Caring for Urinary Catheters

Problem

Urinary catheters are some of the oldest documented medical equipment used to treat urinary retention. Urinary catheters are commonly used during hospitalization. Therefore, it is important that nurses know how to use, monitor and care for them.

Consequence

Failure to use urinary catheters correctly can result in bacteria in the urine, urinary tract infections and bacteremia, which could potentially result in death.

Solution

Here are some suggested steps to take to address this problem.

- Urinary catheters are used to protect skin, to relieve pain caused by frequent bedpan use, and to treat urinary retention.
- Catheters are used in intensive care units to accurately monitor urine output to assess fluid status and renal function.
- Catheters are the leading cause of urinary tract infections (UTIs).
- Urinary catheters should be removed when no longer needed and not used whenever they can be avoided.
- The rate of infection with urinary catheter use is directly related to the length of time that a catheter is left in place.
- When catheters are medically required, it is important to provide the best care possible to prevent complications that can arise from their use.
- Bacteria can enter the urinary tract in one of three ways: upon catheter insertion, tracking up the catheter tube into the urethra, or by growing in the space between the urethra and the catheter tubing.
• When a urinary catheter is inserted, it is very important to follow strict aseptic techniques, including the use of sterile gloves.

• During insertion for a female patient, if the urinary meatus is missed and the catheter is accidentally inserted into the vagina, a new sterile catheter needs to be used for the next attempt.

• After the catheter is inserted, it is important to maintain routine hygiene to keep the perineal region and the catheter itself clean.

• Keep the catheter and region clean by washing with warm water and soap at least once per 8 hour shift, and more often if the patient is incontinent of stool.

• The bag should be hung on the bedside making sure that it is below the level of the bladder at all times.

• Take care to ensure that the catheter is not pulled accidently by a confused patient or by staff when transferring the patient.

• Pulling out a catheter while the balloon is still inflated can cause damage to the urethra, and is very painful.

• After the catheter is inserted and the balloon inflated, the tubing should be secured to the patient’s leg with either tape of a catheter holder, keeping the tubing below the level of the bladder; securing the catheter will prevent it from being pulled out if it is caught on bed rails or a wheelchair.

• To obtain a urine sample from a catheter:
  • Clamp the tubing for 20 to 30 minutes; clean the port with alcohol and let it dry.
  • With a sterile syringe, access the port and draw out 20 mL of urine.
  • Empty the urine from the syringe into a sterile specimen container, label it, place it in a biohazard bag, and sent it to the lab.
  • Remember to unclamp the tubing; forgetting to unclamp the tubing will cause bladder distention, backflow of urine into the kidneys, and discomfort for the patient.

References

Avoiding Common Nursing Errors, Lisa Marcucci, MD, Editor, Lippincott Williams and Wilkins, 2010.