



# Urinary Catheterization

# Welcome to our Training Modules

After completing each module there will be an exam that you will take to test your knowledge of what you have learned. To pass the exam you must achieve an 80% score or greater.

Throughout these modules you will notice several things:

- The module name along with the slide number you are current on will show on the left side.
- An arrow at the bottom on the slide indicates that the content of the slide continues unto the next slide. 
- A Continued Arrow on top of the slide indicates that the content of the slide is a continuation of the previous slide. 
- Good Luck.

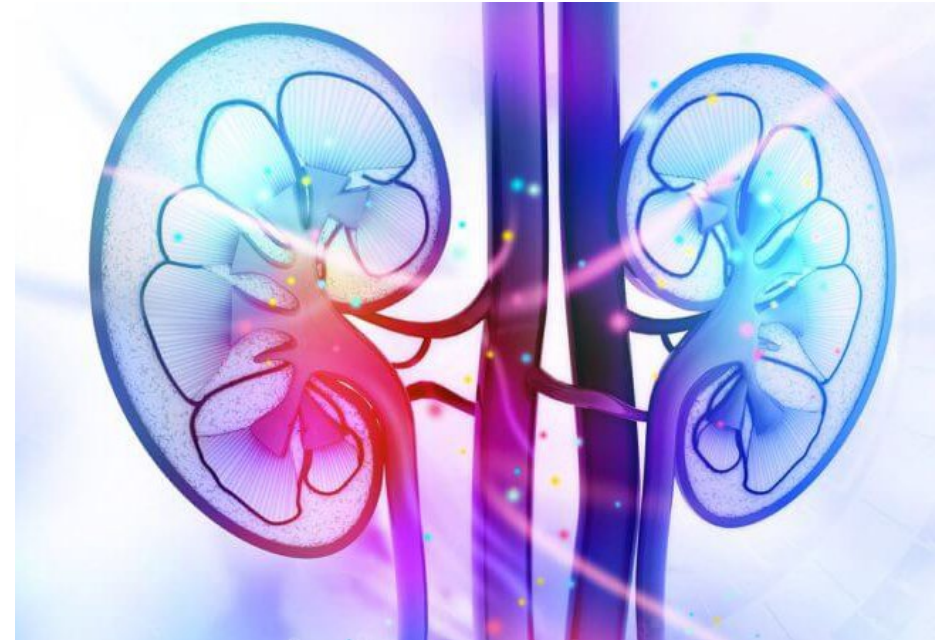


# Kidneys

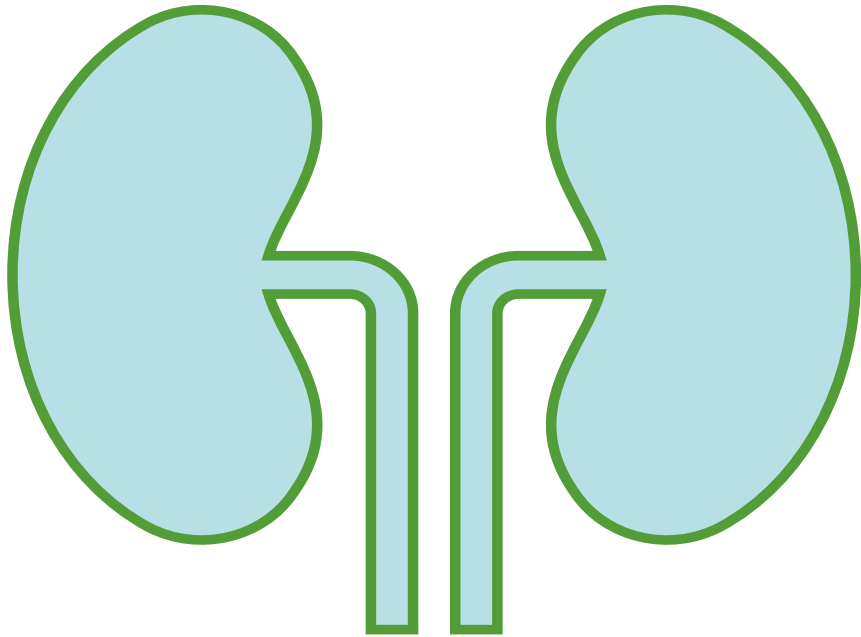
Two bean-shaped organs about the size of a fist that are located one on each side of the spine. Their function is to:

- Remove waste products and medications from the body
- Balance the body's fluids
- Release hormones to regulate your blood pressure
- Control production of your body's red blood cells.

The kidneys remove urea from the blood by tiny filtering units called nephrons.



# Blood Supply



The right and left renal arteries carry unfiltered blood to the kidneys.

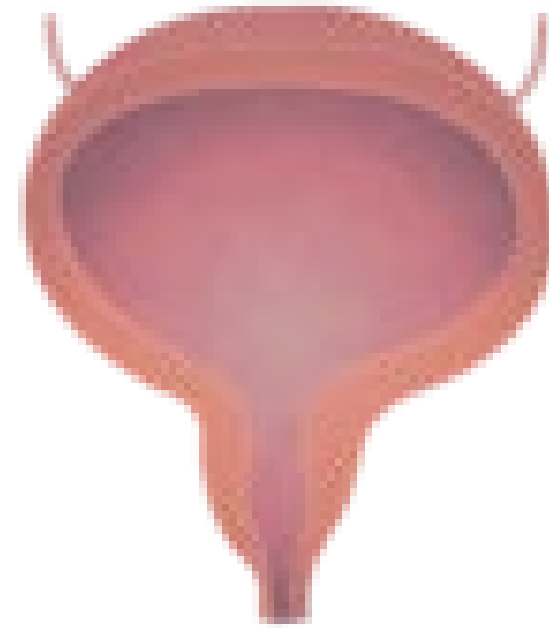
The kidney removes the waste products from the blood and then the right and left renal veins carry the filtered blood away from the kidneys to the body.

