

	Policies and Procedures Title: <b>BLADDER INSTILLATION</b> I.D. Number: <b>1169</b>
Authorization: [x] SHR Nursing Practice Committee	Source: Nursing Date Revised: September 2014 Date Effective: June 2000 Scope: <b>SHR &amp; Affiliates</b>

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## 1. PURPOSE

- 1.1 To safely instill medication and/or solutions into the urinary bladder.

## 2. POLICY

- 2.1 The Registered Nurse (RN), Graduate Nurse (GN), Registered Psychiatric Nurse (RPN), Graduate Psychiatric Nurse (GPN), Nurse Practitioner (RN(NP)), Licensed Practical Nurse (LPN), Graduate Licensed Practical Nurse (GLPN) will perform bladder instillation under a practitioner's order. The order will include medication, dosage, frequency of instillation and indwelling time. The order will also include any instructions for mobility or turning as required.
- 2.2 A Physician will perform bladder instillation if a chemotherapeutic agent is used. If chemotherapeutic agent is used, dispose of all equipment and urine according to the procedure Chemotherapy Bladder Instillation (intravesical) –Mitomycin: Assisting with and care of the patient, Policy number 1067 in the SHR Nursing policy and procedure manual.
- 2.3 Immunotherapy (Bacillus Calmette-Guerin instillation, policy number 6400-60-003) will remain a unit specific policy on units currently targeted for this transfer of medical function.
- 2.4 Sterile technique will be followed.

## 3. PROCEDURE

- 3.1 Check the practitioner's order and obtain medication/solution from Pharmacy.
- 3.2 Gather supplies
  - disposable bladder irrigation tray (if catheter is indwelling)
  - sterile catheter tray (if catheter is straight catheter)
  - appropriate PPE – gloves, mask and shield
  - sterile gloves
  - one or two sterile catheter plugs (if required)
  - luer lock catheter adapter
  - 60 mL luer lock syringe (if required)
  - IV tubing (if required)
  - Medication or prescribed solution.

- 3.3 If the patient does not have a catheter, obtain an order for insertion for the purpose of instillation. See procedure in Perry, Potter, Ostendorf, 2014. Clinical Nursing Skills & Techniques, page 812-823, 8th edition.

**Note:** Catheter may be indwelling or intermittent.

- 3.4 Ensure bladder is completely emptied of all urine.

**Note:** Empty bladder may be ascertained by palpation or bladder scanner.

- 3.5 Perform hand hygiene.

- 3.6 Don appropriate PPE.

- 3.7 If patient has an indwelling catheter, cleanse the catheter and drainage tube at connection site with alcohol swab. Disconnect catheter from drainage tube. Place catheter end in sterile graduated plastic basin and plug drainage tube end with sterile catheter plug. If a 3-way catheter is used, clamp drainage lumen, it is not necessary to disconnect.

- 3.8 Prepare medication for instillation. (Medication should be at body temperature or at least room temperature to prevent bladder spasms).

- 3.8.1 If medication is drawn up or supplied in a 60 mL syringe

- Attach luer lock catheter adapter to the end of the syringe
- Connect adapter to the catheter

- 3.8.2 If the medication is supplied in a minibag

- Attach IV tubing to minibag
- Attach luer lock catheter adapter to end of IV tubing
- Prime IV tubing and adapter with the medication
- Connect adapter to the catheter

- 3.9 Using gravity or gentle, even pressure, gradually instill medication into the bladder through the catheter. If the patient experiences discomfort, it may be necessary to slow instillation.

**Note:** Instillation should never be forced as this can cause injury to the bladder.

- 3.10 If Cather is indwelling clamp catheter securely or insert second catheter plug for the prescribed length of time. If Cather is intermittent, remove catheter and have patient hold urine for the prescribed amount of time.

- 3.11 After the prescribed indwelling time

- 3.11.1 If catheter is to be removed, allow medication to drain out by gravity. Then pinch catheter, deflate balloon, and remove.

- 3.11.2 If catheter is to remain in place, reconnect drainage tube to catheter and allow medication to drain out by gravity.

- 3.11.3 If intermittent catheter has already been removed, instruct patient to void.

### 3.12 Document

#### 3.12.1 On Patient Progress Record

- catheterization of patient (if required)
- medication instilled
- indwelling time
- return of solution, color and consistency
- patient response

#### 3.12.2 Medication on **Medication Administration Record**

3.13 Notify MRP if traumatic catheterization, patient unable to hold for prescribed time, or any other patient concerns.

## 4. REFERENCES

Aldousari, S., & Kassouf, W., Update on the management of non-muscle invasive bladder cancer, Canadian Urological Association Journal, February 2010 v-4(1) pp 56-64

Perry, A.G., Potter, P.A., Ostendorf, W.R., (2014) Clinical Nursing Skills & Techniques. Elsevier Mosby St Louis, Missouri. p812-827, 8<sup>th</sup> Edition.

Hsu, C., Chuang, Y., Chancellor, M., Intravesical drug delivery for dysfunctional bladder. International Journal of Urology. June 2013, Vol.20 Issue 6, p552-562.