1. PURPOSE

1.1 To prevent formation of blood clots and subsequent plugging of catheter.

1.2 To remove loose tissue, clots and mucous shreds from the bladder.

2. POLICY

2.1 Orderlies identified by their Manager of Nursing will be certified in the procedure.

2.2 A RN, LPN or Orderly will maintain continuous closed urinary bladder irrigation (CBI) as per physician’s order on clients post prostatic/bladder surgery and/or experiencing hematuria.

2.3 The CBI flow rate will be adjusted to maintain out flow pink to clear.

2.4 A physician’s order is required to discontinue continuous bladder irrigation.

3. PROCEDURE

3.1 Continuous Bladder Irrigation


3.1.1 Note the following exceptions to the textbook information:

3.1.1.1 Our agency does not require the following:
- The measurement and recording of irrigation solution I&O unless ordered by a physician.
- The irrigation solution bags to be labeled unless additives are being infused.
- Calculation of the drip rate.

3.1.1.2 The flow rate is regulated using the following guidelines:
- Bright red drainage - infuse irrigation solution with the roller clamp wide open until drainage clears.
- Pink or tea colored - infuse irrigation solution at a moderate rate.
- Clear drainage - infuse irrigation solution at a slow rate.

[Source: Nursing
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Scope: Saskatoon City Hospital
Royal University Hospital
St. Paul’s Hospital]
3.1.1.3 In the absence of a prescribed irrigation solution, use 0.9% Sodium Chloride for irrigation.

3.2 Discontinuation of CBI

3.2.1 Ensure there is a physician’s order.

3.2.2 Supplies:
- incontinent pad
- catheter plug
- alcohol swab

3.2.3 Clamp irrigation set.

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

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

3.2.6 Document:
- procedure
- patient teaching

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

3.2.7 Ongoing assessment of urine:
- volume
- appearance (color and presence of clots)
- presence of bypassing

4. REFERENCES