# Ureters

Two narrow tubes that carry urine from the kidneys to the bladder. Muscles in the ureter walls tighten and relax and force the urine downward away from the kidneys.

# Bladder

Triangle-shaped hollow organ located in the lower abdomen and sits in your pelvis between your hip bones. The bladder's walls relax and expand to store urine and contract and flatten to empty urine through the urethra. A healthy adult bladder can store up to two cups of urine.



# Urethra

A tube that drains urine (pee) from the bladder out of the body during urination. In men the urethra is about 8 inches long, ending at the tip of the penis. In women the urethra is about 1 ½ inches long, ending at the vulva.

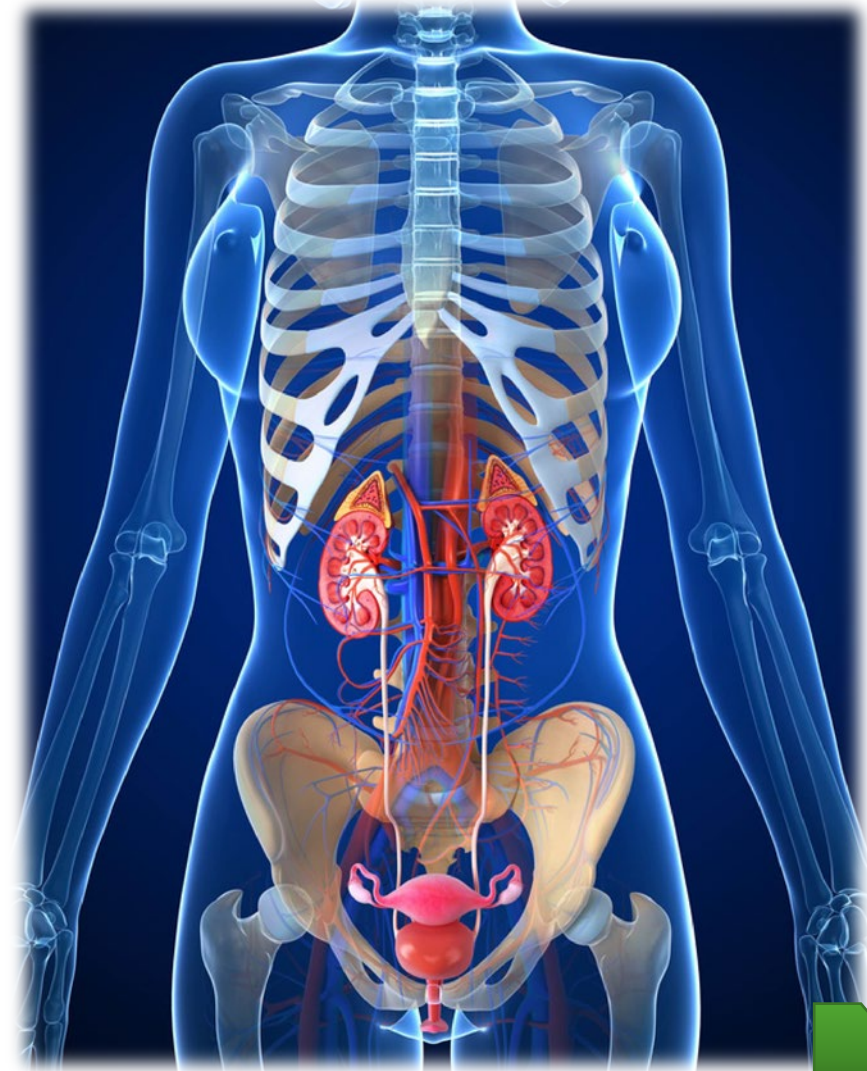
# Urethral Meatus

The external opening to the urethra.



