Policy:
1. Nurses perform intermittent catheterization using clean or sterile technique – the decision will be determined by the health status of the client, the physician or RN(EC)’s order, the purpose of the catheterization, evidence from the literature, and client preference.
2. A physician or RN(EC)’s order must be in place for the nurse to perform intermittent catheterization.
3. Clients, including children, and caregivers may be taught to perform intermittent catheterization using clean or sterile technique.

Background Information:
Intermittent catheterization involves inserting a catheter into the urethra, draining off the urine until the bladder is empty and then removing the catheter. Clean, intermittent, self-catheterization provides regular bladder emptying and is associated with an acceptably low rate of bladder infection, particularly as compared to indwelling urethral or suprapubic catheter drainage. For the non-voiding client, a catheterization schedule of 4 times daily during waking hours is ideal, although more frequent catheterization may be required. As a general rule, the bladder should not hold more than 300 ml at a time in order to prevent infection.

If manual dexterity is a problem for the client, an Occupational Therapy referral may be indicated in order to help in the selection of assistive devices.

If a nurse or paid caregiver is performing clean intermittent catheterization, the nurse or paid caregiver must wear non-sterile gloves.

Use a short plastic catheter for females (e.g. 12F 6”) and a long 14F-16F plastic catheter for males. Red rubber catheters may be used for males and females.
Some males may find the catheterization procedure painful – an order from a physician for 2% lidocaine gel can be obtained. The gel is injected into the urethra using a needleless syringe a few minutes before initiating the catheterization.

For sterile intermittent catheterization, follow Nursing P&P I-02 for indwelling catheters. Skip the step of inflating the balloon.

**Clean Procedure:**

**Equipment:**
- Catheter
- Basin or appropriate container for urine collection
- Mirror and good lighting
- Water-soluble lubricant
- Soap and warm water, basin, washcloth and towel

**Clean Procedure for Females:**

1) Instruct the client/caregiver in the following clean technique:
   a. Perform hand hygiene.
   b. Assemble equipment.
   c. Separate labia to wash the genitalia with soap and water; use downward strokes from front to back; rinse and dry.
   d. Lie or sit down with knees flexed, or stand with one foot on the edge of the toilet; place a towel under the buttocks if sitting or lying down.
   e. Use a mirror to identify the labia, clitoris, urethral meatus and vagina.
   f. Lubricate the tip of the catheter.
g. With the non-dominant hand, hold the labia apart with the thumb and index finger.

h. With the dominant hand, insert the tip of the catheter into the urethral meatus approximately 5 to 7.5 cm until urine flows.

i. Release the labia.

j. With the non-dominant hand, direct the drainage end of the catheter into the toilet or collection basin.

k. With the non-dominant hand, pinch the catheter when the flow of urine ceases.

l. With the dominant hand, gently and slowly withdraw the catheter, keeping the tip held up to prevent dribbling of urine.

m. Dispose of the urine.

n. Perform hand hygiene.

o. Clean the catheters with soap and water; see chart for further cleaning instructions.

p. Replace torn, hardened, or cracked catheters.

q. Teaching of the client should also focus on:
   - Recognition and management of urethral trauma - advise the client to contact the physician promptly should any bleeding occur with catheterization or if there is blood in the urine.
   - Recognition of urinary tract infection.
   - Management of urinary tract infection.

2) Document client teaching and response to teaching, including ability to perform procedure and recall of signs and symptoms of urinary tract infection and appropriate measures to take.

Clean Procedure for Males:
1) Instruct the client/caregiver in the following clean technique:
   a. Perform hand hygiene.
   b. Assemble equipment.
c. Wash the penis with soap and water; if not circumcised, retract the foreskin and wash the head of the penis; rinse and dry

d. Lie or sit down with knees flexed, or stand in front of the toilet; place a towel under the penis if sitting or lying down

e. Lubricate the tip of the catheter – apply lubricant over the bottom 20 cm of the catheter

f. With the non-dominant hand, hold the penis upright at approximately a 90° angle to the body. Retract the foreskin if not circumcised to expose the meatus.

g. With the dominant hand, slowly insert the tip of the lubricated catheter meatus.

h. Once the urine begins to flow, advance the catheter another 2 to 3 inches to make sure the catheter is in the bladder.

i. Direct the drainage end of the catheter into the toilet or collection basin.

j. With the non-dominant hand, pinch the catheter when the flow of urine ceases.

k. With the dominant hand, gently and slowly withdraw the catheter, keeping the tip held up to prevent dribbling of urine.

l. If not circumcised, return the foreskin to the normal position.

m. Dispose of the urine.

n. Perform hand hygiene.

2) See chart for catheter cleaning.

3) Replace torn, hardened, or cracked catheters.

4) Teaching of the client should also focus on:
   a. Recognition and management of urethral trauma - advise the client to contact the physician promptly should any bleeding occur with catheterization or if there is blood in the urine.
   b. Recognition of urinary tract infection.
   c. Management of urinary tract infection.
5) Document client teaching and response to teaching, including ability to perform procedure and recall of signs and symptoms of urinary tract infection and appropriate measures to take.

### Cleaning of Catheters:

<table>
<thead>
<tr>
<th>Catheter</th>
<th>Cleaning</th>
<th>Storage</th>
<th>When to Discard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plastic</td>
<td>Rinse with water prior to each use. Wash with soap and water after each use, rinse and allow to air dry.</td>
<td>Store in a clean container or plastic bag between each use.</td>
<td>When catheter becomes cloudy or cracked.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wash or change container daily.</td>
<td>AND/OR Discard at least once a week.</td>
</tr>
<tr>
<td>Metal</td>
<td>Wash with soap and water after each use and allow to air dry.</td>
<td>Store in a sterile container or plastic bag between each use.</td>
<td>Reusable – good for an extended length of time.</td>
</tr>
<tr>
<td>Red Rubber</td>
<td>Wash with soap and water after each use and allow to air dry. Boil once daily for 10 min., drain water and let cool.</td>
<td>Store in a plastic bag between uses.</td>
<td>When it cracks, becomes brittle or discolors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Store sterilized catheters in a pan with lid on or wrap in a clean towel.</td>
<td>AND/OR Approximately every month.</td>
</tr>
</tbody>
</table>