

Urinary Catheter Insertion – Indwelling and Straight

The insertion of a catheter into the bladder to either drain continuously or to obtain a sterile urine specimen

Critical Elements

- 1) This procedure is NOT delegated to UAP
- 2) Gather supplies and prepare workspace
- 3) Follow Universal Competencies
- 4) Position patient for procedure
- 5) Prepare and maintain sterile field
- 6) Aseptically insert catheter

Based on C. Lenburg COPA Model

Nursing Intervention Instruction

Steps	Key Points	Rationale
1) Verify orders	Requires an order	Requires aseptic technique
2) Gather supplies	Catheter insertion kit containing a sterile Indwelling Urinary Catheter with drainage bag Extra pair of sterile gloves (if needed) Clean gloves	Choose appropriate kit In the adult, 14-16 Fr. is a good starting place for size selection
3) Follow Universal Competencies	Introduce self Perform hand hygiene Identify patient Teach patient	
4) Prepare for care	Clean work surface with antiseptic Perform hand hygiene Don clean gloves Assess bladder Position patient (dorsal recumbent) and assess perineum and pre-clean if needed Open outer packaging of urinary catheter kit and remove tray Position catheter tray between patient's legs Arrow on tray should point toward patient Cleanse genitalia Remove soiled gloves	Use soap and water if excessive soiling is present Placing tray between legs may not always be feasible Use soap wipes included in kit
5) Prepare for catheter insertion	Perform hand hygiene Open catheter tray to create sterile field Don sterile gloves Position under pad beneath the patient Position fenestrated drape over external genitalia Advance the tray toward the patient so that the outer wrap overlaps the under pad Prepare items in numerical order as listed on the tray <ol style="list-style-type: none"> 1. Open povidone-iodine 2. Pour solution onto the 3 foam swab sticks 3. Attach syringe filled with sterile water to inflation port 	Place without crossing over sterile field

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	<p>4. Locate syringe with lubricant. Pour all of lubricant into tray</p> <p>5. Remove Foley catheter from the blue wrap and place in lubricant</p> <p>Clean peri-meatus area with antiseptic solution:</p> <p><u>Female:</u> With non-dominant hand, expose meatus by spreading labia. Maintain position throughout procedure.</p> <p>Clean inner aspect of labia minora farthest from you with a downward stroke. Discard swab</p> <p>Repeat on labia minora closest to you</p> <p>Repeat in middle area between both labia minora</p> <p><u>Male:</u> If not circumcised, retract foreskin with non-dominant hand. Clean beginning at meatus and work in a circular motion to the base of the glans. Repeat with remaining swabs</p>	<p>Fully exposing meatus prevents contamination</p> <p>Closure of the labia requires cleaning procedure be repeated</p> <p>If foreskin is retracted, it MUST be returned to original position when procedure is completed to prevent necrosis of the penis</p>
<p>6) Insert catheter</p>	<p>Hold lubricated catheter approximately 2 inches from tip and insert catheter:</p> <p><u>Female:</u> Aim upward until meatus is entered, then insert catheter using gentle pressure downward as it is advanced</p> <p>Advance half the length of the catheter into the bladder</p> <p><u>Male:</u> Hold penis at 90-degree angle and insert catheter in a downward direction and advance catheter to the Y-section</p> <p>Stabilize catheter with thumb and finger of non-sterile hand</p> <p>Inflate balloon to volume directed on catheter</p> <p>Pull back on catheter gently until resistance is met</p> <p>Attach catheter to urinary catheter stabilization device before applying to extended leg</p> <p>Secure drainage bag on bed frame below level of bladder and off the floor</p> <p>Measure urine and document</p>	<p>Aiming upward to enter female meatus helps prevent entry into the vagina</p> <p>Advancing half the length of the catheter into the bladder ensures balloon is fully in bladder</p> <p>Urine should return before catheter is advanced to half-length</p> <p>Holding catheter 2 inches from meatus will allow for additional advancement of sterile catheter if required</p> <p>Monitor patient response to ensure inflation of balloon does not produce pain</p> <p>May use drapes to clean off lubricant from gloves</p> <p>Minimizes possibility of dislodgment, reduces motion of catheter in urethral tract, reducing infection risk</p>

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7) Removal of Catheter	Don clean gloves Empty drainage unit and measure output Insert 10 mL syringe into balloon port of catheter at Y-site Allow fluid to fill syringe passively. May aspirate to ensure balloon is fully deflated Remove catheter and clean genitalia Dispose of contaminated supplies Provide urinal (male) or specipan (female) for measuring voids after removal Record results and report if indicated	Fluid must be removed from balloon before removal to prevent urethral trauma Voiding should occur within 4 – 8 hours
<p style="text-align: right;"><i>Created by IM2 Faculty, Covenant School of Nursing, Nov 2015</i> <i>Revised: IM2 Faculty, Apr 2016, July 2016, Apr 2017, Feb 2018</i> <i>Reviewed: Feb 2021</i> <i>CHS Policy: Indwelling and Straight Urinary Catheters: Revised Mar 2015</i> <i>pp. 1119-1125; 1131-1142, Potter and Perry 9th ed., 2017</i> <i>HESI: Clinical Skills for Nursing Collection/Essentials Collection, 2020</i> <i>ud-surestep-in-service-bmd-tray-0717-0128: https://vimeo.coq1m/203967103</i> <i>Bard Surestep Foley Catheter Utilization & Introduction video</i> <i>Bard Surestep Foley Catheter Insertion, Male Catheterization</i> <i>Bard Surestep Foley Catheter Insertion, Female Catheterization</i></p>		