# Functions of the Urinary System

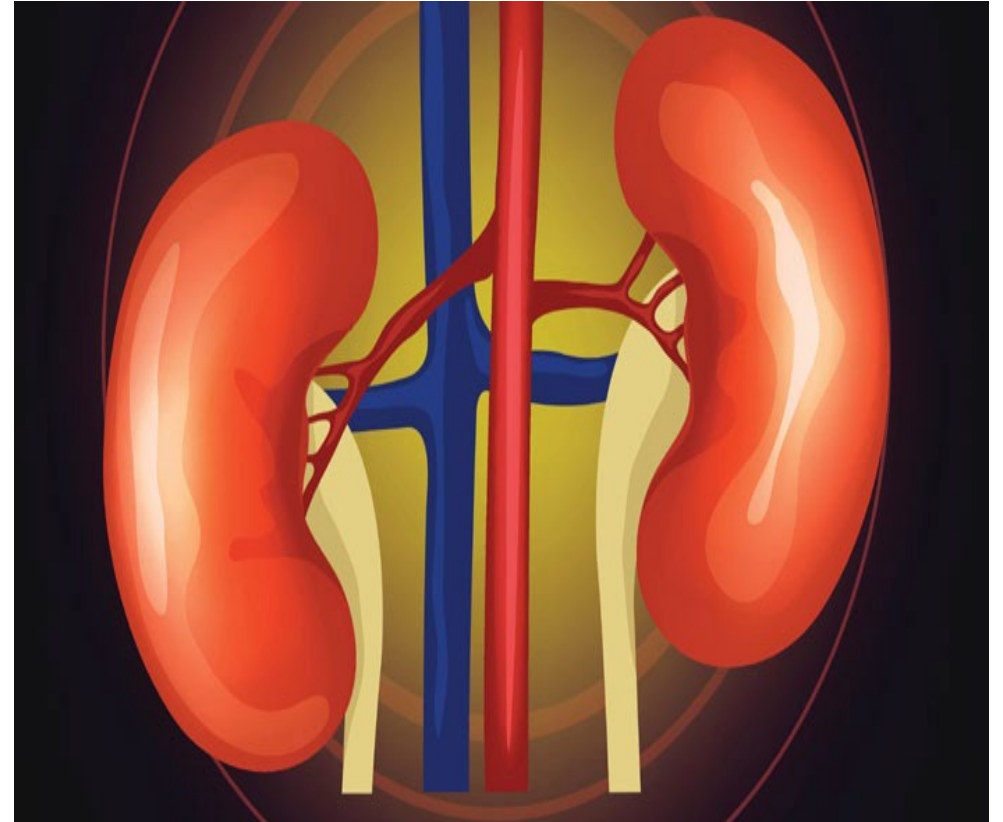
- To filter blood and create urine as a waste by product.
- Separates the toxins you don't need from the nutrients you do need.
- Stores and carries urine out of your body.
- Assists in maintaining electrolyte/salt balance i.e., sodium, potassium, and calcium.
- Assists in maintaining acid base/ ph. balance of blood.
- Secretion of hormones
- Maintains water balance adjusts blood volume and blood pressure



# Functions of the Urinary System

Continued

The kidneys filter waste products from the blood system and produce urine constantly. Urine drains down through the ureters to the bladder where it is stored. Sensations from the full bladder are carried to the spinal cord up to the brain, telling us the bladder is full. Nerves from the spinal cord and the brain signals the bladder causing the bladder muscle to contract. The bladder empties the urine intermittently by contracting which forces all the urine out through the urethra. The urethra is surrounded by a muscle. When this muscle opens the urine will flow out of the body.



# What is Catheterization?

Catheterization is the insertion of a catheter (hollow tube) into the urinary bladder to collect or drain the urine.

# The Two Main Types of Urinary Catheterization are

## 1) Indwelling Catheterization:

A small, inflated balloon at the tip of the catheter keeps the end of the catheter inside the bladder so it doesn't slip out. Urine flows from the bladder through the catheter and collects in a drainage bag. Insertion of the catheter is done using sterile technique. A small drainage bag can be strapped on the leg and hidden under a skirt or pants. Indwelling catheters are left in the bladder for short term example after surgery or long- term example: chronically ill clients who are unable to empty their bladders on their own or those that have no control and are incontinent. Most commonly called a foley catheter.

### **Suprapubic Catheter (Type of Indwelling Catheter)**

- A suprapubic catheter is a thin tube that drains urine from your bladder. The tube is put into your bladder through a small cut in your lower belly. The urine collects in a bag attached to the tube. The bag is usually attached to your leg. Sometimes the catheter tube has a valve that lets you drain the urine into the toilet or other container.
- You may need a suprapubic catheter if you have nerve damage, a problem with your urinary tract, or a disease that weakens your muscles.



# The Two Main Types of Urinary Catheterization are

## Continued

- Having a catheter for a long time increases the risk of getting a urinary tract infection. So, catheter care focuses on preventing infection. Refer to signs/symptoms of urine infections.
- If there is a dressing on the insertion site, remove it. Observe exit site for increased drainage/redness/smell and report findings to family. Clean the area around the catheter with soap and warm water. Clean the catheter from the insertion site outward along the catheter tubing. Dry well before reapplying a dry dressing. Secure dressing with tape. Change dressing daily or when soiled.

## 2) Intermittent Catheters:

a catheter is inserted into the urethra and up into the bladder 5 or more times a day. Commonly used for Clients with spinal cord injuries or spina bifida. This is done using a clean technique to empty the bladder. Commonly referred to as an in-and-out-catheter. In a home setting people are trained to insert the catheter themselves or with help of a caregiver.

# How to Perform Catheter Care for Indwelling Catheters

- Perform Hand Hygiene/Hand Sanitize
- Put on clean gloves
- Position Client on back in bed or sitting on toilet.
- Fill basin with warm water
- Using warm soapy washcloth wash the area where the catheter exits the body
- Also wash the length of the catheter with the warm soapy washcloth. Always wash the tubing in the direction away from your body.
- Rinse and dry area well. Don't pull on the tubing.
- Remove clean gloves and discard
- Perform Hand Hygiene/Hand Sanitize
- Perform catheter care daily to help prevent infection.

