INTERMITTENT IRRIGATION OF INDWELLING URINARY CATHETER

PURPOSE
To maintain catheter patency.

To provide intermittent irrigation of the system without disrupting the sterility of the catheter and drainage system.

*Note: Open intermittent irrigation breaks the closed drainage system. The nurse maintains asepsis throughout the procedure.*

APPLIES TO
- Registered Nurses
- Licensed Practical/Vocational Nurses
- Therapists
- Other (Identify): ________________________

EQUIPMENT/SUPPLIES
Closed Intermittent Method:
- Sterile irrigating solution.
- Sterile graduated cup.
- Sterile 30 to 50 ml syringe.
- Sterile 19 to 22 gauge with 1-inch needle.
- Antiseptic swab.
- Screw clamp.
- One pair of disposable gloves.

Open Intermittent Method:
- Sterile irrigation tray and set (disposable).
- Sterile piston or bulb syringe (may be included in tray set).
HOME HEALTH AGENCY

- Sterile collection basin.
- One pair of sterile gloves.
- Waterproof drape.
- Antiseptic swabs.
- Ordered irrigating solution (at room temperature - cold solution may cause bladder spasms).
- Tape.
- Alcohol prep pad.

PROCEDURE

1. Wash hands. Refer to the Hand Washing procedure.

2. Place the client in dorsal recumbent position. This position facilitates the gravitational flow of fluid from the bladder.

3. Assess urine output and characteristics.

4. Closed Intermittent Irrigation Method:
   a. Prepare sterile irrigation solution by pouring prescribed amount into sterile, graduated cup.
   b. Open sterile syringe and attach needle using aseptic technique.
   c. Don gloves.
   d. Draw sterile solution into syringe.
   e. Clamp drainage tubing below the soft injection port. Injection port also may be used for specimen collections.
   f. Cleanse injection port with antiseptic swab.
   g. Insert needle at 30-degree angle through the injection port.
   h. Slowly inject fluid into catheter and withdraw the syringe.
   i. Remove clamp and allow fluid to drain into the drainage bag. Keep clamp in place longer per specific physician orders.

5. Open Intermittent Method:
   a. Open sterile irrigation tray and establish sterile field.
   b. Pour required amount of sterile irrigating solution into sterile container.
c. Place waterproof drape under the catheter.
d. Place sterile basin next to the client’s thigh.
e. Don sterile gloves.
f. Draw up prescribed amount of solution into syringe.
g. Cleanse connection site of catheter and drainage bag with antiseptic swab.
h. Disconnect catheter from drainage bag. Keep end of catheter sterile. Cap or position drainage tubing to maintain sterility.
i. Attach end of syringe to the catheter and slowly inject the fluid into the catheter.
j. Remove the syringe and allow the solution to drain into the basin.
k. Repeat procedure as ordered by the physician for bladder irrigation or instillation.
l. After irrigation is complete, obtain drainage tubing and remove cap, if applicable.
m. Cleanse open end at adapter site with alcohol prep pad and reconnect with end of catheter.

6. Secure catheter and drainage tubing with tape or leg strap.

7. Remove gloves and dispose of supplies according to the Agency Waste Disposal Policy.

**DOCUMENTATION GUIDELINES**

1. Document in the clinical record:
   a. Urine characteristics before and after procedure.
   b. Type and amount of irrigating solution instilled.
   c. The client’s tolerance of the procedure.

**RELATED PROCEDURES**

None.