	Policies and Procedures Title: INTERMITTENT CATHETERIZATION: MALE AND FEMALE I.D. Number: 1024
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For the purpose of this policy:

Nurse will be used when referring to Registered Nurses, RN (Nurse Practitioner), Licensed Practical Nurses, Registered Psychiatric Nurses, and Graduate Nurses collectively.

Client will be used when referring to clients, patients, and residents.

1. PURPOSE

- 1.1. To relieve acute/chronic distention of the bladder.
- 1.2. To avoid bladder complications related to over-distension.
- 1.3. To restore a normal pattern of voiding and continence after the removal of an indwelling catheter.
- 1.4. To obtain a residual urine measurement.
- 1.5. To collect urine for specimens.
- 1.6. To involve clients in their own bladder management.
- 1.7. To teach clients Intermittent self-catheterization (ISC) in a consistent manner.

2. POLICY

- 2.1. Intermittent Catheterization will be done when ordered by a physician or RN (NP).
- 2.2. Nurses will teach ISC as required.
- 2.3. While in hospital sterile technique must be used when procedure is performed by nursing staff or family members.
- 2.4. Clients are taught clean technique for ISC (using sterile equipment while in hospital). Clean technique is done at home and in long term care using clean or sterile equipment.

2.5. All clients/family taught ISC receive the teaching pamphlet "A guide to Clean Intermittent Self - Catheterization" before performing procedure. Form #103596 (Appendix A)

2.6. A bladder scanner may be used if available, according to best practice guidelines.

Note: A bladder scanner may be used to determine the volume of urine within the bladder. If it is less than 100ml, then the client may be assessed at a later time for intermittent catheterization.

2.7. If procedure is performed by nursing or a family member, position client in dorsal recumbent position.

2.8. Males are taught ISC in sitting position (high fowler's or sitting in a chair or wheelchair).

Note: A male with a large abdomen is positioned in semi-fowler's or recumbent position.

2.9. Documentation must be done by nurse or client/family on the appropriate fluid balance record. Document:

- Ability to void
- Amount voided
- Residual volumes
- Incontinence between ISC

2.10. At home, catheters may be reused after cleaning as described in teaching pamphlet.

3. PROCEDURE

3.1. Supplies:

- Clean washcloth, soap, towel
- Sterile straight catheter
- Sterile gloves
- Sterile water
- Sterile water soluble lubricant
- Xylocaine jelly - optional (practitioner order required)
- Underpads
- Collection basin (if client cannot perform procedure on toilet)

Note: Nurses should be familiar with contents of pre-packaged catheterization kits supplied, for example, by the Para Program and SPD. These will differ depending on supplier.

3.2. Nursing Procedure:

3.2.1. If able, instruct client to void. If unable to void, Instruct to walk for 5-10 minutes (if able) then void again. Measure and record volume.

3.2.2. Perform hand hygiene.

3.2.3. Explain procedure and assemble equipment.

3.2.4. If there is an order for Lidocaine 2% jelly, instill slowly directly into urethral opening to prevent pain trauma to the urethra. Allow 2 - 3 minutes to absorb and anaesthetize urethral tissues before inserting catheter.

Note: 10ml is sufficient, may use up to 20ml

- 3.2.5. Position client.
- 3.2.6. Open catheter package by peeling back approximately 10 cm without touching the inside of package or catheter.
- 3.2.7. Don sterile gloves.
- 3.2.8. If non-lubricated catheter, maintain sterility and lubricate distal 1/3 of catheter.
- 3.2.9. **Female:** Separate labia minora, clean meatus with sterile water and gauze wiping from top to bottom. Discard gauze after each wipe. Maintain separation until catheterization is complete.

Note: *A mirror positioned between the thighs may be used initially to help locate the urethra. With practice, the urethra can often be located by touch. Once the urethra can be reliably located, the client may transition to performing catheterization seated on the toilet. Special mirrors are available for use on the toilet if required*

Male: Lift penis to 90 degree angle to the client's body and retract foreskin (if present) to expose and clean the meatus.

