**Male Catheterization**

**Things to consider:**

* Be sure to take steps to ensure patient privacy when performing procedure
* Encourage the student to assist in the procedure as much as he/she is able to help student learn self-care skills
* Students who require urinary catheterization frequently have cloudy, foul smelling and sometimes bloody urine. If the urine is consistently cloudy, foul smelling, and bloody, that is a concern and the student’s parents/guardian and health care provider should be notified
* Many students who require urinary catheterization will also have bowel issues such as constipation or stool leakage
* For a student who has a history of intermittent catheterization there should not be any pain associated with performing the procedure

**Equipment Needed:**

Gloves

Clean straight catheter (\_\_\_\_\_ french, per healthcare provider’s order)

Catheter storage bag or container (toothbrush holder, non-airtight plastic bag)

Disposable wipes or mild soap and water

Urinal or receptacle for urine if procedure is not performed on the toilet

Water based lubricant such as K-Y Jelly® or Lubafax Jelly®

Disposable pad to place under student if procedure is done on a cot/bed

Extra change of clothing

Student’s Individualized Health Plan (IHP) and/or healthcare provider’s order

**Procedure**

1. Review IHP and/or healthcare provider’s order
2. Gather equipment and place on clean surface
3. Explain the procedure to the student at his level of understanding
4. Encourage the student to assist in the procedure as much as she is able to help student learn self-care skills
5. If the student is completing procedure or assisting in procedure, have student wash hands
6. Assist student with undressing, as needed
7. Position the student
8. If student is lying on a cot/bed, place a disposal pad under the student
9. Wash hands
10. Arrange equipment
11. Put on gloves
12. Lubricate the tip of the catheter with a water soluble lubricant and place on a clean surface
	1. Use a generous amount of lubricant along the length of the catheter since dry catheters may cause excoriations in the urethra, leading to an entry point for bacteria contamination
13. Grasp sides of penis below the glans
14. Gently retract foreskin if uncircumcised
15. Wash the glans with soapy cotton ball or student specific cleaning supplies
16. Begin at urethral opening and in a circular motion wash away from the meatus toward the base of the penis
17. Repeat procedure a total of 3 times, using a clean cotton ball each time
18. Gently stretch the penis upward
19. Have student take a deep breath and do other relaxation techniques
20. Slowly insert the catheter until urine begins to flow and then about an inch more
21. If you meet resistance try the following (resistance in male catheterization is normal at about the level of the prostate) :
	1. Rotate the catheter
	2. Have the student sit or lie in a different position
	3. If you are still unable to insert the catheter or the student experiences pain remove the catheter and follow up with parents/guardian and healthcare provider
22. If resistance continues or the student experiences pain, stop insertion, never force the catheter
23. When urine flow has stopped, pinch the catheter and remove it slowly
24. If student is uncircumcised, pull the foreskin over the glans when finished
25. Remove gloves
26. Wash hands
27. Assist student in dressing, as needed
28. Have student wash hands
29. Put on gloves
30. Assess urine for cloudiness and/or foul smell
	1. If present, assess student for signs of urinary tract infection:
		1. fever
		2. abdominal pain
		3. blood in urine
		4. vomiting
		5. chills
31. Measure urine per healthcare provider’s order
32. Discard bodily fluids and catheter per infection control procedures and school district policy
33. Clean and store equipment as appropriate
34. Remove gloves
35. Wash hands
36. Document assessment, intervention and outcome in student’s healthcare record
37. Update student’s parents/guardian and healthcare provider, as needed

Cleaning for catheter that will be used again during the school day:

1. Put on clean gloves
2. Clean catheter with mild soap and warm water
3. Forcefully rinse the catheter lumen with tap water
4. Place catheter on clean surface and allow to air dry
5. Remove gloves
6. After equipment is dry, store as appropriate
	1. Catheter can be used for up to a month
	2. Should be discarded if becomes too stiff or has any discoloration

If ordered by healthcare provider, sterilize the catheters once a day:

1. Put on clean gloves
2. Clean the catheter as above with soap and water.
3. Prepare a solution of 1 teaspoon liquid bleach to 8 ounces water in a clean, tightly covered container
	1. Use a pure, fragrance-free and additive-free bleach, such as Hilex® or Clorox®
	2. Prepare a new solution every day.
4. Soak catheters in bleach solution for at least 30 to 60 minutes
5. After soaking, rinse well with warm water and air dry on a clean towel

**Resources:**

**References:**

Bowden, V. R., & Greenberg, C. S. (2012). *Pediatric nursing procedures (Third Edition)*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.

Bray. L., Sanders, C. (2007). Teaching Children and Young People Intermittent Self-Catheterization. *Urologic Nursing*, 27(3), 203-09.

Children’s Hospitals and Clinics of Minnesota. (2013). *Catheterizing a boy (intermittent).* Available at: <http://www.childrensmn.org/Manuals/PFS/HomeCare/018323.pdf>

Connecticut State Department of Education. (2012). *Clinical Procedure Guidelines for Connecticut School Nurses*. Available at: <http://www.sde.ct.gov/sde/lib/sde/pdf/publications/clinical_guidelines/clinical_guidelines.pdf>

Gould, C.V., Umscheid, C.A., Agarwal, R.K., Kuntz, G., Pegues, D.A. (2009). *Healthcare Infection Control Practices Advisory Committee (HICPAC). Guideline for prevention of catheter-associated urinary tract infections 2009*. Atlanta (GA): Centers for Disease Control and Prevention (CDC), 67, 281. Available at: <http://guideline.gov/content.aspx?id=15519&search=urinary>

Katrancha, E.D. (2008). Clean Intermittent Catheterization in the School Setting. *The Journal of School Nursing*, 24, 197-204.

Newman, D.K. & Willson, M.M. (2011). Review of Intermittent Catheterization and Current Best Practices. *Urological Nursing*, 31(1), 12-48.

National Institute for Health and Clinical Excellence (NICE). (2012). *Infection. Prevention and control of healthcare-associated infections in primary and community care*. Available at: <http://www.nice.org.uk/nicemedia/live/13684/58656/58656.pdf>

Porter, S., Haynie M.D., Bierle, T., Caldwell, T. & Palfrey, J. (1997). *Children and Youth Assisted by Medical Technology in Educational Settings. Guidelines for Care. Second Edition*. Paul H. Brookes Publishing Co., P.O. Box 10624, Baltimore, MD 21285-0624.

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