

**HACKETTSTOWN MEDICAL CENTER  
NURSING POLICIES  
CARE OF THE PATIENT WITH URINARY DEVICES**

Effective Date: January 15, 2015

Policy No: 8620. 218b

Cross Referenced: 8620.009b; 8620.218a/b

Origin: Department of Nursing

Reviewed Date: 07/12

Authority: Chief Nursing Officer

Revised Date: May 13, 2016

Page: 1 of 4

**SCOPE**

All Licensed Independent Practitioners, Registered Nurses, Licensed Practical Nurses and Nursing Assistants.

**PURPOSE**

To outline the guidelines for the insertion, management and discontinuation of indwelling urinary devices.

**DEFINITIONS**

**Indwelling Catheter** – (IUC) a catheter inserted through the urethra into the bladder and held in place by a fluid filled balloon.

**Supra Pubic Catheters** – a catheter surgically placed into the bladder directly above the pubic bone. This catheter is held in place by the design of the catheter or externally by a disc and sutures.

**Nephostomy Tube** – a catheter surgically placed in the pelvis of the kidney to drain the upper portion of the urinary track.

**Ureteral Catheter** – a catheter inserted through the urethra into the ureter surgically or by cystoscopy into the upper urinary tract.

**External Catheter** – a condom style catheter placed externally over the penis and connected to a urinary collection bag.

**CAUTI** - Catheter Associated Urinary Tract Infection

**POLICY**

1. The policy of HMC is to eliminate the insertion of unnecessary urinary catheter and to remove immediately when not indicated.
2. Insertion of intermittent and indwelling urinary catheters (IUC) requires an order from a Licensed Independent Practitioner with an appropriate clinical indication.
  - a. Orders are only valid for 48 hours
  - b. The RN will remove the catheter after 48 hours if there is no new order with an appropriate clinical indication entered into the medical record, unless Urology is following the patient.
3. All procedural and technical aspects for the use of urinary devices will be followed according to Potter and Perry Clinical Nursing Skills and Techniques.
4. HMC follows CDC recommendations for insertion and maintenance bundles.

**PROCEDURE**

**I. Alternatives to indwelling catheters**

1. Assess patient's bladder volume by using the bladder scanner (8620.224) before attempting a straight catheterization or placement of an indwelling catheter.
2. Use of external/condom catheter for male patients is an alternative to IUC.
3. Use of urinary collection devices to measure output such as "urinary hat" collector, bedside commode for patients with limited mobility is preferred to IUC.

**HACKETTSTOWN MEDICAL CENTER  
NURSING POLICIES  
CARE OF THE PATIENT WITH URINARY DEVICES**

=====

**Effective Date: January 15, 2015**

**Policy No: 8620. 218b**

**Cross Referenced: 8620.009b; 8620.218a/b**

**Origin: Department of Nursing**

**Reviewed Date: 07/12**

**Authority: Chief Nursing Officer**

**Revised Date: May 13, 2016**

**Page: 2 of 4**

=====

**II. Indwelling Urinary Catheters**

1. Recommended indications for indwelling urinary catheter insertion are as follows:
  - a. Need for accurate measurement of urinary output in critically ill patients.
  - b. Urological conditions i.e. acute urinary retention or bladder outlet obstruction
  - c. To assist in healing of open sacral or perineal wounds in incontinent patients.
  - d. Perioperative use for selected surgical procedures:
    - (1) Patients undergoing urologic surgery or other surgery on contiguous structures of the genitourinary tract
    - (2) Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU)
    - (3) Patients anticipated to receive large-volume infusions or diuretics during surgery
    - (4) Need for intraoperative monitoring of urinary output.
  - e. To improve comfort for end of life care if needed.
  - f. Patients requiring prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)
  
2. 

Follow insertion bundle

  - a. Perform hand hygiene immediately before and after insertion or any manipulation of the catheter device or site
  - b. Insertion includes aseptic technique and sterile equipment
  - c. Properly securing the indwelling catheter after insertion to prevent movement and urethral traction.
  - d. Use portable ultrasound device to assess urine volume in patients undergoing intermittent catheterization to assess urine volume and reduce unnecessary catheter insertion. See Policy 8620.224 Bladder Scanner
  
3. A discussion will occur between the provider and the nurse for the necessity of the urinary device within 24 hours of insertion of the indwelling catheter and daily thereafter.
  
4. The RN will contact the physician if necessary to assure the discussion of the catheter necessity occurs and obtain appropriate orders if needed.
  
5. Urinary catheter orders without an appropriate clinical indication in the order sentence will be removed within 48 hours of insertion.
  