Nurse Alert

- For uncircumcised males: if foreskin is left retracted, a paraphimosis (painful swelling of the glans) will result. Replace foreskin to normal position when procedure is completed
- For infants and young children: **do not force** the foreskin back; retract slightly until you can view meatus

3.3. Client Procedure:

- Refer to Appendix A Client Teaching Pamphlet: "A Guide to Clean Intermittent Self - Catheterization"

3.4. **Bladder retraining** after removal of an indwelling catheter

3.4.1. Remove indwelling catheter if applicable. See policy #1098 Catheterization Bladder

3.4.2. Instruct client to void whenever urge to void is felt and notify nursing staff if they have voided or attempted unsuccessfully to void. Use bladder scanner if available. If volume indicates, an "in and out" catheterization should be performed if ordered or per unit protocol.

Note: *A client's voids must be assessed **at least** every 6 hours.*

3.4.3. Post-void residuals (PVR) must be done as soon as possible after the client has voided. If the interval between voiding and PVR is greater than 30 minutes, the post-void volume is not accurate.

3.4.4. The total volume in the bladder at any given time should not exceed 500 mLs.

Note: *bladder volume = voided volume + PVR.*

3.4.5. If total volume exceeds 500 mLs, the bladder is overstretched.

Note: *There is risk of bladder infection and risk of damage to muscle fibres in bladder wall. If volume exceeds 500 mLs, consider excessive fluid intake as a possible cause and assist client to adjust fluid intake as appropriate. The schedule for voiding and catheterizations may need to be adjusted to prevent high volumes.*

Note: *Infants and young children may have a volume ordered specific to their age and size as bladder capacity varies with age.*

3.4.6. For nocturia: The highest urine output occurs in first 2 to 3 hours after bedtime. Wake client at this time to void.

3.4.7. Once a pattern of urinary output is established (based on analysis of the first 48 – 72 hours of output) adjust schedule to facilitate volumes of 250 – 500 mLs (voided & catheterized)

3.4.8. Criteria for discontinuing post-void residuals: See orders or unit specific guidelines.

4. REFERENCES

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"A Guide to Clean Intermittent Self-Catheterization"



A Guide to Clean Intermittent Self-Catheterization

Clean intermittent self-catheterization is a safe and effective way of emptying the bladder when it fails to empty completely on its own

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Clean Intermittent Self-Catheterization for Men

Clean Intermittent Self-Catheterization for women

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Terminology

Anus	Opening into the bowel
Bladder	Where urine is stored in the body
Bladder Spasm	Muscle contractions of the bladder that may be uncomfortable
Catheter	A small plastic tube used to drain urine from the bladder
Labia	Folds of skin around the urinary opening (urethra) in a woman
Distention	When the bladder has become too full
Perineum	The part of the body between the: Female: the pubic bone and the rectum Male: scrotum and the rectum
Urethra	Where the urine drains from the bladder (urinary opening)
Vagina	Opening into the uterus
Void	To pass urine

What is Intermittent Self-Catheterization?

Your doctor has recommended clean intermittent self-catheterization to help you empty your bladder. This is inserting a catheter into your bladder at regular times to help empty it. This can be done by yourself or by a family member. Knowing how to do this the right way is important to not spread germs to your bladder.

Nurses will show you how to catheterize yourself and watch you while you practice.

Why do Intermittent Self-Catheterization?

Urine is made by the kidneys and carried to the bladder where it is stored until it is emptied. Sometimes, the bladder may not empty completely or at all. Urine left in the bladder can cause an infection. It can occur in the kidneys, ureters, bladder and urethra or urinary opening. The general term for infection in these areas is **urinary tract infection**.

Some people are able to void a small amount and need to catheterize to empty the urine left in their bladder. Other people may empty their bladders only with a catheter.

Intermittent self-catheterization may be for a short or long time, depending on why you have to do it.

When do I Need to Self-Catheterize?

Often, your bladder will feel full, telling you when to catheterize.

