



CATHETER/BLADDER IRRIGATION AND INSTALLATION

PURPOSE:

To maintain patency of the retention catheter by removing bladder sediment or blood clots.
To instill medications/fluids as ordered.

POLICY:

1. Physician's Order

A physician's order shall be written specifying the frequency, type and volume of solution to be used in catheter/bladder irrigation and/or instillation.

2. Placement

Irrigations shall be done through the distal end of the catheter.

3. Irrigations

If irrigation is required more than once and a three-way urinary catheter is not in place, the attending physician shall be consulted.

4. Retention Catheters

These guidelines apply only to retention catheters used to drain the bladder and **not to nephrostomy catheters.**

EQUIPMENT:

Sterile gloves

Sterile irrigating cup, sterile curved basin, four (4) sterile towels

Sterile 60cc catheter tip syringe

Prescribed solution

Chlorhexidine gluconate 4% solution

Catheter Clamp (smooth)



RESPONSIBLE PARTY

ACTION

RATIONALE

<p>MD</p>	<p>Writes order to irrigate. a. type of fluid b. amount of fluid c. dwelling time d. frequency</p>	
<p>MD, RN, LPN, RN Applicant</p>	<p>Obtains equipment. Explains procedure to patient. Assists patient into comfortable supine position. Washes hands with antimicrobial soap or uses hand sanitizer. Opens equipment-maintaining sterility and arranges conveniently. Pours prescribed solution into sterile cups. Washes hands or uses hand sanitizer. Dons sterile gloves. Draws solution up into a 60 cc sterile catheter tip syringe. Drapes patient, placing a sterile towel under the end of the catheter. Cleanses the juncture of the catheter and drainage tube with chlorhexidine gluconate 4%. Disconnects the catheter and drainage tubing. Places drainage tubing tip onto a sterile</p>	<p><i>To remove as many bacterial contaminants as possible.</i></p>



RESPONSIBLE PARTY

ACTION

RATIONALE

<p>MD</p>	<p>Introduces solution gently into catheter.</p>	<p><i>Too much pressure can injure the lining of the bladder or cause bladder spasms.</i></p>
<p>MD, RN, LPN, RN Applicant</p>	<p>IRRIGATION Lowers catheter, allowing solution to drain into sterile basin. Do not let the catheter end touch the collected drainage in the basin or become contaminated in any other way. Repeats steps 15-16 until entire solution has been used or until the purpose of the irrigation has been completed.</p> <p>INSTILLATION Clamps catheter with smooth tube clamp and reconnects catheter to drainage tubing. Removes drapes; repositions patient. Fastens collection bag to bed below bladder level. Uses a catheter securement device to secure tubing in an appropriate location (i.e. inner thigh or abdomen). <i>Leaves clamp closed for designated time period, usually 30-45 minutes. Remember to unclamp once dwell time is complete.</i></p>	<p><i>Sterility must be maintained to prevent infection.</i></p> <p><i>To keep the medication in bladder for designated time.</i></p> <p><i>To prevent reflux of urine into the bladder, and to facilitate gravity drainage of the bladder.</i></p>
<p>MD, RN, LPN, RN Applicant</p>	<p>Measures solution return from irrigation and determines urine output. Urine Output = Total Output – Amount of Fluid Instilled. Disposes of soiled equipment and lines in appropriate containers. Removes gloves and washes hands.</p>	



**RESPONSIBLE
PARTY**

ACTION

RATIONALE

	27. Documents on patient's record: type and amount of solution used. amount and description of fluid returned. patient's tolerance to procedure	
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Reference:

Swearingen, P. (2007) Swearingen: Manual of Medical-Surgical Nursing Care (6th ed) Mosby: Missouri.