# Urinary catheters come in many sizes and types

They can be made of:

- Rubber
- Plastic(PVC)
- Silicone

# Catheter Facts

- The Health Professional Doctor/NP or CCN will decide on the size and type of catheter that the Client will be using. Most catheters are changed once a month or more often if leakage or blockage occurs. Always keep the drainage bag lower so urine does not flow back up into the bladder. Do not place it on the floor. Empty the drainage bag when it is about half full and at bedtime. Always perform Hand Hygiene/Hand Sanitize before and after you empty the Drainage bag.
- Always check the Client's allergies especially to latex. Catheters come pre-packaged and are sterile inside. Some Client's doing intermittent catheterizations may clean and reuse their catheters. In Hospital and Long -Term settings the catheters are single use and disposed in the garbage after use for intermittent catheterization. You should replace the catheter for Intermittent use every 2-4 weeks. If the catheter becomes hardened, discolored, brittle or too soft for insertion, discard it.
- Clients need to drink 8-10 glasses of fluid , preferably water a day to help prevent urinary infections. Indwelling catheters are a cause for infections as well. Bacteria can enter the Urinary tract via the catheter. There they can multiply, causing an infection.



# Steps to Empty the Urinary Drainage Bag

- Perform Hand Hygiene/Hand Sanitize
- Put on clean gloves.
- Take the drainage tube out of the pocket on the bottom of the drainage bag.
- Hold the drainage tube over a toilet or measuring container
- Move the valve across to open the valve.
- Don't touch the tip of the valve or let it touch the toilet or container or floor.
- Close valve by sliding valve back into the locked position when urine is all drained out.
- Observe the color, amount, and if any odor present.
- Empty the collection container of urine into the toilet. Clean the collection container with warm soapy water. Rinse well and allow to air dry on a clean towel ,then store.
- Remove clean gloves and discard.
- Perform Hand Hygiene/Hand Sanitize

# Causes of Urinary Tract Infections (UTIs)

Urinary Tract Infections are caused by bacteria in the urine. It can affect different parts of the urinary system.

- Urine allowed to stay in the bladder too long.
- Not enough fluids consumed
- The client is allowed to sit in wet pants or incontinent briefs too long
- Cleansing of the perineal area is not done often enough
- Bacteria are introduced by poor catheterization techniques.

# Symptoms of a UTI

It is important to observe and report any signs and symptoms of an UTI to the Family/Support person, CCN, Doctor/NP.

- Chills
- Fever
- Headache
- Cloudy urine due to pus
- Pain or burning when urinating
- Leaking of urine out of the catheter
- Foul-smelling urine
- Blood in the urine
- Low back pain and achiness
- Changes in urine pattern increase or decrease in the amount of urine.
- Changes in frequency : how often you have to go to the bathroom
- Changes in urgency: having to go to the bathroom as soon as the need is felt.

## Symptoms of Catheter-Associated Urinary Tract Infections (CAUTI)

- Cloudy urine
- Blood in urine
- Strong urine odor
- Urine leakage around the catheter
- Pressure, pain or discomfort in the lower back or stomach
- Chills
- Fever
- Unexplained fatigue
- Vomiting



# Symptoms of Catheter-Associated Urinary Tract Infections (CAUTI)

## Continued

- In elderly people changes in mental status or confusion can be signs of a CAUTI.
- A urine test or culture can signal the presence of an infection. An untreated UTI can lead to a more serious kidney infection or with a catheter can lead to a systemic (septic) infection. The Doctor/NP would likely prescribe antibiotics to treat an UTI or CAUTI. In most cases the Client would take the antibiotics by mouth(oral). If the infection was more severe, they may have to give antibiotics intravenously.

# Tips to Prevent CAUTI'S and UTI'S

- Clean around the catheter every day
- Clean the skin around the catheter everyday
- Empty the drainage bag several times per day
- Insert indwelling catheter using sterile technique.
- Keep the catheter tubing from kinking(twisting)
- Wash your hands before and after touching the catheter or drainage bag
- Drink plenty of fluids to help flush bacteria from the urinary tract
- Drink unsweetened cranberry juice daily.8 oz.
- Change the catheter at least once per month
- Keep the drainage bag below the bladder.

# How to Perform Manual Catheter Irrigation

Gather the needed equipment:

- 60cc catheter tip syringe
- Sterile bottle normal saline
- Blue under pad or thick towel
- Alcohol swabs
- Sterile urine bottle
- Clean gloves
- Urine collection container/urinal



# How to Perform Manual Catheter Irrigation

Continued

- Perform Hand Hygiene/Hand Sanitize
- Explain Procedure to Client.
- Position Client on back and place blue under pad or thick towel under the catheter connection point.
- Open the catheter tip syringe by peeling open on a flat surface. Keep Sterile syringe cap.
- Open the bottle of saline
- Pour saline solution into a sterile urine bottle





# How to Perform Manual Catheter Irrigation

## Continued

- Draw up 30ml of saline with the syringe and lay back onto syringe package
- Open the catheter securement device(Stat Lock) and remove the tubing from the device
- Put on clean gloves
- Wipe the site where the catheter tubing and the drainage bag tubing connect with an alcohol swab.
- Gently disconnect the catheter tubing from the drainage bag tubing. Avoid touching the ends of the catheter tube, drainage bag tube, or the catheter tip syringe



# How to Perform Manual Catheter Irrigation

Continued

- Place the syringe cap onto the end of the drainage bag tubing or use a catheter plug and set aside.
- Insert the tip of the syringe in the catheter tubing. Gently flush the solution into the bladder. Never force fluid into the catheter tubing. If you feel resistance, gently pull the catheter syringe plunger back and try to push the solution in again. If you continue to feel resistance, STOP, and contact the CCN or Doctor/NP. Notify the Family /Support person as well.
- Remove the syringe from the catheter tubing and allow the irrigation solution to flow back out of the bladder and into the collection tray/urinal.