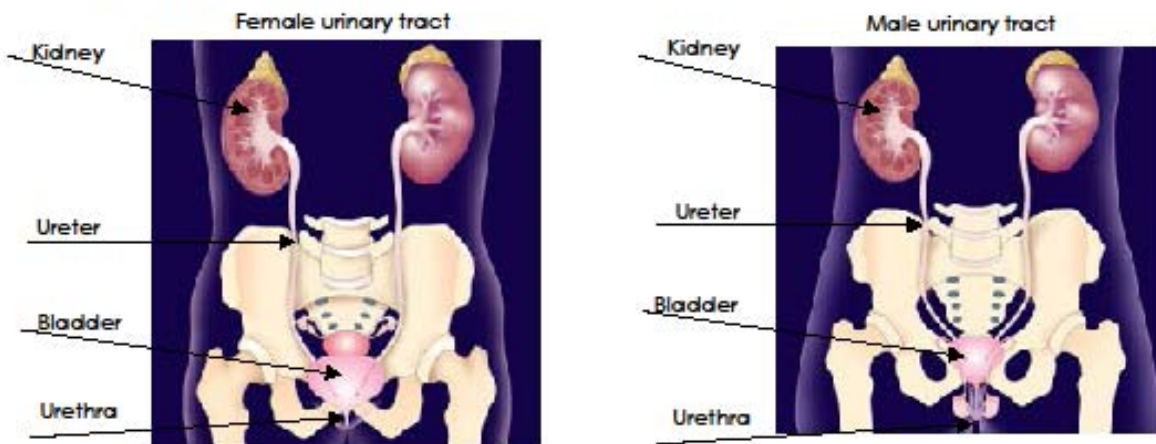
You should catheterize every **4-6 hours** when you are awake or if you drink a lot of liquids.. **If you are uncomfortable you may need to catheterize sooner.**

You may need to set an alarm if you need to catheterize during the night. Drinking less liquids in the evening may prevent you from emptying your bladder during the night.

You will know if your bladder is becoming too full (**distention**) if you experience any of the following:

- o Pain or an uncomfortable feeling in the lower part of your abdomen
- o feeling restless
- o sweating
- o chills
- o headaches
- o looking flushed or pale
- o cold fingers, toes, arms, or legs
- o **Some people have no symptoms at all**

Male & Female Anatomy



When Can I Stop Doing Self Catheterization?

As you void **more** urine, and the amount of urine from your catheterization becomes **less than 100 mls**, you may stop doing self catheterizations as often as before.

Then, keep doing the catheterizations before you go to bed and first thing in the morning. You may stop doing self catheterization if **ALL** of your catheterizations in **24 hours** are **less than 100 mls each time**.

If you stop doing catheterizations and your bladder still feels full after you void: empty the bladder with the catheter. If there is more than 100mls, continue to self catheterize until there is less than 100mls per self catheterization. (as stated above)

The self catheterization at bedtime should be the **last one** you stop doing.

Some people are unable to stop self catheterizations and may need to continue permanently.

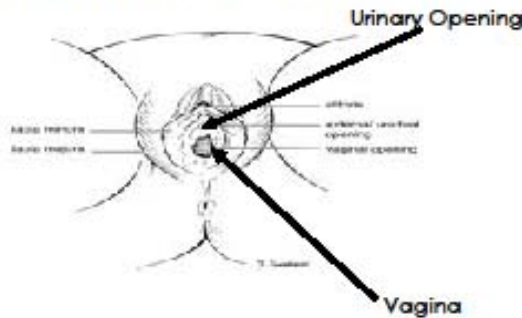
"Always talk to your doctor or Home Care Nurse before you STOP self catheterization unless you were told otherwise"

What Supplies do I Need?

