



University of the Philippines Manila  
**THE HEALTH SCIENCES CENTER**  
**COLLEGE OF NURSING**



*World Health Organization Collaborating Center for Nursing Leadership and Development*  
*Commission on Higher Education Center of Excellence*  
 Sotejo Hall, Pedro Gil St., Ermita, Manila

**N11 – NURSING FOUNDATION II**

**URINARY CATHETERIZATION**

Name: \_\_\_\_\_

Group: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** Check the appropriate column below based on student’s performance or non-performance of expected skill. Check “Done” or “Observed” column if skill is performed and “Not Done” if skill is not performed. Any comments may be written on the last column.

INSERTING AN INDWELLING (FOLEY) CATHETER	PERFORMED			COMMENTS
	Done	Observed	Not Done	
<b><i>Female Catheterization</i></b>				
1. Position patient in dorsal recumbent with knees up and legs spread apart. Drape properly & focus light.				
2. Lay sterile pack in front of patient’s buttocks and between flexed legs. Open the pack without contaminating inner surface and lay out equipment on sterile drape. <ul style="list-style-type: none"> <li>• Place 6-10 cotton balls in kidney basin with antiseptic solution</li> <li>• Squeeze some lubricant on a sterile gauze</li> <li>• Open pack of sterile catheter without contaminating especially the catheter tip.</li> <li>• Position collection bottle which will receive the urine close to the patient.</li> </ul>				
3. Put on sterile gloves.				
4. Test balloon of the Foley catheter. Attach the 10 ml syringe into the catheter side arm. Check volume capacity of the balloon (Standard catheters have 5ml balloons) and inject the sterile water to inflate the catheter balloon.				
5. After testing, pull back the syringe plunger to recover the fluid. Save the syringe for later use. Or leave it attached to the inflation port.				
6. With thumb and index finger of non-dominant hand, separate the labia minora and retract slightly upward. Identify the meatus.				
7. Using cotton balls saturated with antiseptic, cleanse the area around the meatus starting from the outer sides with a single downward stroke. Use one cotton ball for each stroke. Clean the center with a single top to bottom stroke. You may repeat this step 3 to 4 times if necessary.				

INSERTING AN INDWELLING (FOLEY) CATHETER	PERFORMED			COMMENTS
	Done	Observed	Not Done	
8. Keeping the labia retracted, pick-up the catheter 3 to 4 inches away from the tip. Lubricate without plugging the opening. Place the other end of the catheter into the collection bottle.				
9. Insert the catheter gently about 2-3 inches until urine flows.				
10. Attach the pre-filled syringe to the catheter side arm (if it was not left attached) and inject the right amount of sterile water to inflate the balloon.				
11. Retract the catheter until you feel resistance.				
12. Tape the catheter to the side of one leg or to the patient's inner thigh.				
13. Attach the drainage bag to the bed frame. Coil excess tubing flatly on the bed. Wrap the rubber band around the tubing and pin it to the sheet. Cleanse and dry the perineum.				
14. Position the patient for comfort. Remove drapes.				
15. Provide instructions or health teachings. <ul style="list-style-type: none"> <li>• Increasing fluids</li> <li>• Moving freely since the balloon will hold catheter</li> <li>• Keeping bag below the bladder level</li> <li>• Voiding sensations.</li> </ul>				
<b>Male Catheterization</b>				
1. Place patient on supine position.				
2. Drape properly, only exposing the penis and a small surrounding area.				
2. Lay sterile pack in front of patient's buttocks and between flexed legs. Open the pack without contaminating inner surface and lay out equipment on sterile drape.				
3. Put on sterile gloves.				
4. Test balloon of the Foley catheter. Attach the 10 ml syringe into the catheter side arm. Check volume capacity of the balloon (Standard catheters have 5ml balloons) and inject the sterile water to inflate the catheter balloon.				
5. After testing, pull back the syringe plunger to recover the fluid. Save the syringe for later use. Or leave it attached to the inflation port.				
6. With non-dominant hand, hold the penis at a 45° angle. Hold only around the sides to avoid closing the urethra. With the thumb and index finger, retract the foreskin.				
7. With dominant hand, or using a sterile pick-up forceps, cleanse the patient's meatus using cotton balls with antiseptic solution. Start at the center of the meatus and then do one downward stroke. Or do it in a circular manner without retracting any area previously cleansed. This step may be repeated 3 or 4 more times using a new cotton ball each time.				
8. Still holding the penis upright, gently insert the catheter until the penoscrotal angle is reached. Do not use force.				

