A. Decision to Insert a Urinary Catheter:

1. Before placing an indwelling catheter, please consider if these alternatives would be more appropriate:

- *Bladder scanner*: to assess and confirm urinary retention, prior to placing catheter to release urine
- *Straight catheter:* for one-time, intermittent, or chronic voiding needs
- *External "condom" catheter*: appropriate for cooperative men without urinary retention or obstruction

2. Does the patient have one of the following appropriate indications for placing indwelling urinary catheters?

- Acute urinary retention: e.g., due to medication (anesthesia, opioids, paralytics), or nerve injury
- Acute bladder outlet obstruction: e.g., due to severe prostate enlargement, blood clots, or urethral compression.
- Need for accurate measurements of urinary output in critically ill patients
- To assist in healing of open sacral or perineal wounds in incontinent patients
- To improve comfort for *end of life*, if needed
- Patient requires strict prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)
- Selected peri-operative needs (see back of page)

If Yes -> Proceed to Insertion Checklist

If No -> Confirm with ordering physician why catheter is necessary, and list: _____

B. Insertion Checklist:

C. Maintenance Checklist:

1. Assess Daily: Does patient meet criteria to remove the catheter?

D. Criteria to Remove Urinary Catheter:

- Reason for catheter placement has resolved.
- *Before replacing indwelling urinary catheter*: consider bladder scanner to confirm urinary retention, and consider using alternatives to non-indwelling catheters (such as intermittent straight catheterization).

? insert bladder scanner protocol?

Other indications for peri-operative use of urinary catheters: • Urologic surgery or other surgery on contiguous (adjacent) structures of the genitourinary tract • Anticipated prolonged duration of surgery (Note: catheters placed for this reason should be removed in PACU). • Anticipated to have large volume infusions or diuretics during surgery • Need for intraoperative monitoring of urinary output. *Note: there are plenty of other surgery-specific criteria that have been employed by in studies (but are not included in the HICPAC, SHEA or ISDA guidelines).* *<u>Others ideas to consider</u>: that will be part of the appropriateness inclusion panel* • *24 hour urine collection for diagnostic purposes in patient whose urine output cannot be managed with other urine collection strategies (such as bedside urinal/pan, intermittent straight catheter).* • *Instead of Open sacral wound…..specify stage-specific (Faikih: stage 3 or 4)….some studies specify stage 2 or greater.*	

Please use the correct checklist and check “yes”, “no”, or “NA” in each box:

Procedural Steps for Female Patients	Yes	No	NA
RECORD START TIME_____			
Place patient in supine position			
Inspect the sterile catheterization kit and remove it from its outer packaging			
Open the inner paper wrapping to form a sterile field			
Form sterile field on bedside table or other flat surface but not patient bed			
With washed hands carefully retrieve the absorbent pad from the top of the kit			
Place absorbent pad beneath patient’s buttocks, with plastic side down			
Don sterile gloves			
Cover patient’s abdomen and superior pubic region with fenestrated drape			
Organize contents of the tray on the sterile field			
Pour antiseptic solution over the preparation swabs in the tray compartment			
Squeeze some sterile catheter lubricant onto tray to lubricate catheter tip			
Using gloved non-dominant hand, identify the urethra by spreading the labia			
Spread inner labia slightly with gentle traction and pulling upward towards patient’s head			
Non-dominant hand is not removed from this position			
Use an expanding circular motion to clean the opening with remaining swabs			
Lubricate distal end of the catheter with the sterile jelly			
Holding the catheter (coiled) in the dominant hand, gently introduce the catheter tip into the meatus			
Slowly advance catheter through the urethra into the bladder			
If catheter is accidentally contaminated, it is discarded, and a new sterile catheter is obtained			
Once urine is observed in tubing, the catheter is advanced another 3 – 5 cm.			
Balloon is inflated with 10cc. sterile water after urine is observed in tubing			
With balloon completely inflated, pull gently on catheter			
Secure catheter to medial thigh			
Place drainage bag below level of bladder			
Person inserting catheter does not turn his/her back on sterile field			
RECORD STOP TIME_____			

