

	Policies & Procedures Title: BLADDER IRRIGATION: INTERMITTENT I.D. Number: 1119
Authorization: [X] SHR Nursing Practice Committee	Source: Nursing Date Revised: September, 2017 Date Effective: October, 1997 Scope: SHR and Affiliates

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DEFINITIONS

Client - A term used to refer to a client, patient or resident

1. PURPOSE

- 1.1 To provide safe care using best practice while removing an obstruction (clots, mucous or sediment) that is interrupting the flow of urine through the catheter lumen.

2. POLICY

Registered Nurses (RN's)/Grad Nurses (GN's)/Registered Psychiatric Nurses (RPN's)/Licensed Practical Nurses (LPN's)/Grad Practical Nurses (GPN's) will perform bladder irrigation when ordered by a practitioner, or when assessed as being required.

Note: Routine bladder irrigations are contraindicated.

- 2.1 Aseptic technique will be followed.
- 2.2 This policy applies to suprapubic catheters, as well as indwelling urethral foley catheters, unless otherwise noted within the policy.

3. PROCEDURE

- 3.1 Supplies:
 - Disposable sterile irrigation tray (SKU 88346)
 - 60 ml catheter tip syringe (SKU 50740)
 - PPE (clean gloves, mask with attached visor, gown)
 - Alcohol swabs
 - 0.9% Sodium Chloride solution for irrigating (room temperature)
- 3.2 Perform hand hygiene and don PPE.
- 3.3 Explanation given to client
- 3.4 Open irrigation tray.

- 3.5 Remove graduated container and discard bulb syringe, maintaining sterility of the inside of the graduated container and the graduated basin.
- 3.6 Pour 0.9% sodium chloride into graduated container.
- 3.7 Position sterile drape under catheter
- 3.8 Place catheter tip syringe in graduated container and draw up solution into syringe (approx. 30 – 50 ml). Pediatrics: as order by Urologist.
- 3.9 Place graduated basin between client's legs (beside the client if irrigating a suprapubic catheter) onto the sterile drape, maintaining sterility of inside of basin.
- 3.10 Wipe connection point between catheter and drainage tubing with alcohol swab for 15 seconds (or as otherwise directed by manufacturer's instructions). Allow alcohol to dry completely.
- 3.11 Disconnect catheter from tubing and place catheter in basin. Use the syringe tip protector to cover end of drainage tube. Position the tubing so that it stays on top of the bed with the tip resting on the sterile drape.
- 3.12 Insert syringe into catheter.
- 3.13 Instill the irrigating solution through the catheter by gently pushing the plunger of the syringe.
- 3.14 Aspirate solution from the bladder until most of the solution is recovered. Remove syringe from catheter and allow remaining solution to drain into the basin.
- 3.15 Instill additional amounts of 30 – 50 mls of irrigating solution. Repeat procedure until returns are clear of clots, mucous or sediment.
- 3.16 For indwelling foley catheters: if having difficulty irrigating bladder or unable to aspirate returns, try repositioning the catheter tip. To do this, cleanse exposed catheter tubing outside of meatus with Povidone-Iodine swab provided in irrigation tray and allow to dry. Apply water soluble lubricant to exposed catheter tubing. Deflate catheter balloon completely and gently advance the catheter 1-2 inches into bladder. With the catheter in this advanced position, continue to irrigate taking care not to dislodge the catheter from the bladder. You may gently advance and retract the catheter in an attempt to dislodge any clots around the tip of the catheter. When irrigation is complete advance catheter into bladder ensuring it is in proper position and re-inflate catheter balloon with the appropriate amount of sterile water according to catheter type. Stop procedure if client experiencing pain, and reassess.

Note: Do not reposition catheter tip in clients that have had prostate, bladder, or urethral surgery within the last 7 days, unless ordered by a physician. Do not reposition catheter tip of a radical prostatectomy client for 8 weeks following surgery.

Note: Do not attempt to reposition the catheter tip when irrigating a suprapubic catheter.

- 3.17 If the flow of urine is not re-established, change the catheter (if appropriate) or contact the practitioner.

Pediatrics: Small catheters may collapse with withdrawal of solution. Allow to drain freely if aspiration is difficult.

Note: Do not change the catheter without an order from the practitioner if the client has had prostate or bladder surgery within the last 7 days. Do not remove or change the catheter of a radical prostatectomy client for 8 weeks following surgery. These clients can only be catheterized by an urologist.

Note: Do not attempt to change a suprapubic catheter unless you are certified to do so, as defined in SHR Nursing Policy 1021: Suprapubic Catheter – Care of, Changing, Removal.

- 3.18 When irrigation is complete, clean exposed end of catheter and open end of tubing with alcohol swab for 15 seconds (or as otherwise directed by manufacturer's instructions). Allow alcohol to dry completely, and reconnect.
- 3.19 Secure catheter to thigh (abdomen if irrigating a suprapubic catheter) with anchoring device to increase comfort and prevent urethral, bladder neck, or insertion site irritation/trauma.
- 3.20 Remove PPE and perform hand hygiene
- 3.21 Document on appropriate client progress record:
 - procedure
 - result (e.g. clots removed, returns clear)
 - client response

4. REFERENCES

Peate I, Gil M. Closed and open catheter irrigation by a skilled and competent healthcare worker. *British Journal Of Healthcare Assistants*. February 2015;9(2):71-76

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

SHR Nursing Policy #1021: Suprapubic Catheter – Care of, Changing, Removal

Walsh K, Richards S. Bladder Irrigation, Open: Manual -- Performing. *CINAHL Nursing Guide*. September 25, 2015