

Catheterization: Male and Female Patients

Student Name _____ Date _____

		S	U	Comments
1.	Refer to standard steps 1 to 9.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Assemble equipment.	<input type="checkbox"/>	<input type="checkbox"/>	

Sterile Foley catheterization or straight catheterization tray:

- Sterile gloves, (may not be included in tray)
- Bed protector
- Drape
- Lubricant
- Antiseptic cleansing unit
- Cotton balls and pickup forceps
- Prefilled syringe of sterile water
- Catheter of correct size and type for procedure
- Sterile drainage tubing and collection bag
- Tape
- Safety pins
- Receptacle or basin (usually bottom of catheterization tray)
- Specimen container (optional)
- Light (flashlight or penlight)
- Bath blanket
- Disposable gloves, basin of warm water, soap, towel, and disposable washcloth

3. Determine the following.

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|--|--------------------------|--------------------------|--|
| a. When patient last voided | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Patient's level of awareness | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Mobility and physical limitation of patient | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Patient's sex and age | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Whether patient's bladder is distended | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. Presence of any pathologic conditions that are likely to impair | <input type="checkbox"/> | <input type="checkbox"/> | |

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	passage of catheter (especially enlarged prostate gland in men)	<input type="checkbox"/>	<input type="checkbox"/>	
	g. Allergies (to antiseptic [iodine], tape, rubber, and lubricant)	<input type="checkbox"/>	<input type="checkbox"/>	
	h. Patient's knowledge of the purpose of catheterization			
4.	Arrange for extra nursing personnel to assist if needed.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Position patient.			
	a. Male patient: Supine position with thighs slightly abducted.	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Female patient: Supine position with knees flexed and knees about 2 feet apart.	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Drape patient with bath blanket, covering upper body and shaping over both knees and legs but leaving genital area exposed.	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Place waterproof absorbent pad under patient's buttocks.	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Arrange supplies and equipment on bedside table. Provide a good light.	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Don clean gloves, and wash perineal area with mild soap and warm water.	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Remove disposable gloves, and place them in proper receptacle.	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Facing patient, stand on left side of bed if right-handed (on right side if left-handed).	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Open packaging with the use of sterile technique. Don sterile gloves.	<input type="checkbox"/>	<input type="checkbox"/>	
13.	If indwelling catheter is used, test balloon by injecting normal saline or sterile water into balloon lumen until balloon is inflated; then aspirate saline or sterile water out of balloon.	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Add antiseptic to cotton balls; open lubricant container. Lubricate catheter approximately	<input type="checkbox"/>	<input type="checkbox"/>	

1½ to 2 inches (3.5 to 5 cm) for female patient and approximately 6 to 7 inches (15 to 18 cm) for male patient.

15. Wrap edges of sterile drape around gloved hands, and request patient to raise hips; then slide drape under patient's buttocks. ☐ ☐

16. Cleanse perineal area with forceps to hold cotton balls soaked in antiseptic solution. ☐ ☐

a. Male: If male patient is not circumcised, retract foreskin with nondominant hand. Be certain to replace foreskin when procedure has been completed. If erection occurs, discontinue procedure momentarily. This is normal but often embarrassing to patient. React in a professional manner.

- (1) Grasp penis at shaft below glans with nondominant hand; continue to hold throughout insertion of catheter. The nondominant hand is no longer sterile and must not come in contact with sterile supplies. ☐ ☐

- (2) With other hand, use forceps to pick up cotton balls soaked in antiseptic solution. ☐ ☐

- (3) Cleanse meatus by beginning at top of penis and moving in a circular motion down and around meatus one time. Discard cotton ball in appropriate receptacle. ☐ ☐

- (4) Repeat cleansing two more times with sterile cotton balls each time. ☐ ☐

b. Female:

- (1) Spread labia minora with thumb and index finger of nondominant hand to expose meatus; continue to hold throughout insertion of catheter. The nondominant hand is no longer sterile and must not come in contact with sterile supplies. ☐ ☐

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- (2) With other hand, use forceps to pick up cotton balls soaked in antiseptic solution. ☐ ☐ _____
- (3) Cleanse area from clitoris toward anus. Use a different sterile cotton ball each time: first to the right of the meatus, then to the left of the meatus, then down the center over meatus. _____
17. Pick up catheter with dominant sterile-gloved hand near the tip; hold remaining part of catheter coiled in hands; place distal end in basin. ☐ ☐ _____
18. Insert catheter gently, about 6 to 7 inches (15 to 18 cm) for male patient or 2 to 4 inches (5 to 10 cm) for female patient. Once urine flow is established, insert catheter $1\frac{1}{2}$ inches (3.5 cm) farther. Inflate balloon with 10 mL of sterile water. Gently pull back on catheter until resistance is felt as balloon rests at orifice of urethra. In a female patient, if no urine returns in a few minutes, observe whether catheter has been inserted by mistake into vagina. If so, leave catheter in place as landmark indicating where not to insert, and insert another sterile catheter. _____
- a. Indwelling catheter:
- (1) Inflate balloon with required amount of normal saline or sterile water. ☐ ☐ _____
- (2) Pull gently to feel resistance. ☐ ☐ _____
- (3) Collect urine specimen, if needed, by placing open lumen end of catheter into specimen container. ☐ ☐ _____
- (4) Attach open lumen of catheter to collecting tube of drainage system, holding drainage bag below bladder level. ☐ ☐ _____
- ☐ ☐

- (5) Attach collection bag to a nonmoveable part on the side of bed.

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 - (6) Secure catheter to patient.

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 - (a) Male patient: Tape catheter to inner aspect of thigh or up over pubis, or apply leg strap; allow slack for body movement.

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 - (b) Female patient: Tape catheter to inner thigh or apply leg strap; allow slack for body movement.

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 - (7) Clip drainage tubing to bed linen; allow slack for body movement.

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 - b. Straight catheter:

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 - (1) Once urine flow is established, hold open lumen of catheter over basin.

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 - (2) Empty bladder (approximately 700 to 1000 mL). Refer to facility policy to determine whether urine should be allowed to continue draining.

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 - (3) Collect urine specimen, if needed, by placing open lumen end of catheter into specimen container.

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 - (4) Withdraw catheter slowly.

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19. Wash and dry perineal area.

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20. Refer to standard steps 10 to 17.

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21. Label urine specimen with patient's name, date, health care provider's name, and other information as required by facility. Ensure urine is transported to laboratory.

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22. Check flow of urine and drainage tubing. ☐ ☐ _____

23. Document the following. ☐ ☐ _____

- Date and time of procedure
 - Type and size of catheter
 - Amount of solution used to inflate balloon
 - Characteristics of urine
 - Amount of urine
 - Color of urine and consistency of urine
 - Reason for catheterization
 - Specimen collected
 - Patient's response to procedure
 - Patient teaching
- _____
24. Report any unusual findings immediately: ☐ ☐ _____

- No urine output
 - Bladder discomfort despite catheter patency
 - Leakage of urine from catheter
 - Inability to insert catheter
- _____