

# PROCEDURAL GUIDANCE

## CLEAN INTERMITTENT CATHETERIZATION

1. Verify student orders are current. Note the brand/type and size of catheter (Fr) and frequency of procedure.
2. Explain procedure using developmentally appropriate teaching strategies. Consider self-management goals and encourage participation as appropriate.
3. Perform hand hygiene. Place the supplies on a clean surface. Open packages and maintain standard precautions. Do not touch part of catheter to be inserted.
  - a. Catheter
  - b. Urine collection device
  - c. Lubricant (water-soluble)
  - d. Wipes or appropriate cleaning supplies
  - e. Gloves
  - f. Mirror (if applicable)
4. Position student comfortably. Catheterization can be done sitting, standing, or lying down for males. Lying down with knees bent in a froglike position or sitting with legs spread apart is recommended for females.
5. Perform/assist with catheterization and monitor student tolerance:

**Female catheterization:** Separate the labia with the thumb and forefinger (non-dominant hand) and locate the urethral opening. With the other hand, clean the genital area by wiping from front to back. Gently insert tip of catheter until urine begins to flow (about 2-4 inches). Advance another ½ inch and allow urine to flow.

**Male catheterization:** Gently grasp penis (non-dominant hand) and hold upright to straighten the urethral opening. If student is uncircumcised, gently pull back the foreskin until the opening of the urethra is visible. Clean the tip of the penis. Gently insert tip of catheter until urine begins to flow (about 6-8 inches). Once the catheter is inserted, you may need to lower the penis as you continue to insert the catheter. Advance the tube another ½ inch and allow urine to flow.
6. Encourage student to bear down, reposition, or gently press on abdomen to help empty the bladder.
7. As urine flow stops, briefly pull back on catheter and wait to see if more urine flows. Pulling the catheter slightly allows pockets of urine to drain.
8. Slowly remove the catheter in a downward motion.

## OTHER CONSIDERATIONS FOR CARE

- Report changes in insertion resistance, unusual leakage between catheterization times, and changes in urine color, odor, and amount.
- CIC should be performed at least every 3-4 hours.
- A variety of catheters are available (e.g., self-contained system, hydrophilic) and may not require separate lubricant.
- Unscented towelette, baby wipe, or a washcloth with soap and water is recommended unless specific products are ordered.
- Always use anatomical names when referring to body parts.
- Note any physical positioning restrictions. A PT/OT evaluation may be helpful.
- Encourage relaxation and deep breathing exercises to help the student relax the bladder as catheter is inserted.
- Some resistance may be felt as the catheter passes the sphincter to reach the bladder. Never force the catheter.

