PURPOSE:
To prevent bladder infection.

CONSIDERATIONS:
1. Maintain the closed drainage system. If leg bag is to be used during the day to maintain a closed system, it is recommended that on insertion under sterile conditions the extension tubing and leg bag be connected and never separated. During the night, the bedside drainage bag will be attached at the drainage port of leg bag. This is the only place there would be a separation of the system. If separation of the catheter must happen, it should be done using aseptic technique.
2. Avoid raising drainage bag above bladder level to prevent reflux of urine.
3. Tubing of drainage bag should be maintained in a straight line without kinks or loops. Remember that tubing should not have loops of tubing that fall below the drainage bag.
4. Bedside drainage bags should be kept off of the floor. Use of a plastic trash can or bin can be used to allow bag to be positioned correctly.
5. Leg bags or bedside drainage bags should be emptied when 1/2–2/3 full to avoid traction on the catheter.
6. When emptying the drainage bag or leg bag, DO NOT allow the drainage spout to contact the collection container or floor. Ensure that each patient has an individual collection container and that they are cleaned and disinfected after each use.
7. Encourage patients whose fluid intake is not restricted to drink 2000-2500 mL of fluid daily. Water is the recommended fluid. Cranberry juice may have a beneficial affect on the urine. Limit use of fluids with caffeinated and/or carbonated products (diet and regular) as they promote alkaline urine.
8. Acidification of urine is also recommended to inhibit bacterial growth. (Sometimes patients are instructed to take Vitamin C.)
9. Prevent urethral lumen trauma or bladder wall trauma by avoiding any pulling on the catheter and drainage and leg bags. Disconnect collection bag and tubing from linens, frames, chairs, etc., when transferring patient and also use catheter leg straps or tape if bedbound.
10. Routine perineal care is recommended, catheter manipulation should be avoided. It is recommended that the area be cleansed gently to minimize manipulation of the catheter. Use of providone-iodine and antibacterial ointments are not recommended.
11. Per Joint Commission recommendations, all tubes and catheters should be labeled to prevent the possibility of tubing misconnections.

EQUIPMENT:
Gloves
Basin of water soap and water
Towels/wash clothes
Tape (optional)
Catheter strap/securement device

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain procedure and purpose to patient.
3. Inspect the catheter for any problems. Inspect the urinary drainage for mucous shreds, clots, sediment and turbidity.
4. Inspect catheter where it enters the meatus for encrusted material and suppurative drainage.
5. Remove any tape or catheter strap securing catheter in place. Inspect area for signs of adhesive burns, redness, tenderness or blisters.
6. Cleaning the perineum:
   a. Cleanse perineal area with warm water and soap, rinse and pat dry.
      (1) For female patient, separate labia and gently wash around urethral opening. Remember to wash from front to back.
      (2) For male patient, retract foreskin to wash, then return foreskin over head of penis.
   b. Secure catheter with catheter strap or retape catheter. Provide enough slack before securing the catheter to prevent tension on the tubing that could injure the urethral lumen or bladder wall. It is recommended that the catheter be secured to the thigh of women and to the upper thigh or lower abdomen on men.
   c. Discard soiled supplies in appropriate containers.
7. Emptying the drainage bag:
   a. Empty the bag at least every 8-12 hours or when the bag is 1/2–2/3 full.
   b. Remove the drainage spout from the protective sleeve of the drainage bag. Be sure not to touch the tip of the spout or allow contact with the inside of collection container or floor.
   c. Drain the urine into a toilet (seat up) or other clean container after unclamping the drainage spout.
   d. Reclamp the drainage spout.
   e. Replace the end of the drainage spout into the protective sleeve. Again, avoid the tip of drainage spout being touched. If it is, cleanse with antimicrobial wipe.
   f. Clean and disinfect the collection container, if used.
8. Changing from one drainage system to another (bedside leg bedside):
   a. Empty the bag at least every 8-12 hours or when the bag is 1/2–2/3 full.
   b. Remove the drainage spout from the protective sleeve of the drainage bag. Be sure not to touch the tip of the spout or allow contact with the inside of collection container or floor.
   c. Drain the urine into a toilet (seat up) or other clean container after unclamping the drainage spout.
   d. Reclamp the drainage spout.
   e. Replace the end of the drainage spout into the protective sleeve. Again, avoid the tip of drainage spout being touched. If it is, cleanse with antimicrobial wipe.
   f. Clean and disinfect the collection container, if used.
c. Clean connection between catheter and drainage system with an antimicrobial pad.
d. Remove the end of the drainage tube from the catheter. Be sure not to touch the tips of the catheter or the drainage tube.
e. Attach the catheter to the drainage tube of the desired drainage bag, ensuring that the emptying (draining) spout on the bag is clamped. Again, be sure not to touch the tips of the catheter or drainage tube.
e. Unclamp the catheter.

9. Cleaning the drainage bag: *(See Decontamination of Vinyl Urinary Drainage Bag.)*

**AFTER CARE:**

1. Document in patient's record:
   a. Procedure and observations.
   b. Urinary output and appearance.
   c. Patient's response to procedure.
   d. Instructions to patient/caregiver.
   e. Communication with physician when necessary.

**RESOURCES:**


Last Update 9/10