Aim
To provide guidance and instruction on the technique for safe insertion of a urethral catheter for a child who requires intermittent urinary catheterisation in a school setting.

Risk
Failure to follow the correct procedure for the insertion of an intermittent urinary catheter places the child at risk of complications including trauma to the urethra, pain and infection.

Background
Catheterisation is a method of draining urine via a catheter inserted into the urethra, past the sphincter into the bladder. The catheter may remain in place as an indwelling urinary catheter or be removed once the urine is drained. The latter is known as clean intermittent catheterisation, and is the subject of this procedure. This procedure is required where an ongoing condition, such as a congenital or acquired spinal lesion or injury has resulted in a neurogenic bladder. Regular catheterisation is required to drain residual urine and reduce bladder pressure and therefore preserve kidney health.¹

Staff working with children requiring intermittent catheterisation as an activity of daily living within a school setting will undertake this procedure in accordance with the student care plan which has been developed and signed by the parent. The CAHS Chaperones for Intimate Procedures Policy or the WACHS Chaperone Policy is to be followed in accordance with local practice.

Key Points
- Adherence to aseptic technique and handwashing protocols are important in the prevention of infection associated with this procedure
- Intermittent catheterisation to be performed only by staff trained in this procedure
- The principles of privacy and client dignity are to be adopted in all situations.
## Equipment

The parent/carer is required to supply the necessary equipment.

- Catheter (single use only), size specified on student care plan
- Spare catheter
- Single use sachet of water soluble lubricant
- Clean urine receptacle e.g. jug or nappy
- Clean single use non-latex gloves
- Disposable wet wipes/towelettes (Packet identified for single client, catheter use only)
- Incontinence sheet, if required

### Process/Procedure

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional information</th>
</tr>
</thead>
</table>
| 1. **Before commencing catheterisation:**
  - Check care plan to guide clinical care
  - Check the identity of the child
  - Explain the procedure to the child
  - Ensure the presence of a second person as a Chaperone/support person.
| • A signed care plan complies with consent policy.  
• Nurses should check verbally with the child prior to the procedure.  
• Check identification as per Client Identification Procedure.  
• Nurses will comply with the CAHS Chaperones for Intimate Procedures Policy or the WACHS Chaperone Policy. |
| 2. **Clean work surface with detergent.**
  Ensure it is dry before commencing procedure. | Refer to Aseptic technique policy— standard aseptic technique. |
| 3. **Position the child for the catheterisation procedure.** | Position child in supine position.  
• Place waterproof sheet beneath child’s buttocks.  
• For girls, position with knees bent and hips flexed.  
• If urine output is to be measured, place urinary receptacle appropriately.  
• Drain into the nappy as appropriate. |
<p>| 4. <strong>If soiling has occurred prior to catheterisation, wash area thoroughly.</strong> | Utilise personal protective equipment (PPE). |</p>
<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Perform hand hygiene and don gloves and other personal protective equipment (PPE) if indicated.</td>
<td>As per Hand Hygiene policy</td>
</tr>
<tr>
<td>6. Open sterile catheter package.</td>
<td>To prevent contamination: Open catheter package half way, being careful not to touch catheter tip.</td>
</tr>
</tbody>
</table>
| 7. Apply water-based lubricant to catheter tip. | - Use single use sachets of lubricant to reduce risk of cross contamination.  
- Return catheter tip to its packaging to preserve sterility. |
| 8. Wipe perineal area.  
- **Female:** hold labia apart and clean from front to back.  
- **Male:** clean end of penis. If not circumcised, push back foreskin before cleaning. | - Use each wipe once only.  
- Use disposable skin wipe intended for intermittent catheterisation.  
- If gloved hand comes into direct perineal contact, perform hand hygiene and apply new gloves. |
| 9. Whilst maintaining labia separation or retraction of the foreskin, insert catheter into urethra gently until the urine flows. | |
| 10. When flow decreases, ask child to bare down if possible, or apply gentle pressure to the lower abdomen to express residual urine. | Urine left in the bladder following catheterisation provides a potential source of infection. |
| 11. Slowly remove catheter, release labia, replace foreskin, put underwear / pads/nappy in place and make the child comfortable. | If urine starts to flow again, pause removal of catheter and wait until the flow stops again. |

**Related policies, procedures and guidelines**

- [Aseptic technique](#)
- [Chaperones for Intimate Procedures](#) (CAHS)
- [Chaperone Policy](#) (WACHS)
- [Client Identification](#)
Hand hygiene (CAHS)

Urethral catheterisation (PCH)

References