 <p><b>CLINICAL PRACTICE GUIDELINE</b></p>	<b>Practice Guideline:</b> <b>Intermittent open bladder irrigation through an indwelling urinary catheter</b>	
	<b>Approval Date:</b> <i>June 3, 2022</i>	<b>Pages:</b> <i>1 of 4</i>
		<b>Supersedes:</b> <i>N/A</i>

## **PURPOSE AND INTENT**

To outline methods of intermittent fluid instillation through an indwelling urinary catheter (urethral or suprapubic) for intermittent open manual bladder irrigation. This clinical practice guideline does not apply to medication instillation.

### **1. PRACTICE OUTCOME**

Minimize patient risk and complications when instilling fluid through an indwelling urinary catheter to reestablish free flow of urine when an indwelling urinary catheter is in situ.

### **2. BACKGROUND**

Bladder irrigation is not always the most appropriate treatment for an occluded or poorly draining indwelling urinary catheter and its use should be considered in context with the patient's overall condition. Bladder irrigation can disturb the normal biofilm on a catheter and risk introducing bacteria into the bladder thereby increasing risk of infection. An indwelling urinary catheter that becomes occluded infrequently should be removed and replaced rather than irrigated except when irrigation is supported by the patient's situation. Circumstances that support intermittent open manual bladder irrigation include:

- Frequent debris, mucous, or hematuria with blood clots that will cause obstruction of a catheter unless irrigated out of the bladder
- End of life care
- Difficult or traumatic urinary catheterization (i.e. tumors, anatