

URINARY CATHETERIZATION

DEFINITION

Urinary Catheterization is the insertion of a special catheter into the bladder, using aseptic technique, for the purpose of evacuating or instilling fluids.

PURPOSE

١. To empty the contents of the bladder, e.g. before or after abdominal, pelvic or rectal surgery and before certain investigations.
٢. To determine residual urine.
٣. To allow bladder irrigation.
٤. To bypass an obstruction.
٥. To relieve retention of urine and incontinence.
٦. To introduce cytotoxic drugs in the treatment of papillary bladder carcinoma.
٧. To perform bladder function tests.
٨. To measure urinary output accurately.

In the female, urinary catheterization may be carried out for the eight reasons listed above and for the two further reasons:

١. To empty the bladder before childbirth, if thought necessary.
٢. To avoid complications during intracavitary insertion of radioactive caesium.

EQUIPMENT

1. Clean trolley
2. Sterile catheterization pack containing forceps, receiver, gauze swabs.
3. Lubricant.
4. Disposable pad
5. Sterile gloves
6. Appropriate sterile urinary catheter
7. Antiseptic solution or normal saline
8. Sterile container for analysis if required
9. Sterile syringe and needle, sterile water
10. Standing lamp if available
11. Draining bag
12. Hypoallergenic tape

PROCEDURE

SN	Action	Rationale
1.	Check the physician's order, progress notes, and nursing care plan.	To obtain specific instructions and / or information.

SN	Action	Rationale
2.	Identify the patient. Check identification against physician's order.	To perform the right procedure on the right patient.
3.	Explain the procedure to the patient. Allow him to ask questions.	To allays fear and gain patient's confidence and cooperation. To reassure the patient and promote patient education.
4.	Ensure privacy.	To avoid unnecessary embarrassment to the patient during the procedure.
5.	Assist the patient to get into supine position with knees bent. <i>Do not expose the genital area at this stage.</i>	
6.	Direct the standing lamp (if available) for visualization of genital area.	
7.	Wash and dry hands (refer to Hand Washing procedure).	To prevent cross-infection.
8.	Open sterile catheterization package and sterile catheter using aseptic technique (refer to "Opening Sterile Package" on care of wound procedure). Prepare lubricant, aspirate sterile water into the syringe (refer to manufacturer's instructions).	Catheterization requires same aseptic technique precautions as in surgical procedure. To prevent tract infection.
9.	Place disposable pad across the patient's thighs and under buttocks.	To ensure urine does not leak onto bed clothes.
10.	Don sterile gloves.	To prevent cross-infection.
11.	Apply lubricant to the nozzle of the catheter.	

FEMALE

SN	Action	Rationale
12.	Separate the labia minora so that the urethral meatus is visualized. One hand is to maintain separation of the labia until catheterization is finished.	To prevent labia minora contamination the catheter. To provide better access to the urethral orifice.

SN	Action	Rationale
13.	Cleanse around the urethral meatus with normal saline or antiseptic solution. Manipulate cleansing sponges with forceps, cleansing with downward strokes. Dispose of sponge after each use.	Bacteria that normally colonize the distal urethra may be introduced into the bladder during or immediately after catheter's insertion. Inadequate preparation of the urethral meatus is a major cause of infection.
14.	Handle the tip of the catheter, placing its end in the receiver between the patient's legs.	
15	Introduce the well-lubricated tip of the catheter into the urethral meatus using strict aseptic technique. Insert catheter in an upward and backward direction for 5-7 cm (2-3 inches). Avoid contaminating surface of catheter.	The direction of insertion and the length of catheter inserted should bear relation to the anatomy of the area.
16.	Allow some bladder urine to flow through catheter before connecting the bag.	
18.	Inflate the balloon according to the manufacturer's instructions, having ensured that the catheter is draining adequately.	Inadvertent inflation of the balloon in the urethra causes pain and urethral trauma.

MALE

SN	Action	Rationale
*	Wash off penis around urinary meatus with normal saline or antiseptic solution. Cleanse urethral meatus from tip to foreskin with downward stroke. Dispose sponge after each use. Keep the foreskin retracted. Maintain sterility of dominant hand.	To prevent contamination and retraction of penis.
*	Grasp shaft of penis and elevate it. Insert catheter into the urethra applying gentle traction to penis while catheter is passed.	To straighten the penile urethra and facilitate catheterization.

SN	Action	Rationale
*	Advance catheter 15-25 cm (6-10 inches).	Advancing catheter ensures its position into the bladder.
*	Inflate the balloon according to the manufacturer's instructions.	
19.	Withdraw the catheter slightly and connect to the drainage system.	
20.	Anchor the catheter by taping laterally.	This prevents traction and tension on the bladder and friction in the urethra.
21.	Dry area. Position the patient comfortably.	If the area is left wet and moist, secondary infection and skin irritation may occur.
22.	Measure the amount of urine.	
23.	Dispose of equipment as appropriate.	
24.	Wash and dry hands (refer to Hand Washing procedure).	
25.	Document the procedure appropriately. Record date and time, type of catheter used and size, colour and amount of urine, patient's tolerance, and any other relevant observations.	