PURPOSE:
To provide for continuous urinary drainage through an indwelling catheter.

CONSIDERATIONS:
1. The Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ) have identified 4 situations for the use of long term use of indwelling catheters as appropriate.
   a. Urinary retention that cannot be otherwise managed.
   b. Management of terminally ill or severely ill patients.
   c. Management of patients with stage 3 or 4 pressure ulcers on trunk until the ulcers are healed.
   d. Management of urinary incontinence in home bound patient who is incapable or self-toileting and whose caregiver is unable to manage the incontinence effectively any other way.
2. Indwelling catheters must be ordered by a physician and should indicate:
   a. Frequency of change and size.
   b. If a specialty catheter, i.e., silicone or silver coated, then a specific order should be obtained.
   c. If catheter to be irrigated, with what solution and frequency of irrigation.
3. Size of catheter for an adult typically is 14-18 French, unless patient has blood clots or sediment that frequently occludes the lumen. Small diameter catheters are preferred because the goal is to minimize the distortion of urethra.
4. Older men or patients with prostate enlargement may benefit from the use of a Coude-tipped catheter to aide in the passage of catheter through the prostate. Obtain a physician order.
5. Evidence does not support routine monthly catheter changes. Rather, nurses should monitor patients closely for signs of blockage or encrustations and should change based on specific patient needs. Generally, the accepted frequency has been monthly, but with frequency shorter or longer depending on patient situation verified with a physician order.
6. Patency can be maintained and prolonged by absence of infection. High intake of fluids, correct placement, handling and securing of catheter with a strap or securement device will help reduce risk of infection.
7. Generally, at least 1 spare catheter should be left in the home at all times.
8. Per Joint Commission recommendations, all tubes and catheters should be labeled to prevent the possibility of tubing misconnections.

EQUIPMENT:
- Catheter insertion tray
- Sterile gloves
- Prepping balls
- Antimicrobial solution
- Waterproof, absorbent underpad
- Fenestrated drape
- Sterile lubricating jelly
- Prefilled 10 mL syringe of sterile water
- Plastic forceps
- Graduated basin
- Sterile catheter of prescribed size
- Drainage bag
- Catheter strap/or other securing device
- Sterile extension tubing (optional)
- Lidocaine jelly 2% (physician ordered)
- Gloves
- Impervious trash bag

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Position patient on back and wash the perineal area and penis thoroughly with soap and water, being careful to retract the foreskin and cleanse the area underneath.
4. Open the catheterization tray and place the waterproof, absorbent underpad under the buttocks extending forward between legs.
5. Place drainage receptacles on towel between patient's thighs.
6. Open all sterile packets.
7. Put on sterile gloves, using sterile technique.
8. Place the fenestrated drape from the sterile catheter pack over the patient's penis.
9. Pretesting the catheter balloon is not recommended any longer, especially with silicone catheters, because the balloon does not return to original shape and may traumatize the urethra during catheter insertion.
10. Adequate lubrication of catheter is necessary to prevent urethral trauma and pain and to aid in passage of catheter. Use a water-based lubricant along the entire length of catheter, or very large mound of lubricant to the tip of penis, or inject 10ml of water-soluble lubricant directly into the male urethra. (Some insert kits have this premade in the insertion kit.)
11. Lidocaine jelly 2% injected directly into the urethra is used to reduce discomfort and prevent urethral spasm, inject syringe tip into the urethra and inject jelly. Then place your finger tip over the urethral opening for 2 to 5 minutes so that the jelly will not
come out and to allow time from the lidocaine jelly to work.

12. Expose the tip of penis. If the patient is uncircumcised then gently retract the foreskin before cleansing the tip of penis and urethra opening. Using prepping balls and antimicrobial solution, swab in outward circle from urethra opening the entire tip of penis. Do this 3 times using a different prepping ball.

13. Grasp the penis with a slight tension, elevating it at a right angle to the patient's abdomen.

14. Insert the tip of the catheter into the urethral opening, being careful to keep the distal end on the sterile field. If inserting a coude-tipped catheter insert with the tip of coude catheter up at the 12 o'clock position throughout the insertion.

15. Continue to insert the catheter. Have the patient breath deeply or bear down, if resistance is felt, DO NOT force against resistance. Continue to insert catheter until the bifurcation of catheter, even if you have urine return.

16. Lower penis and place the distal end of the catheter in the collection basin.

17. Inflateg balloon with indicated amount of sterile water.  
   [Note: Check manufacturer recommendations for amount of fluid to be inserted in the balloon. Generally, a 5 mL balloon will need 10 mL of sterile water to make sure the balloon is symmetrical.]

18. Gently pull the catheter to seat the balloon at the bladder neck.

19. Connect to drainage bag.

20. Replace foreskin, as indicated.

21. Secure tubing to patient's upper thigh or lower abdomen; position the penis with a slight upward curve and slack in the catheter to decrease pressure of bladder neck and penis. Use a catheter strap and/or other securing device.

22. Hang bag for gravity drainage.

23. Discard soiled supplies in appropriate containers.

AFTER CARE:

1. Document in patient's record:
   a. Procedure and observation.
   b. Type and size of catheter inserted, size of balloon and amount of sterile water instilled.
   c. Characteristics of urine, color, and amount.
   d. Patient's response to procedure.
   e. Instructions given to patient/caregiver.
   f. Communicate with physician when necessary.