



## ADULT INDWELLING URINARY CATHETER DECISION AID

Nurses should adhere to organizational policies and procedures and nursing regulatory body

### Female Anatomy

Typical sizes:  
10 (black port), 12 (white port), 14 (green port)

### Size

The smallest French (Fr) size that allows for adequate drainage should be selected. Balloon ports are colour-coded to allow for ease of recognition

### Male Anatomy

Typical sizes:  
14 (green port), 16 (orange port)

### Balloon Size

3, 5, or 10 ml  
Larger balloon will weigh more and put more pressure on the bladder neck and urethra. Do not preinflate the balloon

### Silicone

- short- and long-term use
- less flexible compared to latex catheters
- better for sediment and drainage
- less encrustation
- larger lumen size to Fr compared to other materials

### Material

Latex not recommended due to latex allergies and increasing sensitivities

### Latex – hydrogel, silicone, or Teflon coated

- short- and long-term use
- less trauma
- less encrustation
- careful with risk of latex allergy

### PVC

- short term use
- high risk of encrustations
- may contain phthalates

### Hydrophilic

- activation of lubricated surface can be ready-to-use or require a package to be broken
- no added lubrication needed
- reduces friction and trauma
- may reduce the risk of UTI

### Tip/End

#### Standard/straight/Nelaton

- indicated for most insertions

#### Coudé/Tiemann/curved/rounded/olive

- curve helps passage around enlarged prostate or urethral stricture
- consider in pelvic organ prolapse or sometimes with retracted urethral meatus in severe atrophy

### Frequency

All indwelling catheters should be changed as per manufacturer's IFU or after less than 30 days (Health Canada) or when clinically indicated such as when the catheter is blocked, urine bypassing, or to collect a urine sample

### Insertion

- only with a most responsible ordering practitioner [or as per scope of practice/organizational policy and procedure]
- optimize patient positioning for insertion using sterile technique
- ensure the catheter is lubricated
- insert slowly and note any resistance
- assess for urine return
- inflate balloon with sterile water slowly assessing for pain or discomfort
- once urine flow is established, insert the catheter 5 cm (2") further into the urethra, to the bifurcation ("Y" juncture) before inflation of the balloon
- assess patient for pain, bleeding, or signs of trauma
- if size is not ordered consider using smallest catheter that will allow for adequate bladder drainage
- follow manufacturer's IFU on the amount to fill the balloon. Ensuring not to under or overfill as can result in dislodgement or balloon malfunction
- larger balloons are available (20 ml and 30 ml) but these should only be used when ordered as they can be irritating to the bladder and bladder neck. Increases bladder spasms
- larger catheters are generally used when clotting is an issue and / or irrigation is required (18 Fr and above)
- specialized catheter tips (Coudé/Tiemann/curved) are used when urethral or bladder neck obstruction is a probability based on the patient's history (BPH, strictures)
- secure catheter in males to keep the penis straight (i.e., secure to upper thigh or abdomen so penis is straight) to reduce the risk of urethral irritation and erosion
- secure catheter with catheter securement device to reduce bladder neck trauma and urethral erosion

### Removal

- monitor patient's condition and when appropriate advocate for catheter removal
- ensure complete deflation of balloon prior to removal
- remove catheter slowly
- assess catheter for any signs of deterioration

### Troubleshooting

- no return of urine when inserting catheter (catheter has coiled inside the urethra—encourage patient to relax by breathing slowly, try repositioning, assess for full insertion past the bladder neck and into the bladder, consider different tip or type of catheter)
- bladder scan post catheterization to check complete emptying, if available
- if a UTI is suspected the catheter should be removed and an order for C&S obtained and a specimen collected from a newly inserted catheter but check and follow organizational policy and procedures
- bleeding (stiffness of catheter, size, technique, medical condition, etc.)
- pain (catheter properties, technique, consider anesthetic gel inserted into urethra with a syringe, etc.)
- consider the use of anesthetic gel if difficult catheterization is expected
- do not use anesthetic gel if urethral bleeding is present or patient is allergic
- no urine output, check position of catheter and ensure it is not kinked
- irrigation of indwelling catheters is not recommended

**Notes:** Abbreviations BPH = benign prostatic hyperplasia, C&S = culture and sensitivity, IFU = instructions for use, PVC = polyvinyl chloride, UTI = urinary tract infection

Nurses must practice within nursing regulatory body scope of practice and in accordance with health care organizational policies and procedures. Always refer to manufacturer's instructions for use.

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