

Lippincott- Insertion of a catheter into the bladder to either drain continuously or to obtain a sterile urine specimen – Quick Guide

This procedure is NOT delegated to UAP, Follow Universal Competencies: Introduce self, perform hand hygiene, identify patient, verify allergies, AIDET, clean working surface

1. Confirm Necessity

- - Verify provider order and assess for appropriate indications (e.g., urinary retention, surgery, critical monitoring).
- - Consider alternatives (e.g., bladder scan, intermittent catheterization).

2. Prepare Equipment

- - Use a prepackaged sterile kit or gather:
- - Sterile catheter (14-16Fr.)
- - Sterile gloves, drapes, lubricant, antiseptic swabs
- - 10 mL sterile water syringe
- - Drainage bag
- - Securement device
- - PPE, soap wipes, under pad

3. Patient Preparation

- - Explain procedure and risks (e.g., CAUTI).
- - Confirm identity with 2 identifiers.
- - Position: supine or lithotomy (or side-lying if needed).
- - Provide privacy and perform hand hygiene.
- - Raise the bed to waist level
- - Pre-clean patient if needed

4. Aseptic Setup

- - Don gloves and place under pad.
- - Open the outer package of the insertion kit and remove tray.
- - Clean perineal area with soap wipes.
- - Remove gloves, perform hand hygiene, and don sterile gloves.
- - Place the flat sterile drape between the patient's legs, careful not to contaminate your gloves.
- - Place the sterile fenestrated drape over the perineal area to create a sterile field.
- - Place these drapes without crossing over sterile field

5. Insertion Procedure- prepare items in numerical order listed on the tray

- - Open povidone-iodine
- - Pour solutions onto the 3 foam swabs sticks
- - Attach syringe filled with sterile water to inflation port
- - Locate syringe with lubricant and pour all of lubricant into tray
- - Remove foley catheter from the blue wrap and place in lubricant
- - Clean with povidone-iodine swabs:

Female: With non-dominant hand, expose meatus by spreading labia. Maintain position throughout procedure. Clean inner aspect of labia minora farthest from you with a downward stroke. Discard swab Repeat on labia minora closest to you Repeat in middle area between both labia minora. hand (keep separated). Closing labia requires cleaning procedure to be repeated

Male: 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

- - Insert catheter: Hold lubricated catheter approximately 2 inches from tip and insert catheter

Female: Aim upward (helps to prevent entry into the vagina) until meatus is entered, then insert catheter using gentle pressure downward as it is advanced Advance half the length of the catheter into the bladder. After you see urine, you should advance 2-3more inches before inflating balloon.

Male: Hold penis at 90-degree angle and insert catheter in a downward direction and advance catheter to the Y-section

- - Stabilize catheter with thumb and finger of non-sterile hand and Inflate balloon with 10 mL sterile water.
- - Gently pull catheter until balloon rests on the bladder neck.

6. Secure & Finish

- - Secure catheter to thigh.
- - Ensure tubing is unkninked and drainage bag is below bladder level.
- - Reposition patient, discard supplies, and perform hand hygiene.

7. Documentation

- - Include:
- - Date/time, catheter size/type, balloon inflation volume
- - Urine characteristics, complications
- - Patient teaching and understanding

8. Patient Teaching (if discharged with catheter)

- - Daily care of catheter and skin
- - Signs of infection or blockage
- - Importance of fluid intake
- - Drainage bag positioning and hygiene

Lippincott Indwelling Urinary Catheter Removal Quick Guide

1.Steps:

- - Verify order
- - Hand Hygiene
- - Patient Identifications
- - Explain procedure
- -Position: raise bed, place pad under patient
- - Remove securement device gently
- -Assess perineum and meatus
- -Deflate balloon using 10mL syringe
- - Withdraw catheter slowly while patient exhales
- - Provide perineal care
- - Measure and record output
- - Encourage oral fluids (30 mL/kg/day, unless otherwise ordered)
- - Monitor for first void (must be within 6hrs after removal)
- - Document thoroughly

2. Documentation Includes

- - Date/Time of removal
- - Volume of water removed from balloon
- - Perineal assessment findings
- - Patient tolerance and complications
- - First voiding details
- - Teaching and understanding

Lippincott Indwelling Urinary Catheter Sample Collection Quick Guide

1. Purpose & Safety

Specimen is collected via aspiration from a disinfected sampling port to maintain a closed system and prevent CAUTI. Preferred method: Use a lure-lock access device over a syringe to reduce contamination risk.

Special Considerations include Avoid collecting from drainage bag. Refrigerate within 30 minutes if not sent immediately; culture within 24 hours

2. Equipment

Antiseptic pad, gloves, labeled specimen container (sterile or nonsterile), syringe or lure-lock device.

3. Steps

- - Verify order and gather supplies.
- - Hand hygiene, patient ID (2 identifiers), explain procedure.
- - Drain urine from tubing into collection bag.
- - Disinfect sampling port and allow dry.
- - Collect specimen:
 - o Syringe method: Aspirate fresh urine, transfer to container.
 - o Luer-lock method: Use vacuum tube to draw urine.
- Label specimen in patient's presence.
- Transport immediately or refrigerate if delayed.

4. Documentation Includes

- Date/time of collection and transport
- Test ordered
- Urine characteristics (appearance, odor, color)
- Volume (recorded in I&O)
- Patient/family teaching and understanding
- Follow-up teaching needs