# How to Perform Manual Catheter Irrigation

Continued

- Repeat procedure again(if needed) by drawing up another 30ml of saline solution. Try to clear the mucus or sediment from the tubing. NEVER perform the procedure more than 3 times.
- After all the solution has drained, wipe the end of the catheter tube with a new alcohol swab.
- Wait a few seconds for the alcohol to dry
- Remove the catheter plug or cap from the drainage bag tubing and reconnect the catheter tube to the drainage tube bag.



# How to Perform Manual Catheter Irrigation

Continued

- Secure catheter to thigh using the catheter secure device.
- Empty the collection container solution into the toilet. Clean the collection container with hot soapy water and rinse well. Allow to air dry before using again.
- Remove gloves and discard
- Discard any garbage.
- Perform Hand Hygiene/Hand Sanitize
- Document the procedure on Client's Flowsheet.
- If unable to re-establish flow of urine contact CCN or Doctor/NP as catheter may need to be changed.

# Performing Clean Intermittent Catheterization for Males

Gather the needed Equipment:

- Clean catheter
- Water soluble lubricant i.e., KY jelly
- Container to collect urine
- Soap and basin of warm water
- Protective pad or thick towel
- Clean gloves
- Clean towel
- Two clean washcloths
- Clean tray to place equipment



# Performing Clean Intermittent Catheterization for Males

## Continued

- Explain the procedure to the Client
- Perform Hand Hygiene/ Hand Sanitize
- Position the client lying on their back
- Place the protective pad or thick towel under the bottom
- Put on clean gloves
- Using the washcloth and basin of warm water with soap clean the opening (meatus) using a circular motion, wash towards the base of the penis. If Client is not circumcised , pull back the foreskin and clean around the top of the penis
- Rinse and pat dry with towel.



# Performing Clean Intermittent Catheterization for Males

## Continued

- Remove the clean catheter from its storage container or open the package if using a sterile disposal one. Place on clean tray.
- Apply the lubricant from the tip of the catheter tube to 5-7 inches along the tube.
- Place the other end of the catheter tubing in the urine collection container
- Hold the penis upright using one hand (the one you don't use to write).
- Gently insert the catheter into the opening of the penis (meatus) through the urethra until urine starts to drain. If slight resistance is felt upon insertion. lower the penis to a 45-degree angle and ask Client to take a few deep breaths.



# Performing Clean Intermittent Catheterization for Males

## Continued

- Usually have to insert the catheter 7-10 inches for an adult male.
- When the urine stops flowing, pinch the catheter and withdraw it slowly from the penis
- Place the catheter in the collection container for cleaning or garbage if not re-using
- Wash the penis again with a clean washcloth and soap and warm water. Rinse and pat dry.
- Assists Client with clothing
- Discards the urine collected





# Performing Clean Intermittent Catheterization for Males

## Continued

- Wash the catheter and urine collecting container using the cleaning instructions provided later.
- Inspect the catheter when cleaning for any cracks.
- Store cleaned/disinfected catheters in a covered container or Ziploc plastic bag
- Remove gloves and discard
- Perform Hand Hygiene/Hand Sanitize
- Document the procedure on the Clients flowsheet. Note the size and type of catheter. Observe the color or odor of any of the collected urine
- Report any issues to the Family/Support Person or CCN, Doctor/NP.

# Performing Clean Intermittent Catheterization for Females

Gather the needed Equipment:

- Clean catheter
- Water soluble lubricant (i.e. KY jelly)
- Container to collect urine
- Soap and basin of warm water
- Protective pad or thick towel
- Clean gloves
- Clean towel
- Two clean washcloths
- Clean tray to place equipment



# Performing Clean Intermittent Catheterization for Females

## Continued

- Explain the procedure to the Client
- Perform Hand Hygiene/Hand Sanitize
- Position the client lying on their back
- Place the protective pad or thick towel under the bottom
- Put on clean gloves
- Separate the labia with the thumb and forefinger, using the hand you don't write with. Wash the perineal area with a washcloth , soap, and warm water. Use a downward motion from the top to bottom. Go once down the middle and once down each side, directing the motion toward the rectum. Rinse and pat dry.



# Performing Clean Intermittent Catheterization on a Female

## Continued

- Remove the catheter from the storage container or package
- Lubricate the tip (about 5-7 inches) of the catheter with a water-soluble lubricant
- Place the other end of the catheter in the urine collection container
- Gently insert the catheter into the urethral meatus (opening) and advance it into the bladder until urine starts to drain. This is usually 2-3 inches in an adult female. Have Client take a deep breath or cough as you insert the catheter. Hold the labia open to view the urethral opening as you insert. If no urine present, check the placement of the catheter, as it could be in the vagina.