6. The “maintenance bundle” in the electronic record is completed daily to document all maintenance elements have been addressed and completed.
  - a. Maintain a closed system
  - b. Maintain unobstructive urine flow by keeping the catheter and collecting bag free from kinks.
  - c. Keep the collecting bag below the level of the bladder at all times

**HACKETTSTOWN MEDICAL CENTER  
NURSING POLICIES  
CARE OF THE PATIENT WITH URINARY DEVICES**

=====

**Effective Date: January 15, 2015**

**Policy No: 8620. 218b**

**Cross Referenced: 8620.009b; 8620.218a/b**

**Origin: Department of Nursing**

**Reviewed Date: 07/12**

**Authority: Chief Nursing Officer**

**Revised Date: May 13, 2016**

**Page: 3 of 4**

=====

- d. Do not rest collection bag on the floor
  - e. Routine hygiene of the periurethral area during daily bathing or showering is indicated. Do not use antiseptics.
  - f. If a specimen is needed aspirate the urine from the needleless port with a sterile syringe after cleansing the port with a disinfectant
7. A Coude catheter (curved and rounded tip) may be required for patients with a history of difficult catheterization ie: bladder neck contracture; previous history of prostate surgery, stricture; recessed urethra in the vagina. A Coude Catheter may also be selected after an unsuccessful attempt using a regular 16F in male patients.
- a. If inserting a Coude catheter the tip of the catheter should line upward (anteriorly). Insert the coude with the tip up in the 12 o'clock position.
  - b. A physician order is required if an analgesic gel is required to ease catheter insertion. The gel is inserted directly into the urethra using a syringe without a needle. The catheter is also lubricated prior to insertion.
8. Urinary Catheter Removal
- a. Assess the patient after catheter removal for adequate urinary output. If patient unable to void after six hours, or bladder distention or discomfort is noted scan the bladder.
  - b. Notify the physician of the results for further orders.

## **II. Supra Pubic Catheters**

- A. A drainage sponge must be in place around the catheter and changed every 24 hours or more often if non adherent or wet.
- B. The site must be assessed with each dressing change.

## **III. Nephostomy Tubes**

- a. Nephostomy tubes require a dressing to protect the skin around the insertion site, to secure the tubes in place, and protect against infection.
- b. A closed drainage system should be maintained below the level of the insertion site.
- c. Irrigation requires a physician order and must be performed using sterile technique.
- d. Nephostomy tube dressing should be changed weekly or if dressing is not intact or wet.
- e. Notify physician immediately if tube(s) become dislodged or there is no output or bleeding/drainage is noted at the site.

## **IV.**

### **Ureteral Catheters**

- A. Catheter must be secured by taping to the lateral thigh or lower abdomen for males or catheter may also be taped to the indwelling catheter if one is present.
- B. Label the catheter right and left to show which ureter is catheterized.
- C. Never clamp ureteral catheters.
- D. A closed drainage system should be maintained below the level of the patient's bladder.

**HACKETTSTOWN MEDICAL CENTER  
NURSING POLICIES  
CARE OF THE PATIENT WITH URINARY DEVICES**

Effective Date: January 15, 2015

Policy No: 8620. 218b

Cross Referenced: 8620.009b; 8620.218a/b

Origin: Department of Nursing

Reviewed Date: 07/12

Authority: Chief Nursing Officer

Revised Date: May 13, 2016

Page: 4 of 4

E. Only irrigate if a physician orders, allow the solution to drain by gravity.

**V. Condom Catheters**

A. If an external/condom catheter is used it must be changed daily or more often if non adherent.

**DOCUMENTATION**

- A. Document the type of urinary device.
- B. The amount, color and character of the urine every shift or more, depending on the location and condition of the patient.
- C. Record drainage of a ureteral catheter separate from indwelling bladder catheter.
- D. Documentation of the **insertion and daily maintenance bundle** is required, which includes:
  - a. Hand Hygiene
  - b. Ensure a sealed closed drainage system
  - c. Use of a securement device/tape
  - d. Daily discussion of necessity with the physician

**REFERENCES**

Perry, Anne Griffin RN MSN EdD, Potter, Patricia A. RN, PhD. Clinical Nursing Skills and Techniques. Mosby,(2010).

Center for Disease Control (2009, April 1). *Guidelines for Prevention of catheter associated urinary tract infections 2009*. Retrived June 2015 from <http://www.cdc.gov/ncidod/dhqp/guideline/CAUTI>

Karlowicz, Karen A MSN, RN CCRN. Urological Nursing Principles and Practice. WB Saunders Company (1995)

Doughty, D. Urinary and Fecal Incontinence, Current Management Concepts, 3<sup>rd</sup> edition. (Mosby) 2006.

Shiamovitz, G. MD Medscape References: Drugs, Diseases and Procedures. Urethral Catheterization in Men, 3/29/22 printed 1/16/12

American Nurses Association (ANA), Streamlined evidence based RN tool: Catheter Associated Urinary Tract Infection (CAUTI) Prevention. Retrived July 1, 2015 from <http://nursingworld.org/ANA-CAUTI-Prevention-Tool>

Approved at Infection Control Committee, 2016

Approved at Clinical Standards Board Committee, 3/2016