Checklist for Male Patients

Procedural Steps for Male Patients	Yes	No	NA
RECORD START TIME_____			
Place patient in supine position			
Fully retract foreskin on uncircumcised male patient			
Inject 10 – 15 ml. of viscous lidocaine into urethral meatus			
Pinch tip of penis for several minutes to retain lidocaine in urethra			
Inspect the sterile catheterization kit and remove it from its outer packaging			
Open the inner paper wrapping to form a sterile field			
Form sterile field on bedside table or other flat surface but not patient bed			
Don sterile gloves			
Organize contents of the tray on the sterile field			
Pour antiseptic solution over the preparation swabs in the tray compartment			
Squeeze sterile catheter lubricant onto tray			
Drape pubic region and proximal thighs			
Grasp penile shaft using non-dominant hand; hold penis taut and perpendicular to the plane of patient's body			
Cleanse the glans penis in a circular motion, using antiseptic soaked cotton balls			
Non-dominant hand is not removed from this position			
Lubricate catheter tip with sterile jelly or viscous lidocaine before inserting it			
If inserting a coudé catheter, point catheter tip upward to 12 o'clock position			
Slowly advance catheter through the urethra into the bladder			
If substantial resistance is met, do not forcefully advance catheter			
The catheter is advanced to the level of the balloon inflation port			
Balloon is inflated only after urine is observed in tubing.			
If no urine is observed, flush the catheter with saline. Free return of saline and/or urine signifies that catheter is in place.			
Balloon is inflated with entire contents of 10cc. syringe of sterile water			
With balloon completely inflated, pull gently on catheter			
Foreskin is reduced to its anatomical position in uncircumcised males			
Secure catheter to medial thigh			
Place drainage bag below level of bladder			
RECORD STOP TIME_____			

<table>
<tr><th colspan="2">Procedural Steps</th></tr>
<tr><td colspan="2">Determine if indwelling catheter insertion is appropriate
☐ yes
☐ no</td></tr>
<tr><td colspan="2">Supply preparation - Gather supplies – use as small a size of catheter as possible
Inspect the sterile catheterization kit and remove it from its outer packaging
Open the inner paper wrapping to form a sterile field
Form sterile field on bedside table or other flat surface but not patient bed</td></tr>
<tr><td colspan="2">Patient preparation - Explain procedure
Place patient in supine position</td></tr>
<tr><td colspan="2">Provider preparation - Wash hands
Don sterile gloves
Organize contents of tray on sterile field
Pour antiseptic solution over preparation swabs in tray compartment
Squeeze some sterile catheter lubricant onto tray to lubricate catheter tip
Test balloon prior to insertion
Lubricate distal end of catheter with sterile jelly
Use sterile drapes as desired</td></tr>
<tr><td>Catheter Insertion – male
- Fully retract foreskin on uncircumcised male patient
- Inject 10 – 15 ml. of viscous lidocaine into urethral meatus with needle-less syringe
- Grasp penile shaft using non-dominant hand, holding penis taut and perpendicular to the plane of patient’s body
- Cleanse the glans penis in a circular motion, using cotton balls soaked in antiseptic
- Slowly advance catheter through the urethra into the bladder
- If substantial resistance is met, do not forcefully advance catheter
- The catheter is advanced to the level of the balloon inflation port
- Foreskin is reduced to its anatomical position in uncircumcised males</td><td>Catheter insertion - female
- Using gloved non-dominant hand, identify the urethra by spreading labia majora & minora
- Use prepared swabs to clean
- Holding the catheter in the dominant hand, gently introduce the catheter tip into meatus
- Slowly advance catheter through the urethra into the bladder
- If catheter is accidentally contaminated, it is discarded, and a new sterile catheter is obtained
- If catheter is accidentally inserted into the vagina, leave in place until a new sterile catheter is obtained and inserted correctly
- Once urine is observed in tubing, the catheter is advanced another 3 – 5 cm.</td></tr>
<tr><td colspan="2">Catheter insertion, common steps-
- Balloon is inflated with entire contents of 10cc. syringe of sterile water only after urine is observed in tubing With balloon completely inflated, pull gently on catheter
- Secure catheter to medial thigh
- Place drainage bag below level of bladder</td></tr>
</table>

Indwelling trans-urethral catheter insertion:

- Perform hand hygiene immediately before and after insertion
- Use sterile gloves, drapes, sponges, and appropriate antiseptic or sterile solution for periurethral cleaning, and a single-use packet of lubricant jelly for insertion

Indwelling trans-urethral catheter management:

- Nursing staff to discontinue the indwelling catheter when primary indications for insertion are resolved
- If breaks in aseptic technique, disconnection, or leakage occur, replace the catheter and collecting system using aseptic technique and sterile equipment.
- Maintain unobstructed urine flow
- Keep the collecting bag below the level of the bladder at all times
- Do not rest the bag on the floor
- Properly secure indwelling catheters after insertion to prevent movement or urethral traction
- Routine hygiene with soap and water is appropriate
- Do not flush indwelling catheters unless physician ordered
- Obtain urine samples aseptically.
    - If a small volume of fresh urine is needed for examination, aspirate the urine from the needleless sampling port with a sterile syringe/cannula adapter after cleaning the port with a disinfectant.
    - Obtain large volumes of urine for special analyses aseptically from the drainage bag.