




DR. PABLO O. TORRE
MEMORIAL HOSPITAL

B.S. Aquino Drive,
Bacolod City,
Negros Occidental,
6100

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Document Type:	Standard Operating Procedure
Page Number:	1
Department/Section:	Delivery Room
Document Title:	ASSISTING IN CATHETERIZATION

PURPOSE:

1. Straight Catheterization is used for the following reason:
 - 1.1. Obtaining a sterile urine specimen for diagnostic evaluation.
 - 1.2. Emptying bladder contents when an individual is unable to void (urinate) due to urinary retention, bladder distention, or obstruction.
 - 1.3. Measuring residual urine after urinating.
 - 1.4. Instilling medication for a localized therapeutic effect in the bladder.
 - 1.5. Instilling contrast material (dye) into the bladder for cystourethralgraphy (x-ray study of the bladder and urethra).
 - 1.6. Emptying the bladder for increase space in the pelvic cavity to protect the bladder during labor and delivery or during pelvic and abdominal surgery.
 - 1.7. Monitoring accurately the urinary output and fluid balance of critically ill patients.
2. Indwelling catheterization is used for the following reasons:
 - 2.1. Providing palliative care for incontinent persons who are terminally ill or severely impaired, for whom bed and clothing changes are uncomfortable.
 - 2.2. Managing skin ulceration caused or exacerbated by incontinence.
 - 2.3. Maintaining a continuous outflow of urine for persons undergoing surgical procedures that cause a delay in bladder sensation, or for individuals with chronic neurological disorders that causes paralysis or loss of sensation in the perineal area.
 - 2.4. Keeping with standard preoperative preparation or urologic surgery and procedures for bladder outlet obstruction.
 - 2.5. Providing relief for persons with an initial episode of acute urinary retention, allowing the bladder to regain its normal muscle tone.

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OBJECTIVE:

A catheter should be used only when absolutely necessary and the catheterization procedure itself should be done only by trained personnel under sterile conditions. Infection is a major risk of urinary catheterization.

RESPONSIBLE PERSON:

Registered Nurse, Medical Doctors

GENERAL GUIDELINES:

1. Patient's bladder is catheterized for various reasons. It is the responsibility of the nurse to carry out this task or delegate it to a skilled staff person. Because the inside of the bladder is sterile and provides direct access to the kidneys, the primary concern must be the prevention of contamination of the bladder. Urinary tract infections are common in those who have indwelling catheters in place. Even a single catheterization carries with it the danger of contaminating the urethra and/or bladder. Although bladder infections can be serious in themselves, they can also lead to infections of the kidneys, which may be life threatening.
2. It is also the nurse's responsibility to know the anatomy of the urinary system to avoid damage to the urethra during the catheterization. Once the catheter is in place, the nurse must establish correct drainage, and, if appropriate, teach the patient in order to relieve anxiety and to encourage participation in care.



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PROCEDURE:

1. In preparing the patient, use a calm, straightforward, professional manner to relieve the patient's anxiety.
2. Explain the procedure completely, and tell the patient what to expect.
3. Give the patient an opportunity to ask questions and express concerns.
4. Pay careful attention to privacy by closing doors, draping the patient, and exposing only the area involved in the procedure.
5. A catheterization set contains the basic equipment needed for the procedure. Some variation from one brand to another may occur, but usually the following items are included:
 - 5.1. Sterile wrapper. When opened, the inside of the wrapper provides a sterile field. The outside is usually impervious to moisture.
 - 5.2. Sterile gloves. These are usually on top, so all other items can be set up using sterile technique. As a beginner, you may want to have an extra pair of gloves in the room.
 - 5.3. Sterile drapes. Two drapes are usually provided. One is a plain drape to slide under the female patient. The other drape is often fenestrated (has a hole in it). The fenestration drape is placed over the perineum, with the opening over the meatus for the female patient.
 - 5.4. Sterile cleansing swabs. These may be cotton balls, or swabs with a shirt handle attached.
 - 5.5. Thumb forceps, or pick ups. You will need these to handle the cotton balls without contaminating your gloves.
 - 5.6. Cleansing solution. A water soluble providone-iodine preparation is an excellent antibacterial agent for this purpose.
 - 5.7. Syringe prefilled with sterile water. This is used to fill the retention balloon of a foley catheter.
 - 5.8. Water soluble lubricant for lubricating the catheter.
 - 5.9. Specimen container and label if necessary.

