CLIENT TEACHING  Clean Intermittent Self-Catheterization

- Catheterize as often as needed to maintain. At first, catheterization may be necessary every 2 to 3 hours, increasing to 4 to 6 hours.
- Attempt to void before catheterization; insert the catheter to remove residual urine if unable to void or if amount voided is insufficient (e.g., less than 100 mL).
- Assemble all needed supplies ahead of time. Good lighting is essential, especially for women.
- If a woman, remove a tampon before catheterizing. A tampon can inhibit catheterization.
- Wash your hands.
- Clean the urinary meatus with either a towelette or soapy washcloth, then rinse with a wet washcloth. Women should clean the area from front to back.
- Assume a position that is comfortable and that facilitates passage of the catheter, such as a semireclining position in bed or sitting on a chair or the toilet. Men may prefer to stand over the toilet; women may prefer to stand with one foot on the side of the bathtub.
- Apply lubricant to the catheter tip (1 in. [2.5 cm] for women; 2 to 6 in. [5 to 15 cm] for men).
- Insert the catheter until urine flows through.
  a. If a woman, locate the meatus using a mirror or other aid, or use the "touch" technique as follows:
  b. If a man, hold the penis with a slight upward tension at a 60- to 90-degree angle to insert the catheter. Return the penis to its natural position when urine starts to flow.
- Place the index finger of your nondominant hand on your clitoris.
- Place the third and fourth fingers at the vagina.
- Locate the meatus between the index and third fingers.
- Direct the catheter through the meatus and then upward and forward.
- Hold the catheter in place until all urine is drained.
- Withdraw the catheter slowly to ensure complete drainage of urine.
- Wash the catheter with soap and water; store in a clean container.
- Replacement catheter when it becomes difficult to clean, or too soft or hard to insert easily.
- Contact your care provider if your urine becomes cloudy or contains sediment; if you have bleeding, difficulty, or pain when passing the catheter; or if you have a fever.
- Drink at least 2,000 to 2,500 mL of fluid a day to ensure adequate bladder filling and flushing. To keep your urine acidic and reduce the risk of bladder infections, drink cranberry and prune juices.

PERFORMING BLADDER IRRIGATION

PURPOSES
- To maintain the patency of a urinary catheter and tubing (closed continuous irrigation)
- To free a blockage in a urinary catheter or tubing (open intermittent irrigation)

ASSESSMENT
- Determine the client’s current urinary drainage system. Review the client record for recent intake and output and any difficulties the client has been experiencing with the system. Review the results of previous irrigations.

PLANNING
Before irrigating a catheter or bladder, check (a) the reason for the irrigation; (b) the order authorizing the continuous or intermittent irrigation (in most agencies, primary care provider’s order is required); (c) the type of sterile solution, the amount, and strength to be used, and the rate (if continuous); and (d) the type of catheter in place. If these are not specified on the client’s chart, check agency protocol.

Equipment
- Clean gloves (2 pairs)
- Retention catheter in place
- Drainage tubing and bag (if not in place)
- Drainage tubing clamp
- Antiseptic swabs
- Sterile receptacle
- Sterile irrigating solution warmed or at room temperature (Label the irrigant clearly with the words Bladder Irrigation, including the information about any medications that have been added to the original solution, and the date, time, and nurse’s initials.)
- Infusion tubing
- IV pole

Delegation
Due to the need for sterile technique, urinary irrigation is generally not delegated to UAP. If the client has continuous irrigation, the UAP may care for the client and note abnormal findings. These must be validated and interpreted by the nurse.

IMPLEMENTATION
Performance
1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can cooperate. The irrigation should not be painful or uncomfortable. Discuss how the results will be used in planning further care or treatments.
2. Perform hand hygiene and observe appropriate infection control procedures.
3. Provide for client privacy.
4. Put on clean gloves.

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