Procedure Guideline for Performing Intermittent Straight Catheterization

1. Verify the health care provider’s orders. Check the patient’s plan of care for the size and type of catheter to use if this is a reinsertion. Use the smallest catheter size possible. Verify any allergies.
2. Perform hand hygiene.
3. Provide for patient privacy by closing the door and drawing the bedside curtain.
4. Introduce yourself to the patient and family, if present.
5. Identify the patient using two identifiers. Compare the identifiers to the patient's medical record.
6. Gather the necessary equipment and supplies.
7. Raise the bed to an appropriate working height. If side rails are in use, raise the rail on the opposite side of the bed and lower the rail on your side.
8. Place a waterproof pad under the patient.
9. To perform intermittent straight catheterization for a female patient:
   A. Help the patient into the dorsal recumbent position, lying on her back with the knees flexed. Ask her to relax her thighs.
   B. Drape a bath blanket in a diamond fashion, with the corners at the patient’s midsection, thighs, abdomen, and perineum.
   C. An alternative position for a female patient is the side-lying (Sims’) position, with the upper leg flexed at the knee and hip. To reduce the risk of contamination, cover the anal area with a drape. If necessary, support the patient with pillows to help her maintain the position.
   D. Apply gloves, and wash the perineum with soap and water. Rinse and dry the area. See the Video Skill “Performing Perineal Care for a Female Patient.”
   E. Examine the patient to identify the urinary meatus. If needed, position a light to illuminate the patient’s genitals, or ask an assistant to hold a light source.
   F. Remove and discard your gloves.
   G. Perform hand hygiene.
   H. Open the outer wrapping of the catheterization kit. Open the inner, sterile wrap using sterile technique. For straight catheterization, all of the needed supplies are in the sterile tray, which can also be used for urine collection.
   I. Drape the female patient’s perineum:
      1) Pick up the square drape and allow it to unfold without touching any unsterile surface. Allow the top edge of the drape to form a cuff over both of your hands. Place the drape, with the shiny side down, on the bed between the patient’s thighs. Ask the patient to lift her hips, and slip the cuffed edge just under the patient’s buttocks. Take care not to touch any contaminated surface.
      2) Put on sterile gloves.
      3) If your kit contains a fenestrated sterile drape, allow the drape to unfold without touching any unsterile surface. Allow the top edge of the drape to form a cuff over both hands. Cover the patient’s perineum with the drape, leaving her labia exposed.
J. Arrange your supplies on the sterile field, maintaining the sterility of your gloves. The sterile tray contains the catheter, a lubricant, and a cleaning medium, such as premoistened swabs or cotton balls, forceps, and solution.

K. Open the packet of lubricant. Lubricate the catheter by dipping it into the watersoluble gel to a depth of 2.5 to 5 cm (1 to 2 inches).

L. Open the package of sterile antiseptic solution. Pour the solution over the sterile cotton balls. Some kits may contain a package of premoistened swabs. Open the end of the package for easy access.

M. Cleanse the female patient’s urethral meatus:
   1) With the fingers of your nondominant hand, separate the labia to fully expose the urinary meatus. This hand is now contaminated. If the labia close, the area surrounding the catheter will be contaminated, and the earlier steps of the procedure must be repeated.
   2) Maintain the position of your nondominant hand throughout the procedure.
   3) Use forceps to hold one cotton ball or swab at a time. Clean the labia and urinary meatus, moving from the clitoris toward the anus. Use a new cotton ball or swab for each area you clean. Begin with the far labial folds, then move to the near labial folds, and then work directly over the center of the urethral meatus.

N. Pick up the catheter 7.5 to 10 cm (3 to 4 inches) from the tip, with the catheter tube loosely coiled in the palm of your hand. An assistant may shine a light for you, to better visualize anatomic landmarks.

O. Position the urine tray so the urine will drain into it.

P. Insert the catheter through the urethral meatus. Advance the catheter a total of 5 to 7.5 cm (2 to 3 inches) or until urine flows out of the catheter. Release the labia, but hold the catheter securely with your nondominant hand.

Q. Collect a urine specimen, if ordered. Fill the specimen container to the desired level (20 to 30 mL) by holding the end of the catheter in your dominant hand over the collection container.

R. Allow the patient’s bladder to empty fully, unless your agency’s policy restricts the maximum volume of urine to be drained when straight-catheterizing a patient.

S. When the patient’s urine stops flowing, withdraw the catheter slowly and smoothly until it has been withdrawn completely.

10. To perform intermittent straight catheterization for a male patient:
   A. Position the patient supine, with his legs extended and his thighs slightly abducted.
   B. Drape the male patient:
      1) Drape his upper body with a small sheet or towel.
      2) Drape the lower body with a separate sheet or bath blanket, so that only the perineum is exposed.
   C. Perform perineum care. See Video Skill “Performing Perineal Care for a Male Patient.
   D. Open the sterile straight catheterization kit.
   E. Drape the patient’s perineum:
      1) Pick up the square drape and allow it to unfold without touching any unsterile surface.
2) Place this drape over the patient’s thighs, with the shiny side down, just below the penis.
F. Apply sterile gloves.
G. Place the sterile tray and the prepared contents on the sterile square drape.
H. Lubricate the catheter 12.5 to 17.5 cm (5 to 7 in).
I. With your nondominant hand, gently grasp the penis at the shaft just below the glans. Retract the foreskin if the patient is uncircumcised. Hold the shaft of the penis at a right angle to the body. This hand (which is now contaminated) will remain in this position for the remainder of the procedure.
J. Using your uncontaminated dominant hand, cleanse the meatus with cotton balls or swabs, using circular strokes, beginning at the meatus and working outward in a spiral pattern.
K. Repeat this process three times, using a clean cotton ball or swab each time.
L. Gently apply upward traction to the penis. Slowly insert the catheter through the urethral meatus. Advance the catheter 17 to 22.5 cm (7 to 9 inches), or until urine flows out of the catheter.
M. If you feel resistance, or the patient reports pain as the catheter is advanced, DO NOT USE FORCE. Stop advancing the catheter. Ask the patient to relax and take slow, deep breaths. Hold the catheter gently in place without forcing it. After a few seconds, the sphincter may relax and the catheter can be advanced. If you are still unable advance the catheter, the patient may have an enlarged prostate or another urethral obstruction.
N. Once you’ve advanced the catheter, lower the penis, and hold the catheter securely in your nondominant hand. Allow the bladder to empty fully or partially, according to agency policy.
O. Slowly withdraw the catheter by pulling it straight out or by coiling it around your finger as you pull it out.
11. Dispose of used supplies and provide hygiene care as needed.
12. Help the patient into a comfortable position, and place toiletries and personal items within reach.
13. Remove and dispose of your gloves, and perform hand hygiene.
14. If a specimen has been collected label it in front of the patient and send it to the lab immediately. Refer to the Video Skills for specimen collection.
15. Place the call light within easy reach, and make sure the patient knows how to use it to summon assistance.
16. To ensure the patient’s safety, raise the appropriate number of side rails and lower the bed to the lowest position.
17. Leave the patient’s room tidy.
18. Document and report the patient’s response and expected or unexpected outcomes. Record the date and time of the procedure, as well as urine output. Keep in mind agency policy for post-catheterization voiding procedures.