

	Policies & Procedures Title: BLADDER IRRIGATION - CONTINUOUS ID Number: 1022
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DEFINITIONS

Continuous Bladder Irrigation (CBI) provides a continuous infusion of sterile solution into the urinary bladder using a three-way irrigation system with a triple-lumen catheter, to remove loose tissue, clots and mucous shreds from the bladder.

ROLES

Registered Nurses (RN), Graduate Nurses (GN), Licensed Practical Nurses (LPN), and Graduate Licensed Practical Nurses (GLPN) will initiate and/or maintain CBI.

1. PURPOSE

- 1.1 To prevent formation of blood clots and subsequent plugging of catheter and bladder distention.
- 1.2 To remove loose tissue, clots, and mucous shreds from the bladder

2. POLICY

- 2.1 A physician's order is required to initiate and discontinue CBI.
- 2.2 The CBI flow rate will be adjusted to maintain out flow pink to clear.

NOTE: urine will be bloody following bladder/urethral surgery, gradually becoming lighter and blood tinged in 2 to 3 days.

- 2.3 In the absence of a prescribed irrigation solution, 0.9% Sodium Chloride is used for irrigation.

3. PROCEDURE

3.1 Setting up and Infusing CBI

3.1.1 Gather supplies: (See Appendix A)

- 3 liter sodium chloride 0.9% bags (SKU 503670)
- T-U-R Y-Set (SKU 502150)
- 3-Way Catheter (20 FR - SKU41445, 22 FR - SKU 41450, 24 FR - SKU41460, 26 FR - SKU 62454)
- 4 Liter urinary drainage bag (SKU 40320)
- Non sterile latex gloves
- Mask with a face shield

3.1.2 Identify the patient using two patient identifiers.

3.1.3 Perform hand hygiene.

3.1.4 Raise the bed to appropriate working height. Lower side rails on working side.

3.1.5 Ensure patient is in a supine position and expose catheter junctions.

3.1.6 Do appropriate PPE.

3.1.7 Hang two bags of irrigation fluid on IV pole, or pneumatic pole, if available. Close clamps (roller clamp and 2 clips) on new irrigation tubing. Insert (spike) tip of irrigation tubing into the port of the irrigation solution bag using aseptic technique.

3.1.8 Open 2 clips, but keep roller clamp closed. Fill the drip chamber half full by squeezing it. Open the roller clamp, allowing the solution to flow through the tubing while keeping the tip of the tubing sterile. Once the tubing is full, close the roller clamp recap the tubing with the cap provided.

3.1.9 Using aseptic technique, connect the tubing securely to the irrigation port of the triple lumen catheter.

3.1.10 Perform hand hygiene.

3.1.11 The flow rate is regulated using the following guidelines:

3.1.11.1 **Bright red drainage** - infuse irrigation solution with the roller clamp wide open until drainage appears pink or clear. If drainage does not clear, leave irrigation wide open, notify the physician, and monitor for hypovolemic shock.

Pink or tea coloured – infuse irrigation solution at a moderate rate.

Clear drainage – infuse irrigation solution at a slow rate.

3.1.11.2 Ensure drainage bag is emptied as needed to ensure proper outflow.

Note: *If irrigant cannot adequately flow from bladder due to clots, tubing kinks, or sediment bladder discomfort, distention, or possible injury may occur. Report to physician if irrigant does not flow freely, patient complains of pain, or bladder distention occurs.*

3.1.12 Our agency **does not** require the following:

- 3.1.12.1 The measurement and recording of irrigation solution intake and output unless ordered by a physician.
- 3.1.12.2 The irrigation solution bags to be labeled unless additives are being infused.
- 3.1.12.3 Calculation of the drip rate unless ordered by a physician.

Note: *Patients with indwelling catheters are at risk for infections, monitor for signs and symptoms of infection (i.e.: fever, cloudy urine, foul-smelling urine, abdominal pain, and/or changes to mental status.*

3.1.13 Observe for outflow of fluid into drainage bag. Empty drainage bag as needed.

3.2 Discontinuation of CBI

3.2.1 Ensure there is a physician's order.

3.2.2 Supplies Needed:

- catheter plug (SKU 43360)
- incontinent pad
- alcohol swab

3.2.3 Perform hand hygiene.

3.2.4 Clamp irrigation set.

3.2.5 Cleanse connection between the catheter port and irrigation set with an alcohol swab.

3.2.6 Remove the irrigation set from the catheter and insert a sterile catheter plug into the irrigation port.

3.2.7 Perform hand hygiene.

3.2.8 Document:

3.2.8.1 procedure

3.2.8.2 patient teaching

Note: *Encourage patient to drink plenty of fluids if appropriate, to decrease risk of catheter plugging.*

3.2.9 Ongoing assessment of urine:

3.2.9.1 volume

3.2.9.2 appearance (colour and presence of clots)

3.2.9.3 presence of bypassing

4. REFERENCES

Perry, A., Potter, P. & Ostendorf, W. (2014). Clinical nursing skills & techniques, (8th Ed.) Philadelphia, PA: Mosby, pp. 828-833.

Walsh K & Schub T. (2016). Bladder irrigation: Continuous -- Performing. CINAHL Nursing Guide

Supplies and Set up for Continuous Bladder Irrigation (CBI)

SET- UP FOR CONTINUOUS BLADDER IRRIGATION