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- 5.10. Safety pin and rubber hand or plastic clamp. These are used to secure the catheter tubing to the bed if the catheter is to remain in place. If they are not in the set, you will have to obtain them separately. Tapes must be used otherwise.
- 5.11. Catheter. Either a plain (straight) catheter or a Foley (Indwelling) catheter can be used.
- 5.12. Drainage tubing and collection bag.
- 5.13. Tape
6. Identify the patient
7. Assessment
 - 7.1. Check the order to be sure that the catheterization has been ordered for the patient.
 - 7.2. Determine whether the procedure is to be straight or indwelling catheterization.
 - 7.3. Find out whether a urine specimen is needed. When in doubt, always obtain a specimen.
 - 7.4. Wash you hands.
 - 7.5. Select the specific type and size of catheter to be used.
 - 7.6. Collect the appropriate equipment.
8. Explain the procedure to the patient and answer any questions.
9. Draw the bed curtains for privacy, and position and drape the patient.
10. Set up the equipment.
11. OB-Gyne Resident or Intern catheterize the patient.
 - 11.1. Uses nondominant hand to expose the meatus. Remember that this hand is now contaminated and cannot be used to handle equipment again. For a female, separate both the labiamajora and labia minora. Retract the labia literally and anteriorly. A common error is to place the fingers too high and too laterally to expose the meatus. If the meatus is not identifiable, move your hand for better exposure. Always identify the meatus before any other equipment is contaminated.

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- 11.2. After the meatus is exposed and identified, begin cleaning. Use forceps to handle the cleansing swabs. Use each swab only once, and then discard in the prepared location. Use each swab from front to back, starting with the outside labia and moving towards the center.
12. If using a straight catheter, hold the catheter in place while you fill the specimen container
13. If using a straight catheter, drain the bladder, pinch the catheter closed and remove the catheter quickly.
14. If using a foley catheter, hold it in place while you fill the balloon. The catheter can continue to drain into the receptacle while this is done.
15. In most Foley Catheter sets, the bag is attached to the catheter. If it is not, connect the bag at this time. Be sure to maintain the sterility of the ends of the tubing at the connecting point. Place the tubing over the top of the thigh.
16. Tape the catheter 2-3 inches from the end to the patient's inner thigh.
17. Assist the patient to a comfortable position.
18. Do after care.
19. Wash hands.

