



Policy Name <b>BLADDER IRRIGATION - MANUAL</b>			Policy Number: <b>0245</b>
			Effective Date: <b>February 21, 2007</b>
Approved By: Management	Drafted by: Clinical Care Coordinator	Review Date:	Date Revised: <b>February 27, 2013</b>
Classification: Pain and Symptom Management			Page No: <b>Page 1 of 2</b>

## POLICY

The Registered Nurse (RN) will follow aseptic technique and nursing standards in manual irrigation of an indwelling urinary catheter.

## PROCEDURE

1. Manual irrigations of an indwelling urinary catheter may be carried out at a RN's discretion.
2. Urinary catheters should be irrigated when there is a concern that the catheter is not draining properly such as increased sediment, clots, bladder distention or decreased or no urine output
3. If unable to irrigate the catheter successfully, then the indwelling catheter should be removed and replaced with a new catheter at the nurse's discretion.

### Irrigation Procedure

#### **Equipment**

- Irrigation tray with irrigation/catheter-tip syringe
- Waterproof pad
- Unsterile gloves
- Alcohol swabs
- Sterile normal saline

#### **Procedure**

1. Assemble equipment;
2. Pour saline solution into the graduated container;
3. Put on unsterile gloves;
4. Cleanse catheter and drainage bag connection sites with alcohol swab;
5. Disconnect catheter and allow any remaining urine to drip into basin keeping the catheter end sterile and above the level of urine in basin;
6. Gently instill a maximum of 60 milliliters of normal saline into the catheter
7. If the normal saline does not flow easily, **gently** pull back on the syringe plunger to aspirate any fluid. Continue to alternate between instilling and aspirating the normal saline until the catheter irrigates easily;
8. Withdraw syringe and lower the catheter allowing the solution to flow into basin;



Policy Name  <b>BLADDER IRRIGATION - MANUAL</b>	Policy Number: <b>0245</b>
	Page No: <b>Page 2 of 2</b>

9. Wipe the catheter end and the drainage bag connection with an alcohol swab, allow to dry and attach catheter to the drainage bag;
10. Document the procedure on the Resident's health record including:
  - Date and time of procedure
  - Color and character of urine returned
  - Resident's response to procedure.

### **REFERENCE**

Alberta Health Services (CRHA); [Acute Care Nursing Policy and Procedure Manual Section U-3.](#)