correct patient using [two patient identification](#).
2. Perform [hand hygiene](#).
3. While ensuring patient privacy, position patient supine with thighs slightly abducted. Cover patient with linens so that only penis is exposed.
4. Organize supplies on the sterile field, adding a Lidocaine 2% jelly prefilled syringe from the sterile package.
5. Perform [hand hygiene](#) and put on sterile gloves.
6. Arrange sterile items from tray on sterile field.
7. Drape patient with sterile drapes from tray so that only the penis is exposed. Place sterile tray and contents on sterile drape between legs.
8. Cleanse penis:
 1. **For circumcised male** - cleanse meatus, penis, and base of penis. Cleanse twice more using a new swab each time.
 2. **For uncircumcised male** - cleanse the foreskin, shaft, and base of penis twice using a clean swab each time. Grasp penis and retract foreskin to expose urethral meatus. Clean meatus and head of penis with the third swab.
 3. One hand must remain sterile.
9. Position penis upward and insert Lidocaine 2% jelly prefilled syringe into the meatus (refer to [L1-PP Lidocaine 2% Jelly - Insertion of Prior to Catheterization of Adult Male Patient](#) medical directive).
10. Place the drainage end of the catheter in the urine tray to avoid spillage of urine.
11. Position penis perpendicular to patient's body with slight upward traction. Slowly insert catheter through urethral meatus and advance catheter to the Y (end of catheter). **Do not force against resistance.** If unable to advance catheter, notify the prescriber.
12. For intermittent catheter remove by withdrawing slowly once urine flow has stopped.
13. **If retracted, replace foreskin over glans penis.**
14. If indwelling catheter: **Do not inflate balloon until urine returns.**
 - Inflate balloon per manufacturer's recommendations as found on catheter packaging. If the patient complains of sudden pain, aspirate solution from balloon and advance catheter further.
 - Connect catheter to collection bag if required. Drainage must be below level of bladder (do not place on bed rails) and not resting on the floor.
 - Tape catheter tubing to top of thigh or lower abdomen (with penis directed toward chest) leaving enough slack to prevent tension with leg movement
15. Dispose of equipment into garbage, remove gloves and perform [hand hygiene](#).

Document

- Discussion with patient regarding need for catheterization;
- Verbal consent;
- Date and time of procedure;
- Size and type of catheter;
- Volume of solution used to inflate the balloon;
- Number of attempts;
- Amount and description of urine drained;
- When/if MRP notified.

Special Considerations:

- For male patients consider using a coude tip catheter if the first catheter fails, or if there is a history of benign prostatic hypertrophy.
- Notify MRP prior to insertion for patients with undocumented urethral defects.
- Urology cart for emergency situations is available in SPD.

Obtain an order for urine cultures and notify MRP/delegate if signs and symptoms of urinary tract infection are present *at the time of catheterization* and a culture has not already been sent. A physician's order or use of [U1-PP Urine for R&M and Culture \(Adult\)](#) is required for a urine culture.

References:

Healthcare Infection Control Practices Advisory Committee, Guideline for Prevention of Catheter Associated Urinary Tract Infection, 2009 - [2009 CAUTI Guidelines](#)

- Perry, A. & Potter, P. (2018). *Clinical Nursing Skills & Techniques, 9th Edition*. "Urinary Elimination", Chapter 34. Pages 876-887. Elsevier, Mosby Inc.
- Public Health Ontario, 2016. *When To Collect A Urine Specimen For Culture And Sensitivity*