INSERTING AN INDWELLING (FOLEY) CATHETER	PERFORMED			COMMENTS
	Done	Observed	Not Done	
Once at the angle, hold the penis up to a 90° angle and insert the catheter some more until urine flows. (Total length inserted should be 6-9 inches).				
9. If there is resistance, ask patient to breathe deeply and gently rotate the catheter. See if it enters. Or ask the patient to bear down (if this is not contraindicated in the patient's condition). If resistance persists, refer to the doctor before trying again.				
10. Attach the pre-filled syringe to the catheter side arm (if it was not left attached) and inject the right amount of sterile water to inflate the balloon.				
11. Retract the catheter until you feel resistance.				
12. Tape the catheter to the side of one leg or to the patient's inner thigh.				
13. Attach the drainage bag to the bed frame. Coil excess tubing flatly on the bed. Wrap the rubber band around the tubing and pin it to the sheet. Cleanse and dry the perineum.				
14. Position the patient for comfort. Remove drapes.				
15. Provide instructions or health teachings. <ul style="list-style-type: none"> <li>• Increasing fluids</li> <li>• Moving freely since the balloon will hold catheter</li> <li>• Keeping bag below the bladder level</li> <li>• Voiding sensations.</li> </ul>				

<i>Name of Student Observer &amp; Signature</i>	<i>Name of Faculty &amp; Signature / Date</i>

CARING FOR A PATIENT WITH AN INDWELLING (FOLEY) CATHETER	PERFORMED			COMMENTS
	Done	Observed	Not Done	
1. Maintain a closed urinary system.				
2. Empty the collection bag every 8 hours or more frequent if necessary, and note characteristics of urine output (amount, color, odor).				
3. Assess meatus area at least 2 times a day.				
4. Maintain cleanliness around the catheter. Provide catheter care at least every 8 hours.				
5. Keep drainage bag below bladder level.				
6. Keep drainage bag off the floor.				
7. Do not let tubings hang off the bed in loops. Tape to prevent pulling of catheter.				
8. Wash hands anytime when in doubt.				

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**N11 – NURSING FOUNDATION II**

Name: \_\_\_\_\_ Group: \_\_\_\_\_ Date: \_\_\_\_\_

**SKILLS CHECKLIST: STRAIGHT URINARY CATHETERIZATION**

**Instructions:** Check the appropriate column below based on student’s performance or non-performance of expected skill. Check “Done” or “Observed” column if skill is performed and “Not Done” if skill is not performed. Any comments may be written on the last column.

INSERTING AN INTERMITTENT (STRAIGHT) CATHETER	PERFORMED			COMMENTS
	Done	Observed	Not Done	
<b><i>Female Catheterization</i></b>				
1. Position patient in dorsal recumbent with knees up and legs spread apart. Drape properly and focus light.				
2. Lay sterile pack in front of patient’s buttocks and between flexed legs. Open the pack without contaminating inner surface and lay out equipment on sterile drape. <ul style="list-style-type: none"> <li>• Place 6-10 cotton balls in kidney basin with antiseptic solution</li> <li>• Squeeze some lubricant on a sterile gauze</li> <li>• Open pack of sterile catheter without contaminating especially the catheter tip.</li> <li>• Position collection bottle which will receive the urine close to the patient.</li> </ul>				
3. Put on sterile gloves.				
4. With thumb and index finger of non-dominant hand, separate the labia minora and retract slightly upward. Identify the meatus.				
5. Using cotton balls saturated with antiseptic, cleanse the area around the meatus starting from the outer sides with a single downward stroke. Use one cotton ball for each stroke. Clean the center with a single top to bottom stroke. You may repeat this step 3 to 4 times if necessary.				
6. Keeping the labia retracted, pick-up the catheter 3 to 4 inches away from the tip. Lubricate without plugging the opening. Place the other end of the catheter into the collection bottle.				
7. Insert the catheter gently about 2-3 inches until urine flows.				
8. Transfer the nondominant hand holding the labia to the catheter. Move the dominant hand towards the end of the catheter to hold it above the urine being collected. (If a urine specimen is needed, use this dominant hand to				