- Soap and water for washing
- Catheter (size and type picked by your doctor or nurse)
- 2 clean washcloths – 1 with soap and 1 without soap for rinsing (may use pre-moistened wipes if away from home)
- Lubricant that dissolves in water such as KY Jelly™ or Muko™ **do not use Vaseline™ or mineral oil** (if non-lubricated catheter)
- Toilet paper or paper towel
- A container to drain the urine into
- Mirror (for female)
- Sealed plastic bag to store catheter

Insertion of the Catheter for FEMALES:

1. Gather the supplies you need and place them on a clean surface. Make sure all the supplies are within your reach.
 2. If possible, go to the bathroom and pass urine. Collect and measure the urine if you have been instructed to do so.
 3. Wash your hands well with soap and water or a pre-moistened wipe. Dry well.
 4. Open catheter package. If the catheter is not lubricated, open lubricant package and squeeze at least a **teaspoon** or more onto the paper towel or toilet paper.
 5. **Roll the catheter** in the lubricant to lubricate the tip approximately **3 inches or 7.5cm**.
 6. Position yourself:
 - In bed
 - Sitting on the toilet or on a chair
 - Standing with one foot supported on a stool or the toilet rim
- *A mirror can be positioned between your legs to help you find the urinary opening***
7. If you are right handed, use your left hand to **separate both labia**. If you are left handed, use your right hand. Separate your labia using your index and ring finger Wash area from **front to back** with a soapy, wet washcloth. Wipe soap off with a second clean wet washcloth. (Pre-moistened wipes may also be used)
 8. While keeping your labia separated find the urinary opening using your middle finger or using help with the mirror. The urinary opening is usually **toward the top**.



9. With your free hand pick up the catheter. Place the wider open end of the catheter in the container that will collect urine. **Gently insert** lubricated tip of catheter into the urinary opening.

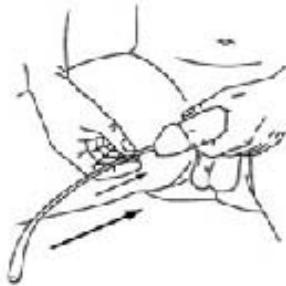


10. **Insert** the catheter in about **2-3 inches or 5-8 cm** until the **urine begins to flow**. Breathe slowly and relax your muscles
11. Hold the catheter until all the urine has drained from the bladder. Gentle straining may help bladder emptying.
12. **Remove** the catheter **slowly** when the urine stops.
13. Wipe the urethral opening with toilet paper.
14. If you need to: measure the urine before emptying the container.
15. Clean and store your catheter. See page 12 of this booklet.
16. Wash hands with soap and water. Dry well.
17. Using the Voiding Diary at the back of this book: Write down the date, time, amount voided and amount catheterized.



Insertion of the Catheter for MALES:

1. Gather the supplies you need and place them on a clean surface. Make sure all the supplies are within your reach.
2. If possible, go to the bathroom and pass urine. Collect and measure the urine if you have been instructed to do so.
3. Wash your hands well with soap and water or a pre-moistened wipe. Dry well.
4. Open catheter package.
5. If the catheter is not lubricated, open lubricant package and squeeze at least a **tablespoon** or more onto a paper towel or toilet paper.
6. **Roll the catheter** in the lubricant to lubricate about **6 inches or 15cm**.
7. Position yourself:
 - In bed
 - Sitting in front of or on a toilet
 - Standing
7. If you are right handed, use your left hand to hold your penis. If you are left handed, use your right hand. Wash your penis well with a soapy, wet washcloth using a **circular motion**. Wash from the **tip of the penis to the base**. If you are **not circumcised**, pull the foreskin back and wash well with soap and water. Rinse the soap with a second clean wet washcloth. (Pre-moistened wipes may also be used) Dry well.
8. Hold the penis just behind its head and pull it gently and lightly upward to straighten the urinary opening.



9. With your free hand pick up the catheter. Place the wider open end of the catheter in the container that will collect urine. **Gently insert** lubricated tip of catheter into the urinary opening. Insert the catheter in about 8 - 10 inches or 20-25 cm until the urine begins to flow. Sometimes the catheter is hard to push just before it goes into the bladder. This is normal. Use gentle but firm pressure on the catheter until it passes this point and the urine begins to flow. Breathe slowly and relax your muscles.
10. Hold the catheter until all the urine has drained from the bladder. Gentle straining may help bladder emptying.
11. **Remove the catheter slowly** when the urine stops.
12. Wipe the head of the penis with toilet paper. If you are not circumcised: replace the foreskin to its normal position
13. If you need to: measure the urine before emptying the container.
14. Clean and store your catheter. See page 12 of this booklet.
15. Wash hands with soap and water. Dry well.
16. Using the voiding diary at the back of this book: Write down the date, time, amount voided and amount catheterized.



