Urinary Catheterization Female

Nurse 1: Hi Renee. So what are we doing now?

Nurse 2: We'll show students how to do a female catheterization. So I've assessed the patient. She hasn't avoided for 21 hours. She's drinking a little bit. But the bladder scanner indicates she has about 900 mls in her bladder which is significantly more than we would expect. Normally, if she had about 400 mls, that's when we would expect her to feel the urge to void. I've tried all those tricks: Got her up onto the toilet; ran the water because sometimes the sound of water running sometimes helps people void; I put her hand in warm water, for some weird reason that helps some people to void.

Nurse 1: I used to do that to my brother.

Nurse 2: You're mean. So I've come and I've talked to the patient. She's more than happy for us to do this. I've done some peri care to try to reduce bacterial counts; to try to reduce risk of infection.

Nurse 1: What type of things have we gathered?

Nurse 2: So we've gathered a catheterization tray. We've gathered a number 14 or 16 Foley. In this case it's a 14 because she's a little woman. Everything else comes in the tray except for the sterile gloves and the catheter bag which we've already attached to the bed frame. So first I'm going to put the drapes on. The first drape will go underneath her. We frog the legs. That's easier for some patients than others.

Nurse 1: Some of them I actually put a little pillow under here to help support them.

Nurse 2: Yeah especially if they have sore hips and joints. So the first drape went underneath. This drape is going to go over top. Remembering those principles of a asepsis where I can touch the one inch or the 2.5 centimeter edge.

So Wendy, I have my sterile gloves. I'm coming over to my sterile field to touch only sterile stuff. I'll take the catheter out of its package. You always do it in a way where you have control and it's not flopping all over the place. Always use lubricant jelly. Women have much shorter urethra than men, so you don't need as much lubricant but I'm still going to lubricate about five inches and then I always like to put a blob of lubricant in the bottom to put the tube in just before I insert it. We have some povidone iodine swabs. I'll just point out to the students that these ones are showing up as clear but in fact they are brown yellow antiseptic. And I have my 10 ml syringe that is ready for inflating my balloon.

Sometimes there's a little bit of air in the syringe and students ask if they have to get rid of the air. It doesn't matter. It's only going into a balloon. It’s not going into the patient's circulatory system. So I picked up my sterile field, my sterile tray and I put it down here. I have to think that I'm going to end up contaminating my left hand. My right hand stays sterile.

So you need to get your fingers into the labia and be able to visualize the urethra. So once your hand is there, it's got to stay. So you have to be strong. If your patient has a really large belly that is flopping over, get them to hold it up or get another nurse to come and hold it up.

You can ask the patient to cough. When they cough, that's when you can see the urethra. Women's anatomy is much more complicated than men's. We have to make sure we get this catheter into the urethra.

Nurse 1: What if you can't see it?

Nurse 2: If you can't see it that's when you get your patient to cough and so you're going to have a good look. Remember with women's anatomy there's a vagina and there's a urethra really close. The urethra is just on top. So cleaning for the women, we're going to go down one of the sides. Discard. Then the other side. Discard. And then the last one is where you're going to insert the catheter right. So just look in. See if you can see.

So here we go. Mrs. Jones. Deep breath, take a deep breath and just cough. My wink is right there so that's where I'm going to put the catheter in.

Nurse 1: The catheter is going in how far?

Nurse 2: The catheter is going in for just a couple of inches. Women's urethras are really short compared to men's. So I'm going to put it in far enough until I see urine and I'm just going to go a couple of more inches. You'll notice my left hand has grabbed the catheter just to secure it. If she coughs the catheter is going to come flying out. My right hand is still sterile. It grabs the syringe and I'm going to inflate my balloon. I'm going to empty the whole syringe into there; Watching her face because I don't want to inflate this balloon in her urethra. That would be terrible. It'd be really painful and it could damage her urethra. So then you'd notice I flip the cap off and I've just joined the catheter tubing onto the catheter.

Nurse 1: Do you have to pull this back at all?

Nurse 2: You can. It will reassure you that you have it in place. So we're watching for the urine to come out; Looking at the color, the clarity and if there's any suggestion of urinary tract infection. If there are concerns, we should talk to the prescriber likely send a urine specimen for C&S. And then we have to secure it to the leg. This securement device is here from before. That looks a little bit… I think I would change this. I don't think she's got enough slack on there and I don't want her to cause irritation at her meatus. It's really important that it does definitely get secured. And then I'll go and document.

Nurse 1: So what happens if when I put that catheter in, I miss?

Nurse 2: Good question because with women anatomy is can be difficult. Leave it in there as a point of reference. You're going to have to start again. You're going to need another catheter and you need to stay sterile unless you can get somebody to bring you a catheter but get them to

bring you some sterile gloves too because you're already contaminated. Yes. We don't want to introduce bacteria and give her a urinary tract infection.