ADULT INTERMITTENT URINARY CATHETER DECISION AID

Aseptic Non-Touch Technique (ANTT) must be followed

A sterile, single use intermittent catheter required for each urinary catheterization as per Health Canada licence
Nurses should adhere to organizational policies and procedures and nursing regulatory body

Size

The smallest French (FR) size that enables insertion and adequate drainage should be selected. Funnel end has colour-coding to allow for ease of recognition

Female Anatomy

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

Male Anatomy

Typical sizes:
14 (green), 16 (orange), 18 (red)

Length

Male anatomy requires a longer length intermittent catheter due to longer urethra

Female Anatomy

Typical length:
7–22 cm (may use male length for ease of drainage into a receptacle)

Male Anatomy

Typical length:
33-45 cm (do not use female length)

Material

Latex not recommended due to latex allergies and increasing sensitivities

Hydrophilic (preferred)

- PU, PVC, silicone, and TPE
- 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

Prelubricated

- PVC, silicone, and TPE
- sterile water-soluble lubricant is already added to an uncoated intermittent catheter

Uncoated

- PVC, silicone, and TPE
- sterile single use packet of water-soluble lubricant must be added to surface

Eyelets

Smooth eyelets (preferred)

- fire polished or ultrasonically smoothed
- minimize urethral abrasion and erosion

Nonsmoothed eyelets

- cold punched eyelets
- can cause urethral abrasion and erosion
- may cause insertion pain and bleeding

Tips

Standard/Straight/Nelaton

- common
- straight tip
- used when no anticipated challenges with catheterization

Coudé/Tiemann/Curved

- curved firm tip
- insert using guide indicator
- often used for an enlarged prostate or urethral stricture

Rounded/Ergothan

- flexible bead tip allowing for easier catheterization
- often used for enlarged prostate, urethral strictures, or spastic pelvic floor

Olive

- rounded, larger bulb tip
- often used for urethral strictures or females having difficulty locating the urethral meatus

System

Standard

- basic intermittent catheter

Compact

- smaller package
- may be easily carried in pocket or purse
- discreet

Closed System

- intermittent catheter and drainage bag is an all-in-one system
- useful when toilet access is limited
- urine volume indicator

Protective Sleeve or Grip

- touch-less / no-touch
- decreases insertion contamination caused by handling
- useful when user needs to touch their catheter or when learning

Additional Considerations

Financial

- consider public and private insurance, where available provincial/territorial/federal reimbursement programs
- consider patient support programs through manufacturers to navigate coverage

Environmental

- contact manufacturers for more details
- consult your local waste management policy for disposal of intermittent catheter and packaging

Self-Management Considerations

Clinical

Poor Hand Dexterity

- consider touchless with or without introducer tip
- consider use of insertion aids/devices

Positioning

- females may find shorter catheters are easier to grasp and insert while seated on toilet
- females can use longer catheters to empty their bladder into a toilet or container while in a wheelchair

Urine Volume Measurement Required

- consider use of closed system (with attached bag containing a volume scale)
- may use a urine collection container with a volume scale to drain and measure output

Social

Discretion

- consider discrete/compact type
- consider use of closed system with attached catheter and urine bag attached if traveling or unable to access a toilet or appropriate facility
- consider discreet packaging
- consider discreet disposal features

Financial Limitations

- inform patient of catheter cost ranges to self-determine choice
- consider individual's financial limitations when selecting intermittent catheters after insurance and reimbursement options have been confirmed
- consider patient support programs provided by manufacturers and distributors

Education

- evaluate patient's health literacy and readiness for self-care with each clinical encounter

Insertion

- practice ANTT
- *always* do pericare prior to any catheterization
- when doing pericare examine urethra for any aberrations that may affect type of tip selection
- review chart prior to selection to note any conditions that may affect ease of insertion (e.g., prolapse, obstruction, stricture)
- select the most appropriate catheter for the individual and document any special considerations to ensure continuity
- consider using local topical anesthetic application prior to catheterization if the patient may be fearful or has sensitivities

Removal

- *slowly* withdraw catheter 2.5 cm (1") at a time, rotating and repositioning each time you withdraw to ensure complete bladder emptying

Troubleshooting

- with no expected urine return, the catheter may be curled inside urethra, so use a firmer catheter, Coudé tip, or rounded/Ergothan tip
- bladder scan post catheterization to check complete emptying, if available

Notes: Abbreviations PU = polyurethane, PVC = polyvinyl chloride, TPE = thermoplastic elastomer, 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.

Developed by a nursing task force through Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC). Sponsored by an unrestricted educational grant from Coloplast Canada. Trademarks acknowledged.