Step-by-step guide

Female Catheterisation

LIVERPOOL JOHN MOORES UNIVERSITY

Reviewed June 2021

Gather your equipment

Two pairs sterile gloves

Hand sanitiser

Drainage bag

Catheterisation Pack

Catheter

Local Anaesthetic Gel

Sterile water

Procedure

Explain the Procedure

Check patient identity

Discuss the procedure with the patient, explaining what will happen

Gain consent

Ask the patient if they would like a chaperone

Ensure privacy and dignity is maintained throughout the procedure

Create a Sterile Field

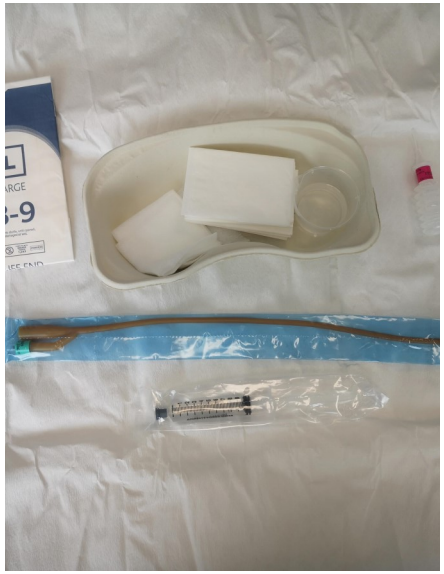
Wash hands

Decontaminate trolley

Don PPE

Prepare the sterile field (see ANTT principles guide)

Arrange Equipment



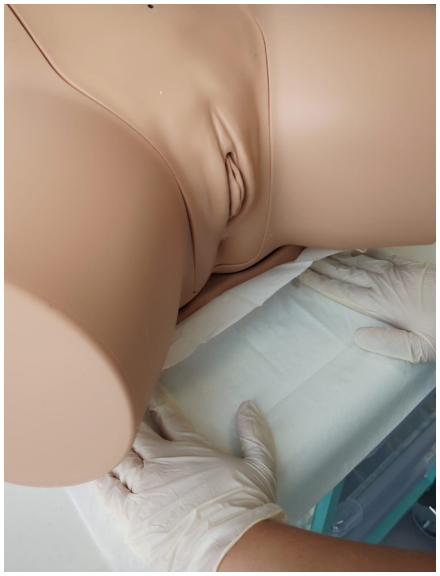
Open catheter onto the sterile field—ensure the inner sterile wrapper is intact

Add any other sterile equipment to sterile field—make sure you do not contaminate the sterile field

Wash hands

Apply sterile gloves

Apply Sterile Field

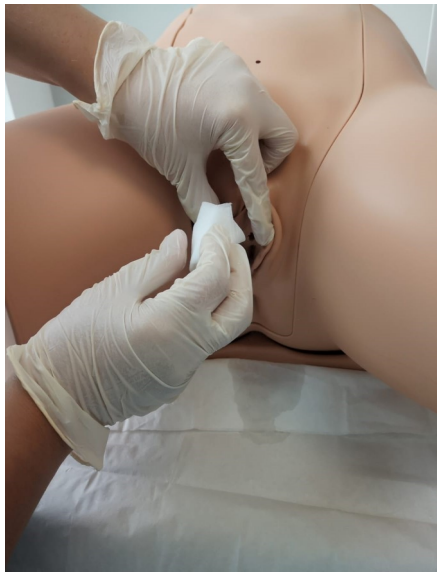


Maintain the sterile field using the sterile towels or drapes, place under the patients buttocks

You are also able to make a hole in the larger sterile towel, to expose the genital area

Procedure

Cleaning (A)



Following trust policy clean the labia

Using your non dominant hand separate the labia, and cleanse in a downward motion using single sterile swabs

Ensure you do not contaminate your dominant hand

Administer the anaesthetic gel

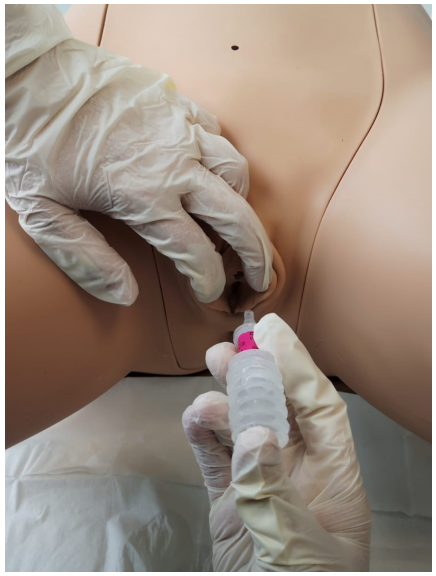
Follow trust policy

Gently insert the nozzle of the anaesthetic gel applicator into the urethral meatus

