THE STUDY VAULT

Clinical Chaos

Urinary Catheters

SKILL SNAPSHOT

Purpose

Insert and maintain urinary drainage using sterile technique while minimizing trauma and CAUTI risk.

When to use

Acute retention, accurate output in critical illness, selected perioperative use, obstruction, healing needs, or comfort care.

Supplies needed

Correct sterile catheter kit/size; drainage bag; securement device; cleansing supplies; specimen container if ordered.

PREP + PATIENT SETUP

- Verify indication/order and allergies; explain procedure.
- Provide privacy; position and expose only perineum.
- Perform perineal care if needed; place waterproof pad.
- Perform hand hygiene; open sterile kit and don sterile gloves.

VAULT TIP

No urine return? Do not inflate. Advance appropriately, reassess position, and troubleshoot before filling the balloon.

STEP-BY-STEP

- Create sterile field; prepare lubricant, antiseptic swabs, syringe, and drainage system.
- Female: separate labia with nondominant hand and keep it in place; cleanse far labial fold, near fold, then meatus front to back.
- Male: hold penis with nondominant hand; retract foreskin if present; cleanse meatus outward in circles using new swabs.
- Lubricate catheter; maintain sterile dominant hand for catheter and supplies.
- Insert until urine flows, then advance another 1-2 inches; for male, advance to catheter bifurcation.
- If catheter enters vagina, leave it as a landmark and insert a new sterile catheter.
- Inflate balloon only after urine return and full advancement, using prescribed sterile-water volume.
- Gently pull back until resistance; connect/confirm closed drainage system and secure catheter.
- Position bag below bladder, off floor; keep tubing unkinked and dependent.
- Replace foreskin after male catheterization; remove equipment and perform hand hygiene.

SAFETY REMINDERS

- Never inflate balloon without urine return and proper advancement.
- Use the smallest appropriate catheter and reassess need daily.
- Maintain a closed system; obtain specimens from sampling port.
- Do not place drainage bag on floor or above bladder.

COMMON MISTAKES

- Breaking sterile technique.
- Forcing catheter against resistance.
- Failing to replace foreskin.
- Disconnecting tubing unnecessarily.

DOCUMENTATION

- Indication, date/time, catheter type and French size.
- Balloon volume, urine return/character/amount.
- Tolerance, securement, and drainage-system position.
- Difficulty, attempts, specimen, and provider notification.