# Performing Clean Intermittent Catheterization on a Female

## Continued

- When urine drainage is completed, pinch the catheter, and withdraw from the urethra slowly
- Wash the perineal area with another clean washcloth and soap and warm water. Rinse and pat dry.
- Assists Client with clothing
- Discards the urine in the toilet
- Wash catheter (if re-using) and collection container according to cleaning directions



# Performing Clean Intermittent Catheterization on a Female

## Continued

- Observe the catheter when cleaning for any cracks or broken areas
- Store cleaned catheter in a covered plastic container or Ziploc plastic bag. Store Urine collection container for next use.
- Remove gloves and discard
- Perform Hand Hygiene/Hand Sanitize
- Document the procedure as well as the date/time. Note the amount, color, or odor of urine collected. Note size and type of catheter
- Follow up with Family/Support Person, CCN, or Doctor/NP with any issues/concerns

# Performing Indwelling Catheterization on Male/Female

Gather the needed equipment:

- Catheter tray: containing sterile drape, sterile clean gloves, sterile swabs, sterile forceps, K-Y jelly.
- Waterproof pad/towel
- Sterile water
- Sterile catheter(correct size and type)
- Alcohol swab
- (2) 10 ml syringes
- Garbage bag/can
- Urinary drainage bag
- Catheter secure device
- Blunt #18 G needle
- K-Y jelly (if not in the tray)



# Performing Indwelling Catheterization on Male/Female

## Continued

- Explain the procedure to the Client
- Position the Client-  
Male: lying on back.  
Female: lying on back with knees drawn up and feet together and legs turned out
- Perform Hand Hygiene/Hand Sanitize
- Place the waterproof pad/towel under the bottom
- Put on clean gloves





# Performing Indwelling Catheterization on Male/Female

## Continued

- Remove the indwelling catheter already in place: empty any urine in the drainage bag first, insert the 10 ml syringe by twisting it onto the balloon port of the catheter, withdraw all the water from the balloon, when empty gently remove the catheter. Place the used catheter, syringe, and urinary collection bag in the garbage bag/can.
- Remove gloves and discard. Perform Hand Hygiene/Hand Sanitize.



# Performing Indwelling Catheterization on Male/Female

## Continued

- Open the sterile catheter tray by removing the plastic wrap and discarding. Lay the tray flat on a clean surface. Think of the tray as a clock: Open the first flap by opening it away from you (12 O Clock), the second flap by opening it to the right (3 O Clock), the third flap by opening it to the left (9 O Clock), and the fourth flap by opening it towards you (6 O Clock). This is now your sterile field.
- Remove the pre-cut sterile drape and place it over the penis (male) or with the labia exposed (female).



# Performing Indwelling Catheterization on Male/Female

## Continued

- Pour the sterile normal saline onto the tray. Some trays have bridine swabs that you just tear open.
- Open the sterile syringe and attach the sterile blunt needle. Clean top with alcohol swab or twist top of sterile water. Withdraw 10 ml or catheter balloon amount needed. Remove needle and discard in sharps container. Place syringe on table for use later( not on sterile field)
- Open the sterile catheter by lying it flat and peeling back the first outer layer.
- Put on the clean sterile gloves from the tray by following the correct procedure or use package of sterile gloves your size.



# Performing Indwelling Catheterization on Male/Female

## Continued

- Open the inner packing of the sterile catheter by placing it in your hands and tearing off the plastic wrapping. Place catheter inside the urinary collection container on your sterile field.
- Open the K-Y jelly and squeeze onto the sterile field.
- Apply the lubricant(K-Y jelly )about 5-7 inches on the tip of the catheter and place catheter back into collection tray.
- Dip cotton swab into the cleaning solution using the sterile forceps or tear open swab package.



# Performing Indwelling Catheterization on Male/Female

## Continued

- Male Clients: hold penis at 90-degree angle from the body using the hand you don't use to write (non-dominant). Pull back the foreskin (if not circumcised) to expose the opening (meatus). Pick up the swab or cotton ball with forceps and clean the meatus and surrounding area in a circular motion from the center outward. Wipe once with swab/cotton ball and discard.

- Female Clients: Separate the labia with the thumb and forefinger using your non-dominant hand. Using the swab/cotton ball with forceps, clean the perineal area using a downward motion from the top to the bottom. Swab down the middle first, then once down each side.



# Performing Indwelling Catheterization on Male/Female

## Continued

- Male Clients: Pick up the catheter and insert the catheter into the opening(meatus) of the penis. Ask the Client to take a few deep breaths or cough while inserting. Advance the catheter 7-10 inches for adult male. When slight resistance felt lower the penis down between the client's legs and continue to insert the catheter until urine begins to flow. Advance the catheter another 2 inches after the urine appears.

- Female Clients: Ask Client to cough or take a few deep breaths while you insert the catheter into the urethral meatus and advance it into the bladder. 2-3 inches and urine should start to drain. Let the urine drain into the collection tray.



# Performing Indwelling Catheterization on Male/Female

## Continued

- Once urine has stopped draining attach the syringe to the balloon port by twisting it into position. Insert the sterile water from the syringe into the catheter balloon. Client should not experience pain when doing this. If they do, STOP what you are doing and advance the catheter a little more and try again.
- Attach the urinary drainage bag to the other end of the catheter.
- Secure the catheter in place to the top of the thigh by opening and attaching the catheter secure device.



# Performing Indwelling Catheterization on Male/Female

## Continued

- Measure and observe the amount and color of the urine collected. Discard urine in toilet.
- Wash and dry the Clients perineal area. Pull the foreskin back down over the head of the penis( if client is not circumcised).
- Remove gloves and discard in garbage bag/can
- Discards used supplies in garbage bag/can.
- Assists Client with clothing
- Performs Hand Hygiene/ Hand Sanitize
- Documents the procedure as well as the date /time. Note the amount and color of urine collected. Note size and type of catheter and amount of sterile water placed in the catheter balloon.



