



# **SNS COLLEGE OF NURSING**

**saravanampatti(po),coimbatore-35**

**Affiliated to The Tamilnadu DR.MGR MEDICAL UNIVERSITY,Chennai**

**DEPARTMENT OF NURSING**

**COURSE – 1 ST YEAR B.SC(N)**

**Subject-Nursing Foundation**

**UNIT: X- MEETING NEEDS OF PATIENT**

**TOPIC 3: FEMALE CATHETRIZATION/MAINTANENCE AND REMOVAL OF  
CATHETER**

# FEMALE CATHETRIZATION





# PROCEDURE



- Cleanse the genital and perineal areas with warm soap and water. Rinse and dry.
- Wash your hands carefully.
- Open the sterile catheterization kit, using sterile technique.
- Put on the sterile gloves.
- Open the sterile drape and place on patient thighs.



# PROCEDURE



- Apply sterile lubricant liberally to the catheter tip.  
Lubricate at least six inches of the catheter.  
Leave the lubricated catheter on the sterile field.
- Pour the antiseptic solution over the cotton balls.
- Place the urine specimen collection container within easy reach.



# PROCEDURE



- Place the thumb and forefinger of your non dominant hand between the labia minora, spread and separate upward. The gloved hand touched the patient is now contaminated.
- Using the forceps, pick up a cotton ball saturated with antiseptic solution. Use one cotton ball for each stroke. Swab from above the meatus downward toward the rectum.



# PROCEDURE



- Keeping the labia separated, cleanse each side of the meatus in the same downward manner Do not go back over any previously cleansed area.
- Deposit each cotton ball into the disposal bag. After the last cotton ball is used, deposit the forceps into the bag as well.



# PROCEDURE



- Continue to hold the labium apart after cleansing. Insert the lubricated catheter into the female patient & a pos urinary meatus.
- Angle the catheter upward as it is advanced. If the catheter will not advance, instruct the patient to inhale and exhale slowly. This may relax the sphincter muscle. Do not force the catheter.



# PROCEDURE



- When urine starts to flow, insert the catheter approximately one inch further. Place the cup under the stream of flowing urine to obtain a sterile specimen if required.
- Inflate balloon, using correct amount of sterile liquid.
- Gently pull catheter until inflation balloon is snug against bladder neck





# PROCEDURE



- Connect catheter to drainage system
- Connect the drainage bag to the catheter.  
Secure the catheter to the inner aspect of the female patient's thigh
- Place drainage bag below level of bladder
- Evaluate catheter function and amount, color, odor, and quality of urine

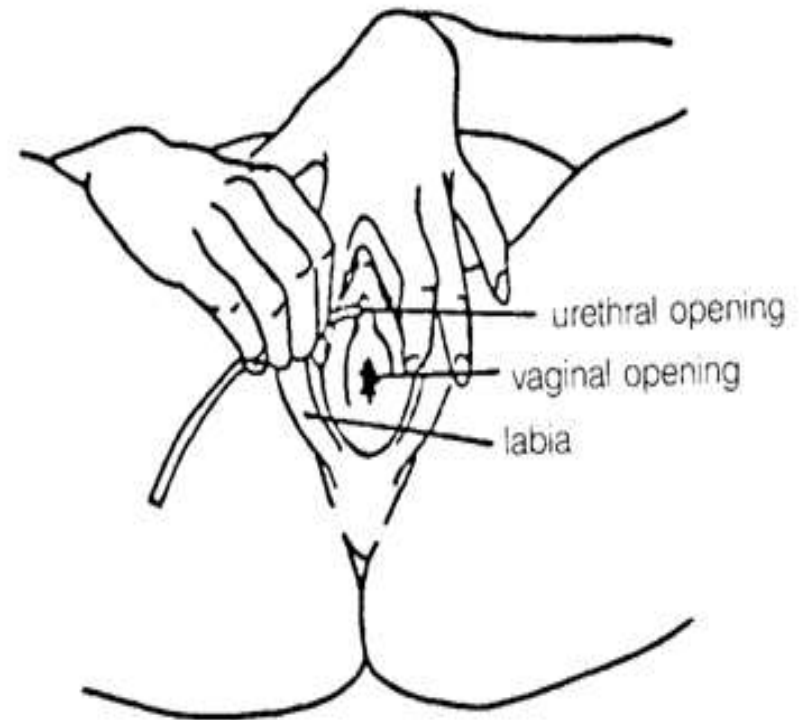


# PROCEDURE



- Remove gloves, dispose of equipment appropriately, wash hands
- Document size of catheter inserted, amount of water in balloon, patient response to procedure, and assessment of urine