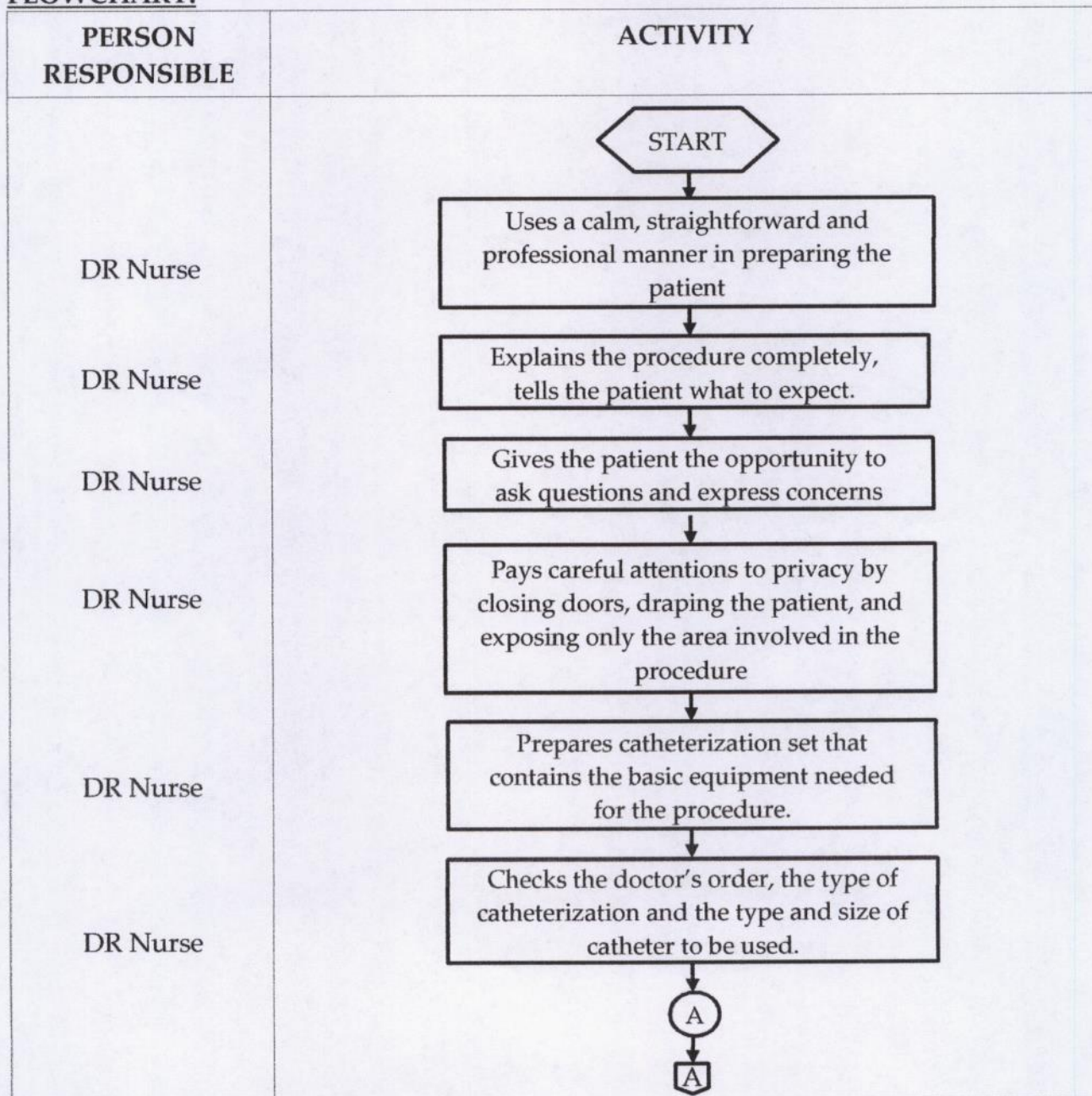


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FLOWCHART:

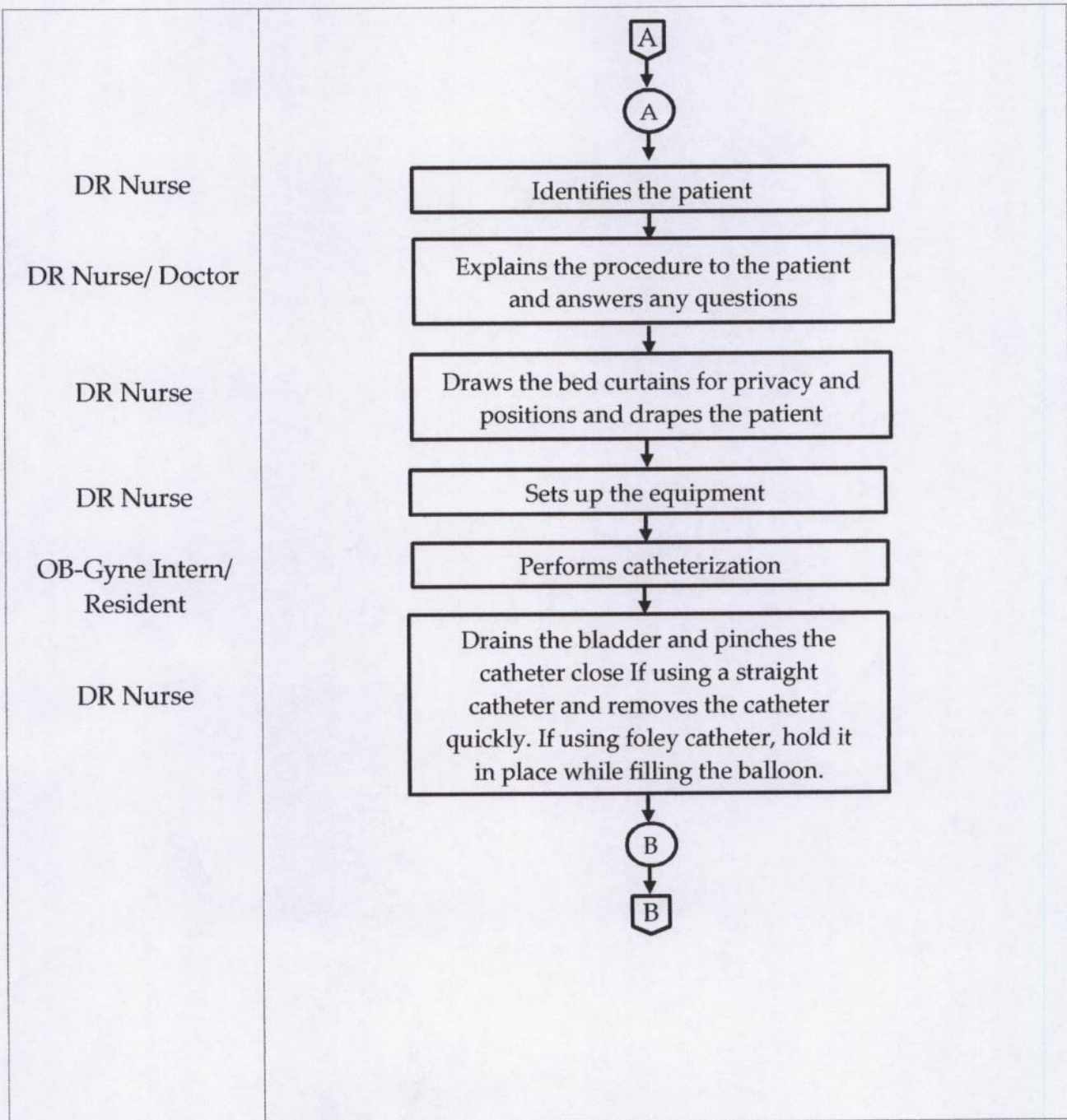




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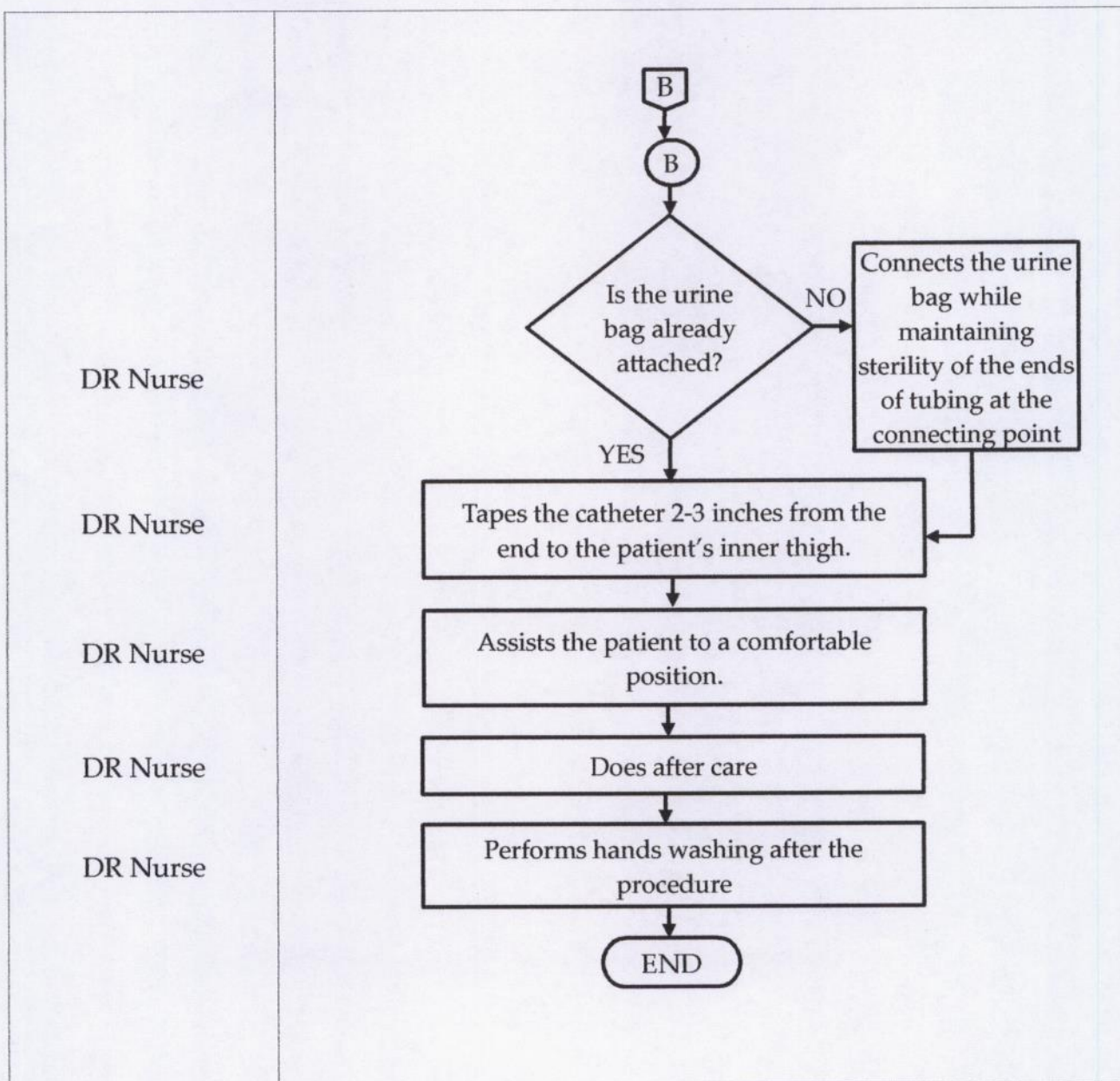




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