# Potential Problems when Performing Catheterization

- 1) Bleeding from Urethra/ Blood in Urine:** may be caused by injury to the urethra or UTI. Some bleeding is not uncommon when first starting. Contact the Family/Support person or CCN. Doctor/NP.
- 2) Urethral Trauma/Injury:** can occur in both men or woman due to a poorly lubricated catheter or forcible catheterization into the urethra causing spasms. Urethral Strictures can occur in the anterior part of the male urethra. More common when using latex catheters.
- 3) Urinary Tract Infections:** is the most frequent complication in Clients who need intermittent catheterizations. UTI'S can be the result of re-use of the same catheter for multiple catheterizations, poor catheterization technique, or the passing of the catheter through a normally very contaminated area of the urethra.



# Potential Problems when Performing Catheterization

Continued

- 4) **Unable to pass the Catheter:** This can be due to Client having increased anxiety or spasm. Encourage Client to relax and take a few deep breaths. For females: Check the catheter placement to ensure it is in the urethra and not the vagina. For Males: Reposition the penis and try to insert the catheter using a gentle but firm pressure. If resistance is met, pause for a minute to allow Client to relax. Continue to advance the catheter gently. **DO NOT FORCE A CATHETER.** Some males have enlarged prostates which interfere with catheter insertion. If issue continues contact the Family/Support Person, CCN, Doctor/NP.
- 5) **No Urine on Catheterization:** may be due to wrong placement. Check placement of catheter. Ensure no kinks in catheter. Contact the Family/Support person, CCN, Doctor/NP if still unsuccessful. If catheter is in vagina and you have a second clean catheter. Leave that one in place while you attempt to insert a new one. Use light if needed to view the urethra on a female.
- 6) **Change in Color, Odor, or Thickness of Urine or Change in amount of Urine:** If fever is noted as well, it can be due to a UTI. Contact Family/Support Person, CCN. Doctor/NP.

# Cleaning Instructions for Intermittent Catheters

Catheters should be cleaned after each use. Discard when cracks or signs of wear show.

Gather the needed Equipment:

- Dish detergent
- Clean towel
- Clean covered container or Ziploc plastic bag
- Pot and lid or microwavable container( large enough to fully cover the catheters), Use only for cleaning equipment.
- Container(deep enough to cover the catheters) . Use only for cleaning equipment.



# Cleaning Instructions for Intermittent Catheters

## Continued

- Use container for cleaning and make a warm soapy water solution.
- Perform Hand Hygiene/Hand Sanitize.
- Put on clean gloves.
- Cover and clean the catheters with the warm soapy solution.
- When cleaning inspect the catheters for any cracks or signs of wear. Discard if any seen.
- Rinse with tap water.



# Cleaning Instructions for Intermittent Catheters

## Continued

- Place catheters in the pot and place on stove to boil or place in microwavable container and microwave or boil for 15 minutes. Ensure the catheters are fully covered in the water.
- Let solution cool.
- Place on a clean towel to air dry.
- Store in a clean covered container or Ziploc plastic bag.
- Remove gloves and discard.



# Cleaning Instructions for Intermittent Catheters

## Continued

- Discard the soapy water and cooled water solutions. Rinse and dry and store equipment until next use.
- Perform Hand Hygiene/Hand Sanitize.
- Document on Client's Flowsheet for cleaning of equipment.

# Disinfection of Urinary Equipment

Gather the needed Equipment:

- Clean towel
- White vinegar
- Dish detergent
- Two containers(one for cleaning and one to disinfect equipment)
- Poultry baster or 60cc syringe
- Clean gloves/apron



# Disinfection of Urinary Equipment

Continued

- Use container for cleaning and make a solution of warm soapy water.
- Perform Hand Hygiene/Hand Sanitize
- Put on clean gloves/apron
- Open lock on Urinary collection bag.
- Place Urinary drainage bag /tubing and cap cover in the warm soapy water solution. Use the poultry baster or syringe to clean inside the tubing and drainage bag and port.





# Disinfection of Urinary Equipment

## Continued

- Inspect drainage bag and tubing to make sure no broken parts or cracks. Discard if any seen.
- Rinse with tap water. Rinse inside the tubing and drainage bag. Ensure all the soap is gone.
- Prepare the vinegar solution in the other container used for disinfecting. Mix 2 cups of cooled boiled water with 1 cup of vinegar. Solution will be a 1:3 ratio. Ensure you make enough solution using this ratio to fully cover the equipment.



# Disinfection of Urinary Equipment

## Continued

- Soak tubing, drainage bag and cover cap. Use a syringe or turkey baster to fill the tubing and drainage bag with the vinegar solution. Let soak for 30 minutes to disinfect the equipment.
- Rinse equipment with cooled boiled water.
- Hang tubing and drainage bag to drip dry.
- Place cap cover on clean towel to air dry.



# Disinfection of Urinary Equipment

## Continued

- Discard vinegar and soapy water solutions. Rinse and dry pans and store for next use.
- Remove gloves and discard.
- When dry, place cap cover on tubing. Store tubing and drainage bag in a covered container or plastic Ziploc bag. Store in a clean dry space.
- Perform Hand Hygiene/Hand Sanitize.
- Document on Client's Flowsheet for disinfecting of equipment.

## Cleaning Bedpans, Urinary Collection Containers, Commodes and Urinals

- 1) Always wear gloves to empty Urinals, Urinary Collection Containers, Commodes, or bedpans before cleaning.
- 2) Rinse under running warm water with a drop of Liquid soap and swish around urinal, bed pan, urinary collection container or commode.
- 3) Rinse with tap water.
- 4) Empty into toilet.
- 5) Let air dry on clean towel.
- 6) Clean after each use.



