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Introduction

Only personnel trained in the technique of aseptic insertion and maintenance of the catheter should handle catheters. Persons attempting catheterization should be familiar with the Facility Policy and standard precautions for urethral catheterization.

The order for insertion or replacement of an existing catheter from a licensed medical provider should be verified. The patient and the patient’s family if present should be informed of the reason for catheterization and what to expect in terms of discomfort.

Preparation and Procedure

Ask patient and/or family about any potential drug/solution/latex allergies. Note any pertinent past medical history, including artificial urinary sphincter placement, prior urethral surgery or pelvic radiation.

Equipment

Assemble all equipment before beginning procedure.

- Topical antiseptic of choice, fenestrated drape, sterile gloves, catheter or catheterization kit.
- Sterile water solution, lubricant or 1-2% lidocaine gel.
- Catheter of the appropriate size ordered by the provider.
- Luer-Lok syringe with saline.
- Specimen container (optional)
- Urinary drainage bag
- Catheter securement device or technique to secure the catheter.

Procedure

Provide as much privacy for the patient as possible.

- The patient should be in Supine position with knees bent and legs spread apart.
- Perform hand hygiene immediately before insertion of the urinary catheter.
- Put on sterile gloves
- Prepare and drape the urethra and surrounding area under sterile technique.
- Cleanse the urethral meatus with the antiseptic solution of choice. Commonly used products include: Betadine, Hibiclens, or Shur-Clens. Maintain aseptic technique during the cleansing of the meatus.
- Retrograde injection of 5 ml to 10 ml of a water-soluble lubricant or 2% lidocaine hydrochloride jelly is recommended.
- Coat the catheter generously with lubricant (1-2 inches).

- Gently advance the catheter until urine begins to drain.
- For in and out catheterization drain the bladder completely then remove and dispose of the catheter.
- For Foley catheter insertion inflate the balloon with 10ml or sterile water, connect the catheter to the appropriate drainage system. Do not pre-inflate the balloon unless directed to do so by the manufacturer.

Indwelling catheters should be properly secured after insertion to reduce the risk of urethral trauma, urethral erosion, CAUTI or accidental removal. Secure the indwelling catheter by using a tube holder or taping the catheter to the inner thigh or lower abdomen. Drainage bags should be placed below the level of the bladder to allow for free flow of urine and decreasing the risk of CAUTI.

Documentation

Document the size of the catheter used, the amount used to inflate the balloon for Foley catheter placement, the patient’s response to the procedure, and the amount, color, odor and quality of the urine drained.

Difficult Catheterizations

Some female patients may be difficult to catheterize due to various circumstances, including previous surgeries, childbirth, anatomical differences, and prolapse which may cause variations in the appearance of the urethra.

If you cannot visualize the urethra, which can occur when the urethra is deep inside the vagina, place your index finger inside the vagina and apply gentle pressure upward to support and straighten the urethra. Then slide the catheter over the top of your finger using your finger as a guide. Frequently this will open the urethral meatus creating better visualization.

Inability to pass the catheter:

- The urethra can become kinked due to prolapse.

In this situation place one finger inside the vagina and apply gentle pressure upward to support and straighten the urethra. If the prolapse is large and protruding from the vagina, it may be necessary to reduce the prolapse by gently applying pressure until the prolapse is placed back into the vagina.

Urethral strictures and a false passage can make urethral catheterization difficult and may require the services of a urologist. If there is any question as to the location of the catheter, as evidenced by no return of urine, do not inflate the balloon if attempting to place a Foley catheter.
**Clinical Practice Guidelines**

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