How Do I Care for My Catheter Supplies?

Immediately **after using the catheter:**

- Wash it with warm, soapy water. Use liquid hand or dish soap.
- Rinse the catheter thoroughly, **inside and out**.
- Allow the catheter to air dry on a clean surface or towel.
- Store the catheter in a dry paper towel or clean sealed plastic bag.

A catheter may be reused and cleaned for about one week unless it becomes rough, cracked, or damaged. Catheters may be purchased from a medical supply store or pharmacy. Keep two or three catheters on hand at all times.

If you are away from home you may choose to use a new catheter for each catheterization.

For convenience, some people may choose to throw away catheters after each use. This will depend on your own choice and health insurance plan.

When you are discharged from the hospital you may be given a few catheters and lubricant. You may or will need to buy more. Some local medical supply stores or pharmacies sell catheters and lubricant.

Some health insurance plans may cover the cost of supplies. Check with your benefits provider to see if you have coverage.



Problems I may encounter:

What do I do if I measure more than 2 cups (500ml) of urine after catheterization?

This means that you should catheterize yourself more often.

If you are not sure whether the bladder is full, then catheterize. Soon, you will learn to recognize when your bladder is full. In time, you will develop a regular schedule.

What do I do if I measure less than 1 cup (250mls) of urine?

This means that you should catheterize yourself less often, sometimes no more than once or twice a day if you are voiding well.

What do I do if I can't get the catheter in?

Wait a few moments. Try to relax.

Female: Locate the urinary opening again. Lubricate the catheter and try again. Apply gentle pressure to the catheter, never force the catheter.

Men: Try changing the angle of the penis.

What do I do if it hurts while inserting a catheter?

Try lubricating the catheter more generously. There may be some slight discomfort when inserting the catheter.

What do I do if I see blood in the urine?

A small amount of blood in your urine is not unusual. Try to increase the amount of fluids you are drinking.

What do I do if I have bladder spasms?

You may have a bladder spasm sometimes. If they continue, talk to your doctor. Some people take medication prescribed by their doctor for the bladder spasms.

What do I do if I'm unable to remove the catheter?

Wait 5-10 minutes. Try to relax and try again.

How Do I Prevent Infection?

1. Do not let your bladder become over **distended** (too full).
Bladder distension is one of the main causes of **urinary tract infections**.
2. Drink plenty of fluids: 6 to 8 glasses (8oz or 250ml) every day.
Stay away from liquids with caffeine. It makes you feel like you need to void more often.
3. Keep your equipment and supplies **clean** and store them properly.
4. Keep your groin area clean and dry.
5. Use proper method when you are putting in your catheter.

Is There Anything Else I Need to Know?

You should be able to do your normal activities, including sexual activity. Try to empty your bladder before sexual activity.

Bowel movements should not be affected. Try not to get constipated. If you are able to empty only some urine in your bladder, constipation may cause a bigger amount of urine left in your bladder when you void.

You should be able to take all of your medication that you normally take unless your doctor tells you otherwise.

Keep your fingernails short and clean.



When Should I Seek Medical Attention?

If you have any of the following symptoms of a **urinary tract infection**:

- **fever** (temperature over 38.5 C or 101°F) **with or without** chills/back pain/pain over your lower abdomen/lack of energy/nausea and vomiting
- headache and sweating if high spinal cord injury

Also seek medical attention if:

- If you are unable to insert the catheter after several attempts
- If pain on trying to insert the catheter continues to get worse
- If bleeding from the urinary opening is more often or heavy
- If you cannot insert the catheter after several attempts
- Increased or new leaking
- Redness or swollen urinary opening that is persistent or getting worse

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