APPENDIX 5

URINARY CATHETERISATION FEMALE

Equipment

- Bard IC Comprehensive Care Foley Tray

If not available consider need for:

- Sterile catheterization pack containing gallipots, receiver, gauze swabs, disposable paper towel
- Alcohol hand gel
- Strap to tether catheter (stat lock)
- Sterile water
- Syringe and needle
- Disposable plastic apron
- Drainage bag and stand or holder
- Clean privacy cover
- Disposable pad
- Sterile gloves
- Selection of appropriate catheters
- Sterile anaesthetic lubricating gel

Pre-Procedure

No	Action	Rationale
1	Explain and discuss the procedure with the patient. Obtain and document valid consent. Discuss any problems that have been experienced with previous catheterisations. Consider and check for any allergies patient may have e.g. latex or anaesthetic gel (Chlorhexidine). Commence or review catheter passport.	To ensure that the patient understands the procedure and gives her valid consent (NMC 2015).
2	Screen bed space.	To ensure patient's privacy. To allow dust and airborne organisms to settle before the sterile field is exposed (Fraise and Bradley 2009).
3	Prepare the trolley, placing all equipment required on the bottom shelf.	To reserve top shelf for clean working surface.
4	Take the trolley to the patient's bedside, disturbing screens as little as possible.	To minimize airborne contamination (Fraise and Bradley 2009).
5	Remove patient's underwear. Assist patient to get into the supine position with knees bent, hips flexed and feet resting about 60 cm apart.	To enable genital area to be seen.
6	Place cover over the patient's thighs and genital area.	To maintain the patient's dignity and comfort (NMC 2013).

7	Ensure that a good light source is available.	To enable genital area to be seen clearly.
8	Cleanse hands.	To reduce risk of cross-infection (Fraise and Bradley 2009).
No	**Action**	**Rationale**
9	Put on a single use disposable plastic apron.	To reduce risk of cross-infection from micro-organisms on uniform (Bardsley and Kyle 2008; Fraise and Bradley 2009).

Procedure

No	Action	Rationale
10	Open the outer cover of the catheterization pack and slide the pack on the top shelf of the trolley.	To prepare equipment.
11	Using an aseptic technique, open sterile pack. Then open appropriately-sized catheter and place on sterile field.	To reduce risk of introducing infection into the urinary tract.
12	Remove cover, maintaining the patient's privacy, and position a disposable pad under the patient's buttocks.	To ensure urine does not leak onto bedclothes.
13	Cleanse hands with alcohol hand gel.	Hands may have become contaminated by handling of outer packs, and so on (Fraise and Bradley 2009).
14	Put on sterile gloves.	To reduce risk of cross-infection (NICE 2012).
15	Place sterile towels under the patient's buttocks.	To create a sterile field.
16	Using gauze swabs, separate the labia minora so that the urethral meatus is seen. One hand should be used to maintain labial separation until catheter is inserted and urine flowing.	This manoeuvre provides better access to the urethral orifice and helps to prevent labial contamination of the catheter.
17	Clean around the urethral orifice with 0.9% sodium chloride using single downward strokes.	Inadequate preparation of the urethral orifice is a major cause of infection following catheterisation. To reduce the risk of cross-infection (Fraise and Bradley 2009).
18	Insert the nozzle of the lubricating gel (as per manufacturer's guidelines) into the urethra. Instil gel slowly, remove nozzle and discard. Wait 5 minutes (as per manufacture'rs guidelines) before continuing procedure. Or place a small amount of the lubricating gel/anaesthetic gel onto the tip of the	Adequate lubrication helps to prevent urethral trauma. Use of a local anaesthetic minimises the patient's discomfort. Five minute wait to allow gel to take effect. (Baston 2011; Woodward 2005).

	catheter (as per manufacturer's guidelines).	
19	Depending on technique gloves can be removed, hands gelled and sterile gloves re applied and/or a no touch technique of the key parts of the catheter maintained.	To enable asepsis.

No	Action	Rationale
20	Place the catheter, in the sterile receiver, between the patient's legs.	To provide a temporary container for urine as it drains.
21	Introduce the tip of the catheter into the urethral orifice in an upward and backward direction. Advance the catheter until 5–6 cm has been inserted.	The direction of insertion and the length of catheter inserted should relate to the anatomical structure of the area.
22	If there is no urine present, remove the catheter gently and start procedure again. If urine is present, advance the catheter 6–8 cm.	This prevents the balloon from becoming trapped in the urethra.
23	Inflate the balloon according to the manufacturer's directions, having ensured that the catheter is draining adequately.	Inadvertent inflation of the balloon within the urethra is painful and causes urethral trauma (Getliffe and Dolman 2007).
24	Withdraw the catheter slightly and connect it to the drainage system.	To ensure that the balloon is inflated and the catheter is secure.
25	Support the catheter, if the patient desires, either by using a specially designed support, for example Statlock Foley Stabilisation Device. Ensure that the catheter does not become taut when patient is mobilising. Ensure that the catheter lumen is not occluded by the fixation device.	To maintain patient comfort and to reduce the risk of urethral and bladder neck trauma. Care must be taken in using adhesive tapes as they may interact with the catheter material (Pomfret 1996).

Post Procedure

No	Action	Rationale
26	Assist the patient to replace underwear and pyjamas and replace bed cover. Ensure that the area is dry.	If the area is left wet or moist, secondary infection and skin irritation may occur (Pomfret 1996).
27	Measure the amount of urine.	To be aware of bladder capacity for patients who have presented with urinary retention. To monitor renal function and fluid balance. It is not necessary to measure the amount of urine if the patient is having the urinary

		catheter routinely changed (Pomfret 1996).
28	Dispose of equipment including gloves and single use disposable plastic apron into the appropriate waste bag and seal the bag before moving the trolley.	To prevent environmental contamination. (DH 2005).
29	Draw back the curtains.	
30	Dispose of clinical waste bag in a larger bin.	To prevent environmental contamination (Fraise and Bradley 2009).
31	Cleanse hands thoroughly.	To reduce risk of infection (Fraise and Bradley 2009).

No	Action	Rationale
32	Record information in relevant documents; including urinary catheter passport. Documentation should include: • reasons for catheterization • date and time of catheterization • catheter type, length and size • amount of water instilled into the balloon • batch number • manufacturer • any problems negotiated during the procedure • a review date to assess the need for continued catheterization or date of change of catheter.	To provide a point of reference or comparison in the event of later queries (NMC 2010).

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