# INSERTING CATHETER FOR FEMALE





# MAINTANACE OF CATHETER



- ❖ Wash your hands before and after caring for the patient and wear gloves when handling an indwelling catheter.
- ❖ Clean the perineal area with soap and water twice daily and after each bowel movement, especially around the meatus. Use a separate area of the cloth for each stroke.



# MAINTANACE OF CATHETER



- ❖ Avoid use of lotions or powder in the perineal area.
- ❖ Arrange for the patient to take a shower or tub bath when permitted. The collecting container may be hung over the side of the tub. The catheter should be clamped temporarily if the collecting container is higher than the bladder.



# MAINTANACE OF CATHETER



- ❖ Teach the patient to maintain the catheter. Self-care helps the patient develop a feeling of independence and promotes cleanliness. If the patient is ambulatory, instruct him in use of the leg bag. Encourage the patient to intake 2500 cc to 3000 cc of fluid daily.
- ❖ Change the indwelling catheter as necessary or in accordance with local policy.

# HOW TO REMOVE CATHETER





# REMOVAL OF CATHETER



- ✓ Assemble all supplies and equipment.
  - 10 cc syringe
  - Washcloth and towel.
  - Exam gloves.
  - Soap and water.
- ✓ Identify the patient and explain the procedure. Advise him that there will be a slight burning during removal of the catheter.





# REMOVAL OF CATHETER



- ✓ Provide privacy and assist the female patient into a dorsal recumbent position. The male should be in a supine position.
- ✓ Wash your hands and put on exam gloves.
- ✓ Empty the balloon by inserting the barrel of the syringe and withdrawing the amount of fluid used during inflation.



# REMOVAL OF CATHETER



- ✓ Pinch off and gently pull on the catheter near the point where it exits from the meatus.
- ✓ Clean the perineum or penis with soap and water. Dry the area well.
- ✓ Inspect the catheter to be sure no remnants remained in the bladder. If the catheter is not totally intact, report this promptly and save the catheter for further inspection.



# REMOVAL OF CATHETER



- ✓ Empty the drainage bag. Measure the amount of urine and record on the intake and output (I&O) sheet.
- ✓ Remove the gloves and wash your hands.
- ✓ Discard disposable supplies and return reusable supplies and equipment to the appropriate area.



# REMOVAL OF CATHETER



- ✓ Record that the catheter was removed, the time and date and by whom. Note the amount, color, and clarity of the urine in the drainage bag. Also document all patient teaching done and the patient level of understanding.
- ✓ After removal of the catheter, assess the patient for 24 hours for patterns of urinary elimination. Note the time and amount of the first voided urine.



# REMOVAL OF CATHETER



Note the time and amount of the first voided urine.

Report any of the following:

(1) Inability to void within 8 to 10 hours.

(2) Frequency, burning, dribbling, or hesitation in starting the stream of urine and Cloudiness .

✓ Provide a level of fluids similar to the intake when the catheter was in place.



# REMOVAL OF CATHETER



- ✓ Record that the catheter was removed, the date and time, and by whom
- ✓ Provide a level of fluids similar to the intake when the catheter was in place.
- ✓ Record that the catheter was removed, the date and time, and by whom



# ASSESSMENT



1. Explain about how to inserting the indwelling catheter for female patients?
2. What are all the steps to remember before removal of catheter?
3. Describe about hoe to maintaining the catheter?



# REFERENCES



- Sister Nancy, Fundamental Of Nursing; Principle &Practice of Nursing 12th edition.
- I Clement Basic Concepts on Nursing Procedures, Jaypee, publications ....
- Carol Taylor ,Fundamendals of Nursing, The Art and Science of person-centered care , south Asian Edition