Slowly insert 6mls of local anaesthetic gel into the urethra

Keep the syringe in place or hold a sterile swab against the urethral opening to stop the gel oozing out

Administer the anaesthetic gel



Remove the syringe from the urethra

Wait 3-5 minutes - you can wipe away excess gel with a sterile swab if required

Apply new sterile gloves

Remove sterile gloves

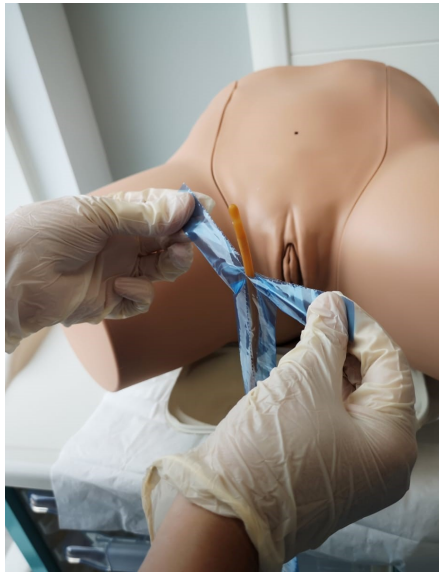
Put a bowl between the patients legs to catch any urine

Wash hands

Apply new sterile gloves

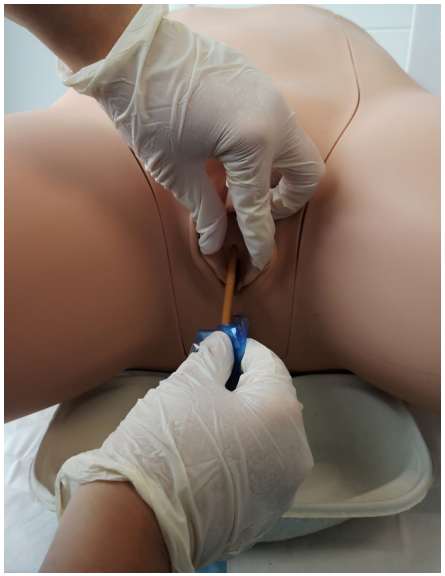
Procedure

Open Catheter



Open catheter packaging along the perforated edge to expose a few centimetres of the catheter. Use the packaging to protect the catheter, you need to pull the packaging back whilst you insert the catheter

Insert the catheter (A)



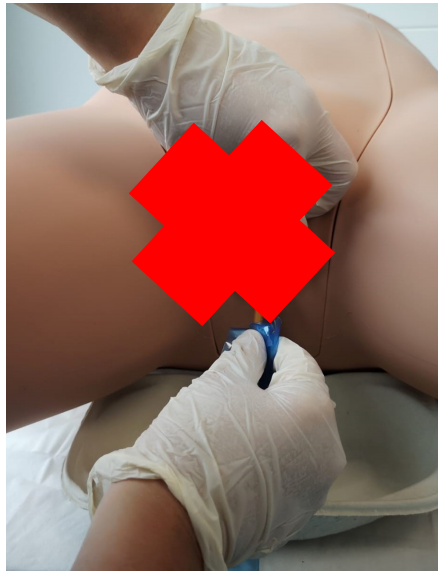
Using the packaging to protect the catheter

Using your dominant hand gently insert the catheter in the urethral orifice

Insert the catheter (B)

While angling the catheter slightly upwards and backwards, with a smooth, slow action, pass the catheter through the urethra and into the bladder

Stop if any resistance

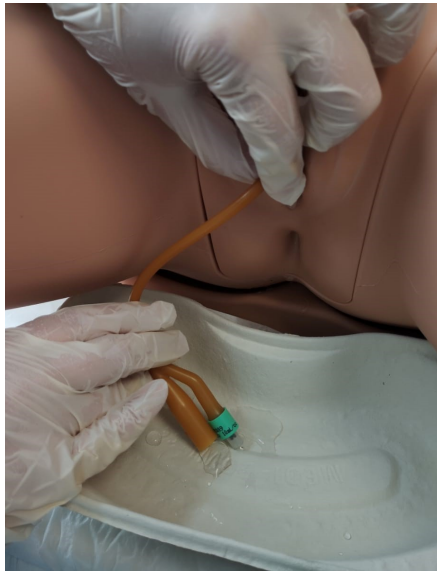


Stop the procedure if the patient experiences undue pain or discomfort, there is bleeding that would not be due to minor trauma or if you feel resistance