# Cleaning Bedpans, Urinary Collection Containers, Commodes and Urinals

## Continued

- 7) Weekly disinfect urinals, bedpans, urinary collection container and commodes after cleaning has been done first.
- 8) Fill container (used only for disinfecting equipment) or sink with warm water and bleach solution one part Bleach to 49 parts water 1:50 dilution. (ie: 20ml bleach to 4 cups of water)
- 9) Ensure inside of urinal, bedpan, urinary collection container is covered with solution.
- 10) Soak for 10 minutes.
- 11) Rinse with warm water and lay to dry on a clean towel.
- 12) Document on client flowsheet that disinfecting is completed.

# Condom Catheter

A condom catheter is an external urinary catheter that is worn like a condom and collects urine through an external tube to a drainage bag attached to client's leg. They are typically used by men with urinary incontinence or those who are not mobile enough to walk to bathroom regularly.

# Reasons for condom catheter use may include

1. Urinary incontinence- If you can't control your bladder. The condom catheter can help you remain clean and dry as you attend to daily activities.
2. Overactive bladder-If you have uncontrollable urges to urinate but can't make it to the bathroom, a condom catheter will help prevent accidents.
3. Limited mobility- If you are unable to walk to a bathroom without help the condom catheter will help you remain comfortable.
4. Dementia- If dementia causes you not to notice that you need to urinate, a condom catheter can help.

# Complications to avoid with condom catheters

1. Infection- Always wash your hands and penis well when applying or emptying the condom catheter. Do not allow the open tubing to touch anything when draining.
2. Leakage- Be sure you are using the correct size condom catheter for your client. Your doctor can help determine what is the best size for you. A condom catheter that is too big may fall off completely or leak.
3. Irritation/skin breakdown- Use a non adhesive condom catheters to help prevent irritation from the adhesive. An inflatable ring will hold the catheter in place (Read the manufacturers instructions). Do not shave the area as this may cause extra irritation as well. Condoms that are too small may cause you significant pain during use, very important to have the correct size for you.
4. Catheter bag/tubing problems- Keep bag lower than the bladder to avoid urine backflow from the collection bag. Securely attach the tube to your leg (below the knee, such as the calf) but leave enough excess slack so it does not pull on the catheter itself.



## Things to monitor regularly and when to notify health care provider

1. Severe swelling- which can develop if you wear the catheter without pulling the foreskin over the head of the penis.
2. Severe skin irritation or breakdown from the catheter components (Latex) or urine that may have leaked onto the skin.
3. Significant pain during or after use.
4. Flank, lower abdominal or urethral pain which could indicate an infection.
5. Fevers, especially if you have open sores or other signs of infection.
6. Urine that is cloudy, blood tinged or has a bad smell.
7. Lack of urine collected for 6 hours or more.

# How to apply a condom catheter

- Provide client privacy during procedure and collect necessary equipment.
- Wash hands and apply clean gloves. Remove the old condom catheter, if wearing one, by rolling it off, never pull, as this will cause increased irritation and pain to the skin of the penis. Remove gloves and discard.
- Wash your hands and apply clean gloves. With warm soapy water wash the penis and be sure to retract the foreskin (if present) and clean the head of the penis. Ensure the foreskin is pulled back over the head of the penis when cleaned.
- Rinse the penis and let dry completely.
- Complete a daily check of the penis for any irritation or open sores.
- Apply a sealant to the penis if you are using and allow to dry completely.
- Uncircumcised men should leave foreskin in place over the head of penis before applying the condom catheter.



# How to apply a condom catheter

## Continued

- Place the condom over the tip of the penis and slowly unroll it until you get to the base. Leave enough room at the tip (1 -2 inches) so the penis does not rub against the condom. Ensure there are no wrinkles in the condom once applied.
- Allow the adhesive to dry by holding the penis gently but firmly for 10-20 seconds.
- Wrap the sheath around the base of the condom loosely enough to let blood flow.
- Connect the collection bag to the condom catheter and then strap the collection bag to the leg just below the knee for proper drainage. Ensure catheter is loose enough not to cause a pull on the condom as this can cause increased irritation.
- Discard all soiled supplies and perform hand hygiene.
- Reassess catheter and inspect penis 15-30 minutes after application to assess for any noticeable complications (swelling, irritation, discoloration, pain).

# How to care for the condom catheter

1. Remove catheter and replace with new one every 24 hours unless it is designated as reusable.
2. The collection bags (leg) should be emptied when it is about ½ full or at least every 3-4 hours.
3. Assess penis on a regular basis.
4. Always ensure catheter is draining and tubing is not twisted.
5. Monitor urine for color, smell, and amount to ensure infection free.
6. Document on client flow sheet procedure was completed.
7. If collection bag is reusable, clean as follows or as manufacturers recommendations.
  - To clean collection bag:
    - Empty bag into collection container or toilet.
    - Add cold water and shake the bag for about 10 seconds.
    - Pour water into toilet.
    - Repeat times 1.
    - Using a mixture of 1 part vinegar to 3 parts water, or 1 part bleach to 10 parts water, fill the bag until it half full.
    - Let it sit for 30 minutes and then pour the mixture out.
    - Rinse the bag with warm water and let it air dry.