

Title	Urinary Catheter placement	Policy #	02-012
-------	----------------------------	----------	--------

<u>POLICY</u>

It is the policy of the Division of Diagnostic Imaging and Radiology to place urinary catheters safely and effectively for the administration of contrast during Fluoroscopy and Interventional procedures.

PURPOSE

- 1) To provide radiology personnel with specific procedures to follow pertaining to the placement of urinary catheters.
- 2) To list personnel designated to place urinary catheters.
- 3) To comply with the required documentation of urinary catheter placement.

STAFF QUALIFICATIONS:

- 1) Urinary catheter placement is to be performed by qualified radiology personnel.
- 2) Documentation of initial simulation training will be completed along with patient demonstration on 3 males and 3 females in the presence of a qualified observer.
- 3) Staff must document yearly competency.

PROCEDURES AND TECHNIQUES:

- 1) Review physician order was placed.
- 2) Use aseptic technique throughout the procedure.
- Explain procedure to patient and/or parent. Ensure the explanation is provided at patient's level of understanding and in clear terminology. Call Child Life as needed.
- 4) Perform Rad check.
- 5) Review patients record for any pathological conditions that may impair passage of catheter.
- 6) Determine the size of catheter required. See chart below.
- 7) Review patients' allergies or sensitivity to antiseptic solutions, adhesives, and dressings.
- 8) Place a blue chuck under patient
- 9) Obtain an indwelling catheterization kit or intermittent catheterization kit
 - a. Open the outer wrapping of the kit by tearing the designated edge of the plastic wrap
 - b. Place the empty outer plastic wrap near the end of the bed and use it for waste disposal.
 - c. Please the inner wrapped box on an easily accessible, clean bedside table or place it between the patient's legs. The patient's size and positioning dictate the exact placement.



- 10) Open the sterile inner package containing the catheter supplies. Using sterile technique, open the top flap outward to the far side of the kit. Then open the side flaps without bringing the arms back over the sterile packaging. Open the last flap forward toward yourself. Note that the tray is not sitting open on its own sterile field.
- 11) Place a fenestrated drape appropriately.
 - a. Don sterile gloves
 - b. Lift fenestrated sterile drape out of the tray. Allow it to unfold without touching a nonsterile surface.
 - c. For a cuff from the edges to protect sterile gloves.
 - d. Place the drape with the fenestrated slit resting over the penis or vaginal area.
- 12) Move the tray or box on the sterile field closer to the patient and organize the remaining items on the sterile field. Form a continuous sterile field with the sterile wrap under the tray or box and the drape under the patient.
- 13) Loosen the lid on the sterile specimen container if a urine specimen is required. Otherwise, discard.
- 14) Open the package of sterile antiseptic solutions with the stick ends up for access.
- 15) Open the packet containing lubricant, squeeze the lubricant onto the sterile field. If the lubricant is provided in a prefilled syringe, remove the protective cap and spread the lubricant onto the sterile tray.
- 16) Place the catheter tip in the lubricant.
- 17) Cleanse the urethral meatus for males:
 - a. With the nondominant hand
 - i. If the patient is not circumcised, retrack the foreskin
 - ii. Grasp the penis at the shaft just below the glans
 - iii. Gently spread the urethral meatus so the opening is more visible
 - iv. Maintain the position of the nondominant hand throughout the procedure
 - b. With the dominant hand
 - i. Grasp an antiseptic swab stick
 - ii. Clean the penis by moving the cotton ball or swab in a circular motion from the urethral meatus down to the base of the glans.
 - iii. Repeat the cleansing, using a clean stick each time.
- 18) Cleanse the urethral meatus for females:
 - a. With the nondominant hand
 - i. Fully expose the urethral meatus by spreading the labia.
 - ii. Have an assistant use a flashlight if unable to view the meatus with the available lighting.
 - iii. Maintain the position of the nondominant hand throughout the procedure.
 - iv. If unable to view the urethra, place one finger of the gloved, nondominant hand inside the vagina and gently apply pressure upward to support and straighten the urethra. This may open the urethral meatus, creating a better view.
 - v. Locate the urethral meatus just above the finger and below the clitoris.
 - vi. Ensure the patient understands what you are doing.



- b. With the dominant hand
 - i. Grasp the antiseptic swab stick.
 - ii. Clean the perineal area, wiping front to back from the clitoris towards the anus.
 - iii. Use a new swab for each area cleansed.
 - iv. Wipe the far labial fold first, the near labial fold next, and then directly over center of the urethral meatus.
- 19) With the sterile dominant hand, pick up the catheter. Hold the distal end of the catheter loosely coiled in the palm of the dominant hand.
- 20) Insert the catheter
 - a. Indwelling or straight
 - i. Lift the penis to a position perpendicular to the patient's body and apply light traction.
 - ii. Advance the catheter until urine flows through the tubing.
 - iii. Do not force the catheter against resistance.
 - iv. If resistance to catheter insertion occurs, have the patient take slow, deep breaths to promote relaxation while the catheter is inserted slowly. Alternatively, rest your arm against the patient's leg and ask them to relax. While the leg muscle begins to relax, continue insertion. If resistance to insertion persists, the patient may have an enlarged prostate or a urinary abnormality. Notify the practitioners for assistance.
- 21) Secure the catheter.
- 22) If the foreskin was retracted, replace it over the glans penis.
- 23) Discard supplies, remove gloves, and perform hand hygiene.
- 24) Document catheter placement under tubes, lines, and drains.

Weight in kilograms (kg)	Urinary catheter (French [Fr])
3-5	5-8
6-9	5-8
10-11	8-10
12-14	10
15-18	10-12
19-22	10-12
24-30	12
>32	12



Diagnostic Imaging and Radiology Policy and Procedure Manual

Approved by:	
Donathy I Dyloo MD	6/30/2021
Dorothy I Bulas, MD Division Chief, Diagnostic Imaging and Radiology	Date
	6/30/2021
Laurie Hogan, MBA, CRA Director, Diagnostic Imaging and Radiology	Date
	6/30/2021
Iris Cabading, BSN, RN, CPN Nurse Manager, Diagnostic Imaging & Radiology	Date

Dates of review

Original: June 30, 2021