INSERTING AN INTERMITTENT (STRAIGHT) CATHETER	PERFORMED			COMMENTS
	Done	Observed	Not Done	
place the specimen bottle and transfer the end of the catheter into this small specimen bottle. Get at least 30 ml of urine. Send to lab within 1 hour).				
9. Allow urine to flow until it diminishes and withdraw the catheter slowly about ½ inches at a time.				
10. When urine ceases flowing, pinch off catheter and gently withdraw, allowing the remaining urine in the tube to drop into the collection bottle. Set aside the collected urine.				
11. Remove the drapes. Wash and dry the perineum.				
12. Position the patient for comfort. Lower the bed to previous position or level.				
13. Measure urine volume. Note urine color, appearance and odor. Discard articles and wash hands. (if a specimen was collected, properly label and send to lab immediately). Document time of collection and name of test to be done, method of collection and volume of specimen sent.				
<i>Male Catheterization</i>				
1. Place patient on supine position.				
2. Drape properly, only exposing the penis and a small surrounding area.				
2. Lay sterile pack in front of patient's buttocks and between flexed legs. Open the pack without contaminating inner surface and lay out equipment on sterile drape.				
3. Put on sterile gloves.				
4. With non-dominant hand, hold the penis at a 45° angle. Hold only around the sides to avoid closing the urethra. With the thumb and index finger, retract the foreskin.				
5. With dominant hand, or using a sterile pick-up forceps, cleanse the patient's meatus using cotton balls with antiseptic solution. Start at the center of the meatus and then do one downward stroke. Or do it in a circular manner without retracting any area previously cleansed. This step may be repeated 3 or 4 more times using a new cotton ball each time.				
6. Still holding the penis upright, gently insert the catheter until the penoscrotal angle is reached. Do not use force. Once at the angle, hold the penis up to a 90° angle and insert the catheter some more until urine flows. (Total length inserted should be 6-9 inches).				
7. If there is resistance, ask patient to breathe deeply and gently rotate the catheter. See if it enters. Or ask the patient to bear down (if this is not contraindicated in the patient's condition). If resistance persists, refer to the doctor before trying again.				
8. Allow urine to flow until it diminishes and withdraw the catheter slowly about ½ inches at a time.				

INSERTING AN INTERMITTENT (STRAIGHT) CATHETER	PERFORMED			COMMENTS
	Done	Observed	Not Done	
9. When urine ceases flowing, pinch off catheter and gently withdraw, allowing the remaining urine in the tube to drop into the collection bottle. Set aside the collected urine.				
10. Remove the drapes. Wash and dry the perineum.				
11. Position the patient for comfort. Lower the bed to previous position or level.				
12. Measure urine volume. Note urine color, appearance and odor. Discard articles and wash hands. (if a specimen was collected, properly label and send to lab immediately). Document time of collection and name of test to be done, method of collection and volume of specimen sent.				

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**SKILLS CHECKLIST: CARE OF CLIENT WITH INDWELLING CATHETER**

	PERFORMED			COMMENTS
	Done	Observed	Not Done	
1. Position patient in supine and expose perineal area to visualize meatus.				
2. Assemble or lay out equipment on overbed table. Pour antiseptic over cotton balls in kidney basin.				
3. Put on clean gloves.				
4. Using sterile forceps, cleanse urinary meatus in a circular motion from the center to the outer area with antiseptic-soaked cotton balls. Dispose into paper bag.				
5. Gently pull the catheter taut. Cleanse from the catheter insertion site down the tubing approximately 4 to 5 inches. . Dispose into paper bag.				
6. Remove gloves and discard.				
7. Position patient for comfort. Lower bed and raise side rails up.				
8. Dispose equipment and wash hands.				

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### SKILLS CHECKLIST: COLLECTING SPECIMEN FROM A CLOSED SYSTEM

	PERFORMED			COMMENTS
	Done	Observed	Not Done	
1. Wipe the aspiration port of the drainage tubing with antiseptic swab.				
2. Allow urine to accumulate in the tubing (or kink tubing below the aspiration port for 5 to 10 minutes). Insert the needle into the aspiration port.				
3. Aspirate 3 to 5 ml urine sample by gently pulling back the plunger.				
4. Remove the needle and wipe the aspiration port with a new antiseptic swab.				
5. Empty the syringe into the specimen bottle.				
6. Remove and discard gloves. Wash hands.				
7. Label the container with patient's name and the test to be done. Send to lab within 15 minutes.				

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### SKILLS CHECKLIST: REMOVING A FOLEY CATHETER

	PERFORMED			COMMENTS
	Done	Observed	Not Done	
1. Don gloves and carefully remove plasters anchoring tubing to patient's thigh. Clamp the catheters.				
2. Insert the syringe into the balloon port of the catheter and withdraw fluid. Volume may be 5 to 10 ml.				
3. Pull catheter gently to check if balloon is completely deflated before continuing removal. (if with resistance, aspirate some more)				
4. With non-dominant hand, hold paper towel under the catheter. Allow the catheter to fall into the towel.				
5. Wash perineum with soap and water. Dry carefully. Position patient for comfort.				
6. Empty collection bag and measure output. Discard equipment and gloves. Wash hands.				
7. Instruct patient to increase fluid intake and observe for persistent sensations of burning, frequency and urgency.				
8. Offer bedpan/urinal at least every 2 hours after catheter removal until voiding occurs.				

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