



Florida Department of Health CAUTI Prevention Collaborative: Urinary Catheter Insertion and Removal In-service

Background

One of the objectives of CAUTI collaborative is to promote the HICPAC Guideline for the Prevention of CAUTI document, highlighting those with the most impact. Included among these is the recommendation that only staff members who are trained in the correct technique of aseptic catheter insertion and maintenance should insert and maintain urinary catheters. It further recommends that those who are responsible for catheter insertion and care are given periodic in-service training regarding techniques and procedures for urinary catheter insertion, maintenance, and removal.

Objective

The objective of this in-service plan is to educate all staff responsible for inserting and maintaining urinary catheters on units participating in the collaborative on the proper techniques of inserting and caring for a urinary catheter. A secondary objective is to identify whether there are any changes in practice before the in-service versus after.

Pre Assessment

Before In-servicing staff, observe 10 indwelling urinary catheter insertions (5 male and 5 female if possible) using the insertion checklist per participating unit.

Videos

The following videos, provided by the New England Journal of Medicine, cover proper urinary catheter insertion and removal. Each video should be viewed by any staff who will be performing urethral catheterization. The transcript for each video has also been made available if needed. In order to view the videos free you must register on the NEJM website. (<http://www.nejm.org/>)

[Male Urethral Catheterization Video](#)
[Male Urethral Catheterization Transcript](#)

[Female Urethral Catheterization Video](#)
[Female Urethral Catheterization Transcript](#)

**The use of lidocaine prior to male indwelling urinary catheterization may not be standard practice in your facility. Please refer to your facilities protocol to determine if this step needs to be completed.*

Post Test

After viewing each of the videos the post test should be taken to assess comprehension. The post test should be passed with 70% or greater.

Post Assessment

After in-servicing staff, observe 10 indwelling urinary catheter insertions (5 male and 5 female if possible) using the insertion checklist.



Catheter Insertion Post Test

1. **The patient should not receive an indwelling urinary catheter:**
 - a. if the patient has a confirmed urethral injury
 - b. if the patient has a suspected urethral injury
 - c. as a means of managing urinary incontinence
 - d. **all of the above**

2. **The patient should be placed in the _____ position before beginning the procedure.**
 - a. prone
 - b. **supine**
 - c. Trendelenberg
 - d. any of the above

3. **Urethral catheterization does not need to be performed under sterile conditions. (True/False)**

4. **Before beginning the procedure the first thing that should be done is:**
 - a. **hand hygiene**
 - b. opening the kit and donning sterile gloves
 - c. opening the kit and placing the absorbent pad
 - d. opening the kit and draping the patient

5. **The absorbent pad should be placed under the patient:**
 - a. after donning sterile gloves,
 - b. before performing hand hygiene,
 - c. **before donning sterile gloves,**
 - d. after cleansing the urethral meatus

6. **When catheterizing a female patient you should use _____ to locate the urethral meatus.**
 - a. your dominant hand
 - b. **your nondominant hand**
 - c. both hands
 - d. neither hand

7. **When catheterizing a male patient you should use _____ to retract the foreskin (if present) and stabilize the shaft of the penis.**
 - a. your dominant hand
 - b. **your nondominant hand**
 - c. both hands
 - d. neither hand

8. **After handling the penis or labia this hand is now considered non-sterile and should not be moved from this position. (True/False)**

9. **If resistance is met when inserting the catheter force the catheter until it begins to advance smoothly. (True/False)**

10. **When catheterizing a female patient, the catheter should be advanced:**
 - a. just past the retention balloon
 - b. to the level of the side channel
 - c. until the catheter can not be advanced any further
 - d. **until the flow of urine is seen then ½ - 1 inch more**



11. **When catheterizing a male patient, the catheter should be advanced:**
 - a. just past the retention balloon
 - b. until the flow of urine is seen then ½ - 1 inch more
 - c. to the level of the side channel
 - d. until the catheter can not be advanced any further.

12. **The retention balloon should be inflated:**
 - a. after confirming proper placement of the catheter
 - b. before the catheter is inserted
 - c. while advancing the catheter
 - d. after securing the catheter

13. _____ should be used to inflate the retention balloon.
 - a. Air
 - b. Saline
 - c. Sterile water
 - d. Any of the above

14. **Proper placement of the catheter can be confirmed by observing the flow of urine.**
(True/False)

15. **After securing the catheter, place the collection bag:**
 - a. on the floor under the bed
 - b. below the patients waist
 - c. in the patients lap
 - d. on the IV pole

16. **Patient should be reassessed to determine whether they meet indications for a urinary catheter:**
 - a. each week
 - b. every 3 days
 - c. each day
 - d. once a month

17. **Before removing the catheter the balloon should:**
 - a. be partially deflated
 - b. not be deflated
 - c. be drained and refilled with saline
 - d. be completely deflated

18. **If there is difficulty removing the urinary catheter you should consult a specialist.**
(True/False)



Indwelling Urinary Catheter Insertion Checklist

Action	Compliant	Non-compliant
1. Perform hand hygiene.		
2. Properly position the patient in the supine position.		
3. Open the catheterization tray while taking care to maintain the sterility of the contents and create a sterile field.		
4. Place absorbent sheet under buttocks with the plastic side down (if placement is difficult, perform hand hygiene before continuing with the procedure).		
5. Don sterile gloves (wear while handling equipment and for the duration of the procedure).		
6. Place the fenestrated drape over the perineum.		
7. Arrange contents of catheterization kit for use on the sterile field: - Pour iodine solution over cotton balls - Expel some lubricant into the tray or onto the sterile field.		
8. Cleanse the urethral meatus: -With less dominant hand, handle the penis/labia (hand now considered non- sterile). -With dominant hand, use the forceps to grasp iodine saturated cotton balls and cleanse the meatus.		
9. With dominant hand, lubricate tip of catheter using lubricant in the tray or sterile field.		
10. With dominant hand place the tip of the catheter into the meatus and advance it slowly and gently (never force the catheter). -For males advance the catheter to the level of the side channel. -For females advance the catheter until you see urine flow into the collecting tube, then advance 1/2 - 1 inch more.		
11. Confirm proper placement by observing the flow of urine into the collecting tube.		
12. Inflate retention balloon with 10mL of sterile water.		
13. Gently pull back the catheter to seat the retention balloon against the bladder wall.		
14. Secure the collection tubing to the medial thigh using tape or a securement device.		
15. Place collection bag below the level of the bladder.		