Purpose:
To flush mineral deposits and mucous shreds preventing constant drainage of urine from the catheter tube.

Considerations:
1. Disconnection of tubing increases the risk of infection.
   a. Aseptic technique is to be used for irrigating.
   b. Attempt to restore urine flow by inspecting the drainage system for obstructions, or by very gently “milking” the tubing to clear possible blockage, milk toward the bag.
   c. Irrigate only when the catheter is obstructed and as a last resort.
   d. Assess the possible cause of plugging: infection, inadequate fluid intake, alteration of pH of urine.
2. Irrigation can damage the bladder mucosa.
   a. Instill irrigating solution by gravity or with gentle pressure. A bulb syringe is preferable to a piston-type syringe.
   b. Use gravity drainage for return of irrigant.
   c. Use a very gentle “milking” motion on tubing if this method is used at all.
   d. Irrigant should be at room temperature. The Centers for Disease Control and Prevention (CDC) recommends that sterile saline and a sterile syringe be used.
   e. No air should be injected with solution.
   f. Never instill more than 30-50 mL at one time.
3. An order by the physician is required to irrigate the catheter and must include type of irrigating solution, amount of solution, time and frequency of irrigation.
4. Per Joint Commission recommendations, all tubes and catheters should be labeled to prevent the possibility of tubing misconnections.

Equipment:
Irrigation solution and sterile container
Asepto/Bulb syringe
Gauze pads
Irrigation solution
Antimicrobial solution (such as Betadine or alcohol swabs/pads)
Drape
Drainage tube protective sheath
Drainage basin
Gloves
Waterproof, absorbent underpad
Impervious trash bag
Sterile gloves

Procedure:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Assemble equipment.
4. Pour sterile irrigant (100-200 mL) into solution sterile container.
5. Place patient in semi-reclining position with a waterproof, absorbent pad under buttocks and a drape over pubic area to avoid exposure.
6. Put on clean gloves.
7. Cleanse junction of catheter and drainage tube thoroughly with antimicrobial-soaked pad.
8. Carefully disconnect tubing from catheter, holding the catheter upright, cap the drainage tube with sterile protective sheath. Secure drainage tubing close to patient on the bed.
9. Draw up approximately 30-50 mL of irrigant in syringe and gently instill into the catheter.
10. Remove syringe, position catheter over drainage basin, allow draining by gravity, collecting irrigation return in basin. Note appearance and amount.
11. Repeat irrigation procedure until the debris is cleaned from lumen of catheter.
   [Note: If fluid fails to return, stop irrigation. An obstruction or air pocket may be present. Try gently rotating the catheter or turn the patient from side to side to clear the catheter.]
12. Cleanse the end of the catheter and the end of the tubing with antimicrobial solution after removing the protective cap.
13. Reconnect the catheter and tubing.
15. Discard any unused irrigation solution that was poured into the container.
16. Discard soiled supplies in appropriate containers.

After Care:
1. Document in patient's record:
   a. Type, amount of irrigant used.
   b. Color and characteristic of the returning fluid.
   c. Patient’s response to procedure.
   d. Instructions given to patient/caregiver.
   e. Communication with physician.