Mosby's Nursing Video Skills

Procedure Guidelines for Inserting an Indwelling Urinary Catheter in a Male Patient

1. Verify the health care provider’s orders.
2. Review the medical record for any issues that may hinder the procedure, such as prostate enlargement.
3. Perform hand hygiene.
4. Provide for the patient’s privacy.
5. Introduce yourself to the patient and family, if present.
6. Identify the patient using two identifiers such as the patient’s name and birth date or name and account number, according to your agency’s policy.
7. Explain the provider’s order and the insertion procedure to the patient.
8. Gather the necessary equipment and supplies. Check the patient’s plan of care for the size and type of catheter to use if this is a reinsertion. Use the smallest-size catheter possible.
9. Raise the bed to an appropriate working height. If the side rails are in use, raise the side rail on the opposite side of the bed and lower the side rail on the side from which you will be working.
10. Apply clean gloves and examine the patient by palpating the patient's bladder for distention.
11. Position and drape the patient:
   A. Position the patient supine, with his legs extended and his thighs slightly abducted.
   B. Drape the patient by covering the upper part of his body with a small sheet or towel, and then drape the lower body with a separate sheet or bath blanket so that only the perineum is exposed.
   C. Make sure there is a waterproof pad under the patient.
12. Wash the perineal area with soap and water, rinse, and dry. (Refer to the Video Skill "Performing Perineal Care for the Male Patient"). Examine the patient and identify the urinary meatus. Retract the foreskin if needed. Remove and discard the used gloves.
13. Perform hand hygiene.
14. Remove the outer wrapping of the catheterization kit, and remove the entire sterile kit. Place the inner, wrapped catheter kit tray on a clean surface, such as a bedside table or, if possible, between the patient’s open legs. The patient’s size and positioning will dictate the exact placement of the catheter kit.
15. Open the inner sterile wrap using sterile technique:
   A. If it is an open system, begin with the separate package that contains the drainage bag. Make sure the clamp on the drainage port is closed. Place the drainage bag and tubing in an easily accessible sterile location.
   B. For an indwelling catheterization using a closed system, all of the supplies are in the sterile tray.
16. Apply sterile gloves.
17. Drape the patient’s perineum, keeping your gloves sterile:
A. Pick up the square drape, and allow it to unfold without touching unsterile surfaces. Form a cuff by letting the top edge fall over both of your hands.

B. Place the drape over the patient’s thighs, shiny side down, just below the penis. Center the opening of the fenestrated drape over the penis.

C. In some kits, the sterile gloves are packed under the square sterile drape. In this case, pick up the square drape by its edges and let it unfold without touching any surface that is not sterile.

18. Place the sterile tray with the cleaning medium—pre-moistened swab sticks or cotton balls, forceps, and solution—the lubricant, the catheter, and the prefilled syringe for inflating the balloon on the sterile drape:
   A. Open the package of sterile antiseptic solution. Pour the solution over the sterile cotton balls. Some kits contain a package of pre-moistened swab sticks. Open the end of the package for easy access.
   B. Open the packet of lubricant, and squeeze it out onto the sterile field.
   C. Open the inner sterile wrapper of the catheter.
   D. If required by the manufacturer, test the catheter’s balloon by injecting fluid from the pre-filled syringe into the balloon port. If no leaks occur, withdraw the fluid. If leaks occur, stop the procedure and obtain a new kit.
   E. Lubricate the catheter by dipping it into the water-soluble gel to a depth of 12.5 cm to 17.5 cm (about 5 to 7 inches).

19. Cleanse the patient’s urethral meatus:
   A. With your nondominant hand, gently grasp the shaft of the penis below the glans; if the patient is uncircumcised, retract the foreskin. Hold the shaft of the penis at a right angle to the body. This hand must stay in this position for the remainder of the procedure. This hand is now contaminated.
   B. Using your uncontaminated, dominant hand, cleanse the meatus with cotton balls or swab sticks, using circular strokes, beginning at the meatus and working outward in a spiral motion.
   C. Repeat this process three times, using a clean cotton ball or swab stick each time. Appropriately discard the cotton balls without contaminating your sterile field.

20. Pick up the catheter 7.5 cm to 10 cm (3 to 4 inches) from the catheter tip, holding the catheter loosely coiled in the palm of your hand.

21. Insert the catheter:
   A. Gently apply upward traction to the penis as you hold it at a 90-degree angle to the patient’s body.
   B. Ask the patient to push down as if to void, and slowly insert the catheter through the urethral meatus. If the catheter is not connected to a collection device, make sure the urine will drain into a sterile container.
   C. Advance the catheter 17 cm to 22.5 cm (7 to 9 inches) or until urine flows out the end of the catheter. If you feel resistance or the patient reports pain as you advance the catheter, DO NOT USE FORCE, and stop advancing the catheter.
      a. Ask the patient to take slow, deep breaths to promote relaxation.
      b. Hold the catheter gently in place without forcing it. After a few seconds, the sphincter may relax, and the catheter can be advanced.
      c. Inability to advance the catheter may indicate that the patient has an enlarged prostate or some other urethral obstruction.
22. After the catheter has been inserted through the meatus and urine appears, advance the catheter to the bifurcation of the drainage and balloon inflation ports.

23. Lower the penis and hold the catheter securely, using your nondominant hand.

24. Inflate the catheter balloon with the amount of fluid designated by the manufacturer.
   A. Continue to hold the catheter with your nondominant hand.
   B. With your free, dominant hand, connect the prefilled syringe to the injection port at the end of the catheter.
   C. Slowly inject the total amount of solution.
   D. After inflating the catheter balloon, release the catheter from your nondominant hand. Gently pull the catheter until you feel resistance.

25. Secure the indwelling catheter with a catheter strap or other securement device. Leave enough slack to allow leg movement. Attach the securement device just at the catheter bifurcation.
   A. Secure the catheter tubing to the patient’s upper thigh or lower abdomen, with the penis directed toward the patient’s chest. Allow some slack, so that movement does not create tension on the catheter.

26. Position the drainage bag lower than the bladder by attaching it to the bed frame. Do not attach the drainage bag to the side rail of the bed.

27. Coil any excess tubing on the bed, and fasten it to the bottom sheet with a clip or other securement device. Check to make sure the urine flow is unobstructed.

28. If the patient’s foreskin was retracted, clean off the iodine preparation and replace the foreskin over the glans penis.

29. Provide hygiene as needed. Help the patient into a comfortable position, and place toiletries and personal items within reach.

30. To ensure the patient’s safety, raise the appropriate number of side rails and lower the bed to the lowest position.

31. Dispose of supplies in the appropriate receptacles.

32. Remove and dispose of gloves.

33. Perform hand hygiene.

34. As follow up care, measure and record urine output and characteristics of the urine as ordered.

35. Document the amount of urine and its characteristics. Document and report the patient’s response and expected or unexpected outcomes.