

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services Division
District Nursing Services

STERILE CATHETERIZATION

I. GENERAL GUIDELINES

A. PURPOSE

1. To empty the bladder at appropriate interval
2. To prevent bladder distensions and reflux
3. To reduce the risk of urinary tract infection
4. To remove residual urine to maintain continence, control odors and prevent breakdown of skin

B. GENERAL INFORMATION

Catheterization is the insertion of a hollow tube (catheter) into the urethra to allow urine to drain from the bladder. Residual urine is the urine that remains in the bladder when it does not completely empty.

Neurogenic bladder is a condition in which the nerves from the spinal cord to the bladder are damaged resulting in loss of bladder control.

1. Sterile Catheterization is indicated by Licensed Healthcare Provider.
2. School nurse will monitor sterile catheterization procedures to ensure sterile techniques are maintained when procedure is provided by designated school personnel.

C. PERSONNEL

1. School nurse or school physician
2. Designated school personnel under direct or indirect supervision of school nurse.

D. EQUIPMENT

1. Provided by parent:
 - a. Sterile catheterization tray including:
 - 1) Sterile catheter as ordered by physician
 - 2) Sterile gloves non-latex
 - 3) Sterile water soluble lubricant
 - 4) Receptacle for urine collection
 - 5) Sterile cotton balls
 - 6) Sterile drape and/or protective pad
 - 7) Antiseptic solution as ordered by physician
 - 8) Sterile forceps if available
 - b. Sterile disposable catheters of appropriate size (if not included in tray)
 - c. Collection receptacle (may be included in tray or ask parent for urine receptacle).

2. Provided by school:
 - a. Plastic bag for disposal of waste
 - b. Protective pads
 - c. Clean non-latex gloves
 - d. Alcohol-Free hand Sanitizer

II. PROCEDURE

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
1. Wash Hands	
2. Assemble equipment in appropriate private location	Avoid unnecessary exposure. Have adequate light available.
3. Have student lie on back (with knees flexed and separated if possible)	
4. Place protective pads under student's buttocks	This will serve to prevent soiling surface beneath the student and keeps contamination to a minimum
5. Clean hands with alcohol free hand sanitizer	Never leave student unattended
6. Open catheterization tray using appropriate sterile technique. Do not touch sterile equipment or inside surface of tray.	Sterile equipment ensures that no microorganisms are introduced into the urinary tract.
7. Open sterile wrap to provide sterile field	
8. If catheter is not included in tray, open sterile catheter package and drop catheter onto sterile tray.	
9. Put on sterile gloves	After donning sterile gloves, <u>do not touch a non-sterile object</u>
10. Place sterile drape on student	
11. Open antiseptic solution and pour over cotton balls in the tray.	
12. Open sterile water soluble lubricant and squeeze onto sterile field	

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
<p>13A. FOR FEMALE</p> <ol style="list-style-type: none"> Hold labia open to visualize urinary meatus Pick up antiseptic-soaked cotton ball with forceps if available. Cleanse each labium with sterile cotton balls using <u>downward</u> stroke and clean cotton ball for each stroke. Use third sterile cotton balls to clean urinary meatus. Lubricate the tip of the catheter Holding the catheter 3 inches from the tip, insert it gently into the urinary meatus, downward and backward 1-2 inches, until urine begins to flow. If slight resistance is felt, rotate the catheter gently. 	<p>Female urethra is short and straight. Continue holding labia open until catheter is inserted. <u>This hand is no longer sterile.</u></p> <p>Adequate cleansing of the urinary meatus prevents the introduction of bacteria into the bladder when the catheter is inserted. Place other end of catheter into the collection receptacle. Continue holding the labia open until the catheter is inserted.</p> <p>Do not use force. Instruct student to breathe deeply to relax the perineal muscles to overcome resistance to entry.</p>
<p>13B. FOR MALE</p> <ol style="list-style-type: none"> Hold the penis between the thumb and forefinger upright, at a 45 to 90-degree angle to the student's body. Pick up antiseptic-soaked cotton ball with forceps. Cleanse the glans with sterile cotton balls using a circular motion, beginning at the urethral opening and moving away from the meatus toward the base of penis. Holding the penis upright at right angle to student's body, exert slight pressure to widen the urinary meatus. Lubricate the tip of the catheter. Holding catheter near tip, insert into urinary meatus until urine begins to flow; then advance half an inch to one inch. 	<p>If student is not circumcised, retract foreskin. Maintain grasp until procedure is completed. <u>This hand is no longer sterile.</u></p> <p>Use a clean cotton ball for each circular stroke and discard.</p> <p>Place other end of catheter into collection receptacle.</p> <p>If slight resistance is felt, twist the catheter. The pull on the penis can be increased as the catheter is withdrawn slightly, and then pushed ahead until urine flows. Do not use force. Instruct student to breathe deeply to relax the perineal muscles to overcome resistance to entry</p>
<p>14. Hold catheter in place until urine ceases to flow. When flow stops, advance catheter slightly. When no more urine flows, pinch catheter and withdraw gently and slowly. For a male who is not circumcised, pull the foreskin over the glans when finished.</p>	<p>It is essential to empty the bladder completely. Rotating catheter ensures that the openings have reached all areas of the bladder. It is also helpful to have the student bear down a couple of times with the catheter in place.</p>

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
15. Assist student from treatment table	
16. Remove and discard gloves, wash hands and put on clean, non-sterile gloves.	Make certain that student is dry and comfortable.
17. a. Measure urine (if ordered) b. Rinse urine receptacle with water and discard rinse water in toilet.	Note urine for any signs of abnormality (color, odor, sediment, concentration, and amount).
18. Discard equipment	
19. Remove gloves and wash hands	Universal Precautions require all waste material be double bagged.
20. Document procedures, including date, time, amount of urine if ordered, color odor if present and response of student	Contact school nurse to report any changes in characteristics of the urine or problem with procedure.

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Date



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REFERENCES:

California School Nurses Organization. The Green Book: *California Guidelines for Specialized Physical Healthcare Procedures in School Settings, Section 3*. . 2nd Edition (4/11). Sacramento, CA.