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)
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<tr>
<th>RESPONSIBLE PARTY</th>
<th>ACTION</th>
<th>RATIONALE</th>
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| MD                | Writes order to irrigate.  
|                   | a. type of fluid  
|                   | b. amount of fluid  
|                   | c. dwelling time  
|                   | d. frequency  
| MD, RN, LPN, RN Applicant | 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 |

To remove as many bacterial contaminants as possible.
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<tbody>
<tr>
<td>MD</td>
<td>Introduces solution gently into catheter.</td>
<td>Too much pressure can injure the lining of the bladder or cause bladder spasms.</td>
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| MD, RN, LPN, RN Applicant | **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.  
**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). **Leaves clamp closed for designated time period, usually 30-45 minutes. Remember to unclamp once dwell time is complete.**  
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. | Sterility must be maintained to prevent infection. |

To keep the medication in bladder for designated time.  
To prevent reflux of urine into the bladder, and to facilitate gravity drainage of the bladder. |
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<td>27. Documents on patient’s record: type and amount of solution used. amount and description of fluid returned. patient’s tolerance to procedure</td>
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**Reference:**