

N-13 Indwelling (Foley) Catheter Care

Purpose: To provide guidance for care of catheter tubing and bag and monitoring urine output.

Urinary incontinence and urinary retention are the most common reasons for long-term indwelling urinary catheters. A catheter may be needed due to medical conditions, such as an enlarged prostate, the inability to control the release of urine, after surgery on the pelvis or urinary tract, or if the lower part of the body is paralyzed.

An indwelling urinary catheter is a sterile, flexible plastic tube used to drain urine from the bladder when the person is unable to urinate. A catheter enters the urethra, extends into the bladder, and drains urine into an external bag. When the catheter is in the bladder, a small balloon is inflated to keep the catheter in place.

Procedure: Inform resident of any procedures and gain consent. Offer reassurance and allow resident to voice concerns or questions.

Ensure good hygiene to prevent infection going up the catheter tubing and into the body. Wash hands before and after care, and wear gloves. Maintain a closed drainage system.

Measure and record the urine output every 8 hours. Empty the urine bag via the spout at the bottom of the bag, being careful not to contaminate the spout. Wipe the spout with a clean antiseptic swab before returning it to the storage sleeve. Use a separate collection container to empty the bag for each resident.

Observe the drainage tubing and amount of urine in the bag each time the resident is seen. Keep the tubing above the bag. Check to assure that the resident is not lying on the tubing. Keep the bag below the bladder. Clamp the tubing before raising the bag above the bladder to avoid backflow into the bladder.

Provide perineal care at least BID. Cleanse the genitalia and the area around the insertion site with soap and rinse well. Clean the tubing starting at the insertion site, and moving away from the resident. Do not apply powder or lotion to the skin around the catheter. Do not tug or pull on the catheter.

Keep the catheter firmly attached to the leg, or to the abdomen of the male, to prevent pulling on the catheter at the insertion site, which causes irritation. At night, the bag can be hung from the side of the bed.

Expect an average of 30cc/hour of urine output. Less than 30cc is abnormal unless there is a reason. Check for kinked tubing, bladder distention, or a wet bed that may indicate a problem. If no reason is found, report the decreased flow to the physician or ANP.

The indwelling catheter, tubing, and bag are changed every 30 days.

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