

Urinary Catheterization

Guideline I: Catheter Insertion

Guideline II: Catheter Removal

Guideline III: Catheter Irrigation

1. Review or obtain practitioner's order.
2. Gather and prepare necessary equipment and supplies.
3. Review patient's medical record for latex/iodine allergies.
4. Wash hands thoroughly prior to and after contact with the patient.
5. Confirm the patient's identity.
6. Provide privacy.
7. Explain procedure to patient and/or caregiver.
8. Raise the bed to waist level before providing care.
9. Put on gloves and, as needed, other protective equipment.

Guideline I: Catheter Insertion

Supplies:	Gloves	Catheter kit	
------------------	--------	--------------	--

1. Open prepackaged catheter kit, maintaining sterile technique prepare,
 - a. Put on sterile gloves.
 - b. Ensure sterile field is maintained.
 - c. Lubricate catheter.
 - d. Prepare antiseptic solution utilizing cotton balls or swabs.
 - e. Verify integrity of balloon port by inflating then deflating the bulb.
2. Cleanse the area with antiseptic solution:
 - a. Female:
 - i. Separate labia using non-dominant hand.
 - ii. Using dominant hand cleanse area starting anterior to posterior.
 - iii. Maintain position until catheter is inserted and balloon inflated.
 - b. Male:
 - i. Hold penis with non-dominant hand,
 - ii. Using dominant hand, first cleanse urinary meatus working outward in circular motion. Maintain position until catheter inserted and balloon inflated.
 - iii. Position penis perpendicular to body, apply light upward traction with non-dominant hand.
3. Insert catheter into meatus until urine begins to flow.
4. When performing an intermittent catheterization, remove catheter when procedure complete.
5. If anchoring a catheter, inflate the balloon using the fluid provided in the syringe (10ml-30ml). After balloon is inflated, gently pull catheter until met with resistance.
 - a. Catheter may be secured to leg with leg straps or catheter stabilizer.
 - b. Position catheter bag below level of patient's bladder.

Our Hospice of South Central Indiana Nursing- Clinical Guidelines

6. Provide perineal care.
7. Discard used supplies in appropriate receptacles.
8. Remove and discard your gloves and other personal protective equipment worn.
9. Perform hand hygiene.
10. Document procedure including color, amount and disposition of urine; size, type of catheter used and amount of fluid used to inflate balloon; patient's tolerance to procedure and patient/caregiver instructions in the medical record.

Guideline II: Catheter Removal

Supplies:	Gloves	10ml Syringe
------------------	--------	--------------

1. Remove leg strap or catheter stabilizer from the patient's leg.
2. Insert syringe into valve and withdraw fluid from the balloon. Kink catheter and gently remove.
3. Dispose of catheter and tubing in proper waste receptacle.
4. Provide perineal care.
5. Discard used supplies in appropriate receptacles.
6. Remove and discard your gloves and other personal protective equipment worn.
7. Perform hand hygiene.
8. Document removal of catheter, patient's tolerance to procedure and patient/caregiver instructions in the medical record.

Guideline III: Catheter Irrigation

Supplies:	Gloves	30-60ml Sterile saline	60ml Syringe	Alcohol wipes	Graduated container	Chux pad
------------------	--------	------------------------	--------------	---------------	---------------------	----------

1. Place a chux pad under the catheter connection site to protect linens, have graduated container close.
2. Draw up 30ml-60ml sterile saline in syringe, **never** use cold solution, it should be room temp.
3. Kink catheter tubing and disconnect the catheter from the drainage bag tubing, use alcohol wipe to clean catheter opening.
4. Insert the syringe into the drainage port and instill fluid (amount ordered) into catheter slowly.
5. Draw back on plunger to evacuate any clots or debris, empty syringe into graduated container.
6. Continue to irrigate as directed until you achieve a clear or clot free return.
7. Kink catheter and remove syringe.
8. Cleanse port tip of drainage bag and reattach to foley catheter, allow fluid to drain
9. Discard used supplies in appropriate receptacles.
10. Remove and discard your gloves and other personal protective equipment worn.



Our Hospice of South Central Indiana Nursing- Clinical Guidelines

11. Perform hand hygiene.
12. Document findings with date/time, volume of solution, urine, any resistance, intake and output.

Original Author: Amy Dager, Staff Development Coordinator

Historical Reviews & Revisions:

Review	Reviewer's Name(s)	Changes Made?
5/12/2025	Dr. Anderson, Amy Lowe, Clinical Director, Shannon Johnson, Clinical Compliance	New, approved