

Urinary Catheter Care

WEST COAST UNIVERSITY

Student:

		Peer 1	Peer 2	Faculty Evaluation
NPSG	Wash hands per CDC guidelines			
	Provide patient privacy.			
NPSG	Introduce yourself.			
NPSG	Identify patient correctly using two identifiers (check to chart).			
NPSG	Verify allergy status.			
	Perform environmental safety check.			
	Ensure proper body mechanics.			
	Gather all supplies, equipment, and PPE as needed.			

General Survey

Verify MD order.			
Assess for procedure need. Explain and educate the patient about the procedure.			

Applying a Condom Catheter

Place supplies at bedside.			
Position patient to optimize safety and privacy while allowing easy catheter placement.			
Place bath blanket over patient and pull top linens under blanket down to foot of bed.			
Place a towel between the patient's legs. Push bath blanket up toward patient's abdomen.			
Clean, rinse and dry penis with warm soapy water. If penis is uncircumcised, retract foreskin and clean between folds.			
Open catheter equipment packages. Apply adhesive/skin protectant to penis (if applicable to type of catheter) and allow to dry.			
Apply catheter to shaft of penis. Connect catheter to drainage tubing and bag. Attach leg strap to patient's thigh. Secure drainage tubing to leg strap.			
Check that catheter is in place and will not come off easily. Check that blood supply to penis is adequate.			
Hang drainage bag at bedside. Remove bath blanket and adjust gown and linens. Make sure patient is comfortable.			
Gather and dispose of all supplies. Ensure safe environment: bed to appropriate height, brakes locked, appropriate side rails up and call light within reach			
NPSG Wash hands per CDC guidelines			

Inserting an Indwelling Retention Catheter - Female

Place supplies at bedside.			
Position patient to optimize safety and privacy while allowing easy catheter placement.			
Place bath blanket over patient and pull top linens under blanket down to foot of bed.			
Assess need for perineal cleaning. Have patient move ankles up and to side.			
Open catheterization kit. Place drape between patient's legs.			
Don sterile gloves. Open packet of antiseptic solution and pour on to cotton balls. Prepare lubricant. Attach prefilled syringe to catheter's balloon port.			
With nondominant hand spread labia minora to expose urinary meatus. With dominant hand, clean mucosa with one downward stroke of each antiseptic-soaked cotton ball. Wipe labia furthest away first and always wipe from front to back.			
Hold catheter with sterile dominant hand while stabilizing labia minora. Lubricate catheter.			
While patient bears down, insert catheter into urethra. Advance catheter until you see urine. Advance catheter an additional 1-2 inches.			
Release labia and hold onto catheter with nondominant hand. Inflate balloon and gently pull catheter. Secure catheter to patient's thigh.			
Adjust gown. Attach drainage system below level of patient's bladder to bed.			
Remove drape. Adjust linens. Remove bath blanket. Make sure patient is comfortable.			
Gather and dispose of all supplies. Ensure safe environment: bed to appropriate height, brakes locked, appropriate side rails up and call light within reach			
NPSG Wash hands per CDC guidelines			

Removing an Indwelling retention Catheter - Female

Place supplies at bedside.			
Position patient to optimize safety and privacy while allowing easy catheter placement.			
Move top linens to foot of bed. Place waterproof pad under patient, if not already in place.			
Lift gown to expose catheter. Drain residual urine into bag. Remove tape or band securing catheter to leg. Place paper drape or towel under patient's perineum.			
Attach syringe to balloon port of catheter and remove air or fluid from retention balloon.			
With towel or drape in nondominant hand, slowly and gently remove catheter as patient exhales.			

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Using towel or drape to collect drainage, observe catheter for any blood, mucus, or signs of infection.			
Prepare catheter or tip for culture if indicated.			
Cleanse and dry perineal area. Adjust linens. Make sure patient is comfortable.			
Gather and dispose of all supplies. Ensure safe environment: bed to appropriate height, brakes locked, appropriate side rails up and call light within reach			
NPSG Wash hands per CDC guidelines			
Inserting and Removing Straight Catheter - Male			
Place supplies at bedside.			
Position patient to optimize safety and privacy while allowing easy catheter placement.			
Place bath blanket over patient and pull top linens under blanket down to foot of bed.			
Place a towel between the patient's legs. Push bath blanket up toward patient's abdomen.			
Open catheter kit. Place drape over patient's upper thighs.			
Don sterile gloves. Discard specimen cup, unless needed. Place fenestrated drape over penis. Open antiseptic swab package and prepare lubricant. Bring basin and supplies close to patient.			
Grasp penis and cleanse urethral meatus and head of penis with antiseptic swabs. Use sterile gloved hand to hold catheter and nonsterile gloved hand to hold penis. Retract foreskin if necessary.			
Apply lubricant to catheter. Insert catheter into urethra. Release foreskin if retracted. Advance catheter until you see urine. Hold catheter in place until all urine has drained into basin.			
Remove catheter slowly. Remove drape. Adjust gown and linens. Remove bath blanket. Make sure patient is comfortable.			
Gather and dispose of all supplies. Ensure safe environment: bed to appropriate height, brakes locked, appropriate side rails up and call light within reach			
NPSG Wash hands per CDC guidelines			
Perineal Care- Female			
Place supplies at bedside.			
Assist patient to a comfortable position that allows you to visualize perineal area.			
Place bath blanket over patient and pull top linens under blanket down to foot of bed while patient holds top of blanket.			
Have patient bend knees and spread legs. Place waterproof pad underneath patient if not already in place. Lift bath blanket and gown toward patient's abdomen.			
Stabilize external genitalia with nondominant hand and expose by holding back labia.			
Wash labia majora and perineal area from front to back with warm washcloth and approved perineal wash and using a different area of washcloth for each side. Wash labia minor from front to back. Rinse labia major from front to back. Rinse labia minora from front to back. Gently pat dry.			
Clean first 4 inches of external portion of catheter closest to patient. Dry catheter.			
Remove waterproof pad. Adjust gown and blanket. Reattach catheter to leg band. Assess catheter for patency. Adjust gown and linens. Remove bath blanket. Make sure patient is comfortable.			
Gather and dispose of all supplies. Ensure safe environment: bed to appropriate height, brakes locked, appropriate side rails up and call light within reach			
NPSG Wash hands per CDC guidelines			

PEER #1:

PEER #2:

Faculty Evaluator:

Comments: