



PAEDIATRIC 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

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.

| Female Anatomy | Size | Male Anatomy |
|--|---|---|
| <p>Typical sizes: 8 (blue), 10 (black), 12 (white), 14 (green)</p> | <p>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</p> | <p>Typical sizes: 8 (blue), 10 (black), 12 (white), 14 (green), 16 (orange)</p> |

| Female Anatomy | Length | Male Anatomy |
|---|--|--|
| <p>Typical length: 7–22 cm (may use male length for ease of drainage into a receptacle)</p> | <p>Male anatomy requires a longer length intermittent catheter due to longer urethra</p> | <p>Typical length: 33-45 cm (do not use female length)</p> |

| Hydrophilic (preferred) | Material | Prelubricated |
|--|---|---|
| <ul style="list-style-type: none"> • 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 | <p>Latex not recommended due to latex allergies and increasing sensitivities</p> | <ul style="list-style-type: none"> • PVC, silicone, and TPE • sterile water-soluble lubricant is already added to an uncoated intermittent catheter |
| | Uncoated | |
| | <ul style="list-style-type: none"> • PVC, silicone, and TPE • sterile single use packet of water-soluble lubricant must be added to surface | |

| Smooth eyelets (preferred) | Eyelets | Nonsmoothed eyelets |
|--|---------|---|
| <ul style="list-style-type: none"> • fire polished or ultrasonically smoothed • minimize urethral abrasion and erosion | | <ul style="list-style-type: none"> • cold punched eyelets • can cause urethral abrasion and erosion |

| Standard/Straight/Nelaton | Tips | Rounded/Ergothan | Olive |
|--|---|---|--|
| <ul style="list-style-type: none"> • common • straight tip • used when no anticipated challenges with catheterization | <p>Coudé/Tiemann/Curved</p> <ul style="list-style-type: none"> • curved firm tip • insert using guide indicator • indicated if postoperative edema or challenging insertion / urethral stricture / male anatomy | <ul style="list-style-type: none"> • flexible bead tip allowing for easier catheterization • often used for urethral strictures or spastic pelvic floor | <ul style="list-style-type: none"> • rounded, larger bulb tip • often used for urethral strictures or females having difficulty locating the urethral meatus |

| Standard | System | Protective Sleeve or Grip |
|---|--|--|
| <ul style="list-style-type: none"> • basic intermittent catheter | <p>Closed System</p> <ul style="list-style-type: none"> • intermittent catheter and drainage bag is an all-in-one system • useful when toilet access is limited • urine volume indicator | <ul style="list-style-type: none"> • touch-less / no-touch • decreases insertion contamination caused by handling • useful when user needs to touch their catheter or when learning |
| Compact | | |
| <ul style="list-style-type: none"> • smaller package • may be easily carried in pocket or purse • discreet for students or traveling | | |

| Financial | Additional Considerations | Environmental |
|--|---------------------------|--|
| <ul style="list-style-type: none"> • consider public and private insurance, where available provincial/territorial/federal reimbursement programs • consider patient support programs through manufacturers to navigate coverage | | <ul style="list-style-type: none"> • contact manufacturers for more details • consult your local waste management policy for disposal of intermittent catheter and packaging |

| Self-Management Considerations | | | | |
|---|---|---|--|--------|
| Clinical | Discretion | Financial Limitations | Education | Social |
| <p>Poor Hand Dexterity</p> <ul style="list-style-type: none"> • consider touchless with or without introducer tip • consider use of insertion aids/devices | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • evaluate evolving developmental age and readiness for self-care with each clinical encounter | |
| <p>Positioning</p> <ul style="list-style-type: none"> • females may find shorter catheters are easier to grasp and insert while seated on toilet • female can use longer length catheter may be required for individuals to empty their bladder into a toilet or container while in a wheelchair | | | | |
| <p>Urine Volume Measurement Required</p> <ul style="list-style-type: none"> • 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 | | | | |

| Insertion | Removal | Troubleshooting |
|---|---|--|
| <ul style="list-style-type: none"> • 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., obstruction, stricture) • select the most appropriate catheter for the individual and document any special considerations to ensure continuity • consider using local topical anesthetic application to catheterization if the patient may be fearful or has sensitivities | <ul style="list-style-type: none"> • slowly withdraw catheter 2.5 cm (1") at a time, rotating and repositioning each time you withdraw to ensure complete bladder emptying | <ul style="list-style-type: none"> • 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 |