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|  URINARY CATHETER INSERTION | NO.  |
| POLICY:A resident who enters the facility without an indwelling catheter should not be catheterized unless it is clinically necessary.PURPOSE:To provide clarification for the justified use on an indwelling catheter and proper technique for insertion.STATEMENT OF POLICY:It is the policy of this facility that a resident who enters the facility without an indwelling catheter should not be catheterized unless it is clinically necessary.Clinically necessary reasons for insertion of an indwelling catheter include:1. Coma
2. Terminal Illness
3. State 3 or 4 pressure ulcer in an area affected by incontinence.
4. Untreatable Urethral blockage
5. The need for exact measurement of urine output
6. A history of being unable to void after having a catheter removed in the past
7. Resident is a quad/paraplegic who failed a past attempt to remove a catheter.
8. There must be a physician’s order for catheter insertion specifying the size and type of urinary catheter and why the catheter is clinically necessary.
9. The narrowest, softest tube should be used that will serve the purpose of draining the bladder
10. Catheters are sized in French units. One French unit equals 1/3 of 3mm. Catheters range from 12 FR to 48 FR (3-16mm) size.
11. Urinary catheters may only be inserted by trained nurses.
12. Prepare the necessary equipment and supplies, and explain the procedure to the resident before you begin.
13. If the resident has limited range of motion, dementia, or combativeness, an assistant will be necessary to help position or calm the resident.
14. Ensure that there is adequate lighting.
15. Assist the resident to a supine position with legs spread and feet together.
16. Open the catheterization kit and catheter package.
17. Prepare the sterile field, and put on the sterile gloves.
18. Check the balloon for ease of inflation and patency:
19. Attach the syringe to the balloon, and insert 10 cc of sterile water or the amount indicated on the catheter.
20. Pull the water back again until the balloon deflates.
21. Leave the syringe attached to the balloon.
22. Coat the insertion end of the catheter with lubricant.
23. Apply the sterile drape over the pubic area, leaving the insertion area exposed.
24. Sterile and Aseptic Fields
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|  URINARY CATHETER INSERTION | NO.  |
| 1. Your non-dominate hand will be used to perform aseptic technique. Your dominant hand will be used to perform sterile technique.
2. The part of the catheter that will be inserted into the urethra must be kept sterile.
3. If the resident is female, separate the labia using your non-dominant hand.
4. If the resident is male, hold the penis with the non-dominant hand.
5. Maintain this non-dominant hand position until the catheter has been inserted with the dominant hand and you are ready to inflate the balloon.
6. Cleansing the Peri-urethral Area
7. With your dominant hand, use the forceps to dip the cotton swabs in the cleansing solution.
8. Clean the Peri-urethral area anterior to posterior, inner to outer, one swipe per swab, and discard each swab away from the sterile field.
9. Inserting the Catheter
10. Pick up the inserting tip of the catheter with the dominate hand.
11. Hold the distal end of the catheter loosely coiled in the palm of the dominant hand.
12. If the resident is male, lift the penis to position perpendicular to the resident’s body.
13. Insert the catheter gently and slowly into the urinary meatus until it is 1 to 2 inches beyond where the urine is noted.
14. Inflate the balloon, with the correct amount of sterile liquid.
15. Gently pull the catheter until the balloon is snug against the bladder neck.
16. Connect the catheter to the drainage system.
17. For an uncircumcised male resident, make sure the foreskin is returned to its original position.
18. Secure the catheter to the resident’s thigh, without tension on the tubing.
19. Place the drainage bag below the level of the bladder.
20. Remove the gloves, dispose of the equipment appropriately, and wash your hands.
21. Document the procedure in the resident’s chart, including:
22. The physician’s order
23. Why the catheter is clinically necessary
24. That the resident and family were informed of the order
25. Size of catheter and balloon
26. Amount

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