

FEMALE URINARY CATHETERISATION

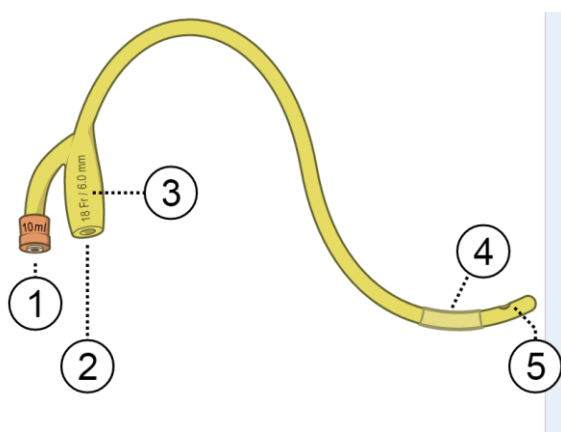
Please note: male catheterisation should only be undertaken by a doctor

Equipment

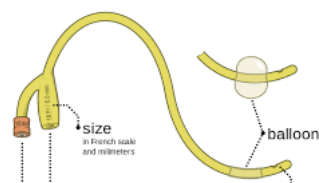
Catheter pack
Cleansing solution
Sterile water for balloon (usually 10 cc)
Foley catheter (usually 16-18 French)
Syringe (usually 10 cc)
Collection bag and tubing

Procedure

- 1) Gather equipment. Determine the size of the catheter required (shown at number 3 below) and how many millilitres its balloon holds (shown at number 1 below):



- 2) Explain procedure to the resident
- 3) Assist resident into supine position
- 4) Wash hands.
- 5) Open catheterization pack and catheter
- 6) Prepare sterile field, apply sterile gloves
- 7) Check balloon for patency by injecting the port with sterile water. Balloon should inflate:



- 8) Apply sterile drape. Place container from pack on the bed between the resident's legs.

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- 9) Separate labia using non-dominant hand. Maintain hand position until preparing to inflate balloon.
- 10) Using dominant hand to handle forceps, cleanse peri-urethral mucosa with cleansing solution. Cleanse anterior to posterior, inner to outer, one swipe per swab, discard swab away from sterile field.
- 11) Pick up catheter with gloved (and still sterile) dominant hand. Ensure end of catheter is sitting in the container from the pack.
- 12) Identify the urinary meatus and gently insert until urine pours into the container. Continue 1 to 2 inches beyond where urine is noted



- 13) Inflate balloon, using correct amount of sterile water
- 14) Gently pull catheter until inflation balloon is snug against bladder neck
- 15) Connect catheter to drainage system
- 16) Secure catheter to abdomen or thigh, without tension on tubing
- 17) Place drainage bag below level of bladder
- 18) Evaluate catheter function and amount, colour, odour, and quality of urine
- 19) Remove gloves, dispose of equipment appropriately, wash hands
- 20) Document size of catheter inserted, amount of water in balloon, resident's response to procedure, and assessment of urine

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