Seek medical advice

Procedure

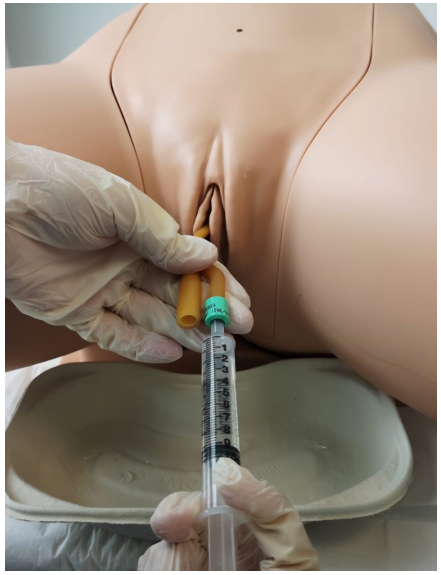
Ensure catheter is in bladder



Insert 5-6 cm of the catheter , then discard the wrapper.

Continue to insert the catheter until urine is observed. When urine starts to flow out of the catheter, insert it to almost where it divides into two branches

Inflate balloon

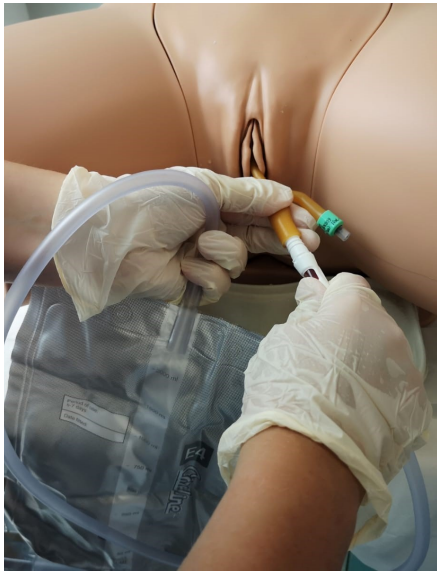


Slowly inflate the balloon, following the manufactures guidelines . The patient should not feel any pain or discomfort, if they do stop immediately and follow local trust guidelines (the balloon may be sitting in the urethra and you might need to deflate balloon, remove the catheter and start again)

Pull catheter back

Once the balloon has been inflated in the bladder, gently pull the catheter out until you meet minimal resistance; this allows you to check that the balloon was inflated in the bladder and is now in the correct position

Attach drainage bag



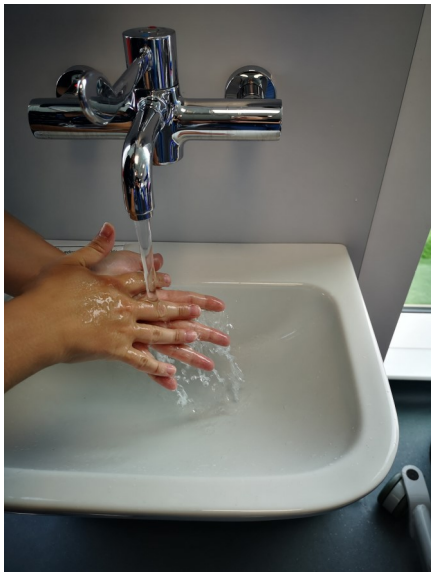
Attach catheter drainage bag and secure to the leg

Procedure

Dispose of waste

Dispose of all waste according to trust policy

Decontaminate hands



Remove PPE and wash hands

Document and active plan of care

Catheterisation records - to be completed by your healthcare professional/carer

Reason for initial catheterisation

Reason for catheter (circle) H O U D I N I (O)	Where catheter inserted (eg hospital):
Trial without catheter (TWOC) history prior to discharge:	Problems during catheterisation: Can be changed in the community? YES/NO

Haematuria - clots and heavy

Obstruction – mechanical urology

Urology/gynaecology/perianal surgery/prolonged surgery

Decubitus ulcer - to assist the healing of a perianal/sacral wound in an incontinent patient

Input output monitoring accurate < hourly or acute kidney injury when oliguric

Nursing at the end of life

Immobilisation due to unstable fracture/spinal injury or neurological deficit (where all other methods of toileting are contraindicated)

(O) - other

Document all information regarding the insertion of catheter and when the catheter needs to be changed.

Many hospitals now use a catheter passport