

NR 224 week 5 edapt
Nursing skills - Indwelling urinary catheters

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The following assessment findings require priority follow-up prior to the skill being performed:

- Betadine allergy – Clients with a betadine allergy will need an alternate cleansing solution for indwelling urinary catheter insertion.
- Latex allergy – Clients with a latex allergy need latex-free catheter supplies. While many institutions are latex-free, the nurse must verify and ensure no latex supplies are used on this client.
- Need for perineal cleansing – If the client has a need for perineal cleansing, this should be done before inserting the indwelling urinary catheter to reduce the incidence of infection. Fecal incontinence can increase the risk of catheter-associated urinary tract infection (CAUTI).

Indwelling urinary catheter insertions should be performed in the following order:

- Identify client with two identifiers – This should be completed prior to any procedure for client safety and to comply with The Joint Commission standards.
- Perform hand hygiene – Hand hygiene is always completed before any procedure and decreases chances for catheter-associated urinary tract infections (CAUTI).
- Raise bed to level of hips – Body mechanics are important. This also keeps sterile field integrity as nothing will fall into the field from leaning over it.
- Position client – The client should be positioned for privacy and for the procedure being performed.
- Open sterile catheterization kit on overbed table maintaining sterile technique (Away, Side, Side, Towards) – These steps ensure the integrity of the sterile field.