

TEACHING PLAN FOR: Catheterization: Intermittent Self-Catheterization

PURPOSE: To outline the nursing responsibilities for education of patients/significant others to perform self-catheterization for acute or chronic bladder dysfunction.

DESIRED

- PATIENT OUTCOMES:
1. Patient and/or significant others will verbalize understanding of the anatomy and physiology of the urinary tract.
  2. Patient and/or significant other will verbalize understanding of the need to develop a routine to perform self-catheterization.
  3. Patient and/or significant other will demonstrate the steps associated with the procedure.
  4. Patient and/or significant other will verbalize understanding of potential complications, e.g., urinary tract infections.

CLINICAL  
ASSESSMENTS/

- AND CARE:
1. Assess patient and/or significant other's ability to learn necessary content for self-catheterization, e.g.:
    - a. ability to follow verbal instructions.
    - b. ability to attend teaching sessions.
    - c. ability to read/comprehend written material.
  2. Assess patient's and/or significant other's ability to verbalize understanding or return demonstrate:
    - a. psychomotor skills needed for self-catheterization.
    - b. ability to visualize the anatomical site (urinary meatus).
    - c. the methods and techniques of self-catheterization using clean technique.
  3. Content should be presented as often as possible during hospitalization. Patient and/or significant other will need repeated opportunities to review information and to practice skills needed for independent self-catheterization.

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PATIENT TEACHING: The nurse is responsible for teaching the patient how to perform self-catheterization. The teaching sessions should be divided into at least 3 sessions and repeated as often as necessary. Initiate the teaching providing verbal instruction followed by demonstration of catheterization. Assist the patient when he/she or significant other performs catheterization until independence in procedure is accomplished. Teaching self-catheterization should begin as soon as the patient is alert, oriented, physically able and willing to learn. Family and significant others should be involved when necessary.

Self-Catheterization (female patient) using clean technique:

1. Gather the necessary equipment:
  - a. towelettes (soapy washcloth and a wet washcloth)
  - b. towel
  - c. urine container (bedpan) if toilet not appropriate
  - d. water soluble lubricant
  - e. Mentor catheter (#14 French) or straight catheter
2. Wash hands.
3. Position self comfortably in bed or on toilet seat.
4. Wash urinary meatus with either the towelette or a soapy washcloth using front-to-back motion. Follow with a rinse using a wet washcloth.
5. Lubricate approximately 1" of the tip of the catheter with the water soluble lubricant.
6. Using the non-dominant hand, separate the labia.
7. Locate the urinary meatus. Hold the catheter in the dominant hand and insert it into the urinary meatus, directing it upward and toward the umbilicus until the urine flows through. Continue to hold catheter in place until the bladder has been drained.
8. Slowly withdraw the catheter (as you do so, you may note an increase in urine flow as urine pockets may drain).

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9. Place catheter in warm soapy water, wash and rinse thoroughly. Let air dry and store catheter in a dry paper towel or an empty plastic 35 mm syringe container until it is needed again. Catheter should be replaced after 1 week or more often if necessary for hygienic purposes.
10. Examine color, character, odor, and amount of urine. Notify your physician for significant changes in the above, and or bleeding, pain, presence of sediment, fever, difficulty in passing or inserting the catheter.
11. Catheterization should be intermittently done to maintain bladder volumes approximately 12 oz./360 cc, which is optimal for maintaining a healthy bladder and kidneys.

Self Catheterization (male patient) using clean technique:

1. Gather the necessary equipment:
  - a. towelettes (soapy washcloth and a wet washcloth)
  - b. towel
  - c. urine container (bedpan) if toilet not appropriate
  - d. water soluble lubricant
  - e. Mentor catheter (#14 French) or straight catheter
2. Wash hands.
3. Position self comfortably in bed or on toilet seat.
4. Wash urinary meatus with either the towelette or a soapy washcloth using front-to-back motion. Follow with a rinse using a wet washcloth.
5. Lubricate approximately 2" of the tip of the catheter with the water soluble lubricant.
6. Using the non-dominant hand, hold the penis at an angle so that the urethra is positioned perpendicular to the body. This allows for easier passage of the catheter.
7. Using your dominant hand insert the catheter into the urinary meatus approximately 8" into the bladder.

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8. When urine begins to flow the penis may return to its natural position. Maintain catheter position until the bladder has been drained. Slowly withdraw the catheter (as you do so, you may note an increase in urine flow as urine pockets may drain).
9. Place catheter in warm soapy water, wash and rinse thoroughly. Let air dry and store catheter in a dry paper towel until it is needed again. Catheter should be replaced after 1 week or more often if necessary for hygienic purposes.
10. Examine color, character, odor, and amount of urine. Notify your physician for significant changes in the above, and or bleeding, pain, presence of sediment, fever, difficulty in passing or inserting the catheter.
11. Catheterization should be intermittently done to maintain bladder volumes approximately 12 oz./360 cc, which is optimal for maintaining a healthy bladder and kidneys.

Additional Sessions:

1. Repeat self-catheterization session until independence met, encouraging as much independence of patient/significant other as possible.
2. Review procedure as necessary, provide written materials as needed and provide necessary link to community resources if applicable.

*Consult with House Officer if:*

1. *Patient/significant other exhibits difficulty in learning content related to self catheterization.*
2. *Patient/significant other exhibits difficulty in performing self catheterization.*

- DOCUMENTATION:
1. Document patient learning needs on the appropriate Patient and Family Teaching Record.
  2. Document patient response to teaching on the Patient and Family Teaching Record and/or in the progress notes per Unit/Department Documentation standards.
  3. Document urine output.

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APPROVAL: Medical-Surgical Standards Committee  
Nursing Standards Committee

EFFECTIVE DATE: 5/93

REVISION DATES: 5/03, 8/05