**Example D: Female Insertion Checklist**

Name: EID:\_ Unit: Date: \_\_\_\_\_\_\_\_

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| Inserting an Indwelling Urinary Catheter - Female Patient |

**Purpose:** To demonstrate competency in the safe insertion of a urinary catheter in a female patient.

**Checklist:**

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| **Elements Critical for Safe Insertion** | **YES** | **NO** | **COMMENTS** |
| Review chart for any history of urological problems. |  |  |  |
| Check chart for any allergies to Betadine or Latex. If allergy to Betadine, obtain Phisoderm from CSR. If allergy to Latex, obtain Latex-free supplies from CSR. |  |  |  |
| Obtain assistant, who will monitor for contamination, have another catheterization kit available, assist with positioning, etc. |  |  |  |
| Gather supplies. Choose the smallest catheter size to provide adequate drainage. |  |  |  |
| Explain procedure to patient. |  |  |  |
| Provide privacy. |  |  |  |
| Decontaminate hands. |  |  |  |
| Position patient in dorsal recumbent position with knees flexed, exposing labia. |  |  |  |
| Check perineal area and if soiled- cleanse perineal area with soap and water, moving from clean to dirty. |  |  |  |
| Don clean gloves. |  |  |  |
| Open catheter package. Open first flap away from body. |  |  |  |
| Remove drape and place under the patient (plastic side down) so that only the perineum is exposed. |  |  |  |
| Use peri wipes or cleansing solution to cleanse patient. Ensure that the meatal opening can be visualized. |  |  |  |
| Remove clean gloves. |  |  |  |
| Use antiseptic cleanser from catheter kit to cleanse hands. |  |  |  |
| Put on sterile gloves and prepare items in the kit for use during insertion. |  |  |  |
| Place fenestrated drape. |  |  |  |
| Deposit lubricant into tray and liberally lubricate catheter. |  |  |  |
| Attach water filled syringe to the inflation port. Do **NOT** test the balloon. |  |  |  |
| With non-dominant hand, separate the labia minora, and hold this position until the catheter is inserted. (Note: The dominant hand is the only sterile hand now; the contaminated hand continues to separate the labia.) The assistant may need to assist with positioning as needed. |  |  |  |

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| **Elements Critical for Safe Insertion** | **YES** | **NO** | **COMMENTS** |
| Using betadine swabs, cleanse the meatus with the antiseptic solution by doing the following:  - Making one downward stroke with each swab. Begin with the labia farthest from you, and move toward the labia nearest you.  - Afterward, wipe once down the center of the meatus.  **Note:** Wipe once with each cotton ball and discard |  |  |  |
| Insert the tip of the catheter slowly through the urethral opening approximately 3-4 inches or until urine returns. Then advance the catheter another 0.5-1 inch. |  |  |  |
| Inflate the balloon and gently retract the catheter until resistance is met. |  |  |  |
| Secure the catheter to the thigh using the Statlock. Avoid tension on catheter. |  |  |  |
| Remove extra supplies and discard, cleanse the patient of any residual antiseptic solution using clean washcloths, and cover the patient. |  |  |  |
| Indicate time and date of catheter insertion on provided labels. Place on drainage system. |  |  |  |
| Measure and record the amount of urine in the drain bag. |  |  |  |
| **Elements Critical for Safe Performance** | **YES** | **NO** | **COMMENTS** |
| Examine urine for signs of infection: cloudy, foul smelling, etc. Notify MD, if signs present and anticipate specimen collection for urinalysis. |  |  |  |
| Remove gloves and decontaminate hands. |  |  |  |
| Collection bag should be placed at the foot of the bed. Keep below the level of the bladder (Use green clamp to achieve this). |  |  |  |
| Document and report results to Charge Nurse as indicated |  |  |  |

**All steps must be demonstrated to ensure competency.**

**Validator Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pass: \_\_ Remediate: \_\_\_\_\_**

**Remediation Demonstration: Date:\_\_\_\_\_\_\_\_\_\_**

**Validator Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pass: \_\_ Remediate: \_\_\_\_\_**

**Individuals who have to be remediated twice will be referred to the Nurse Manager and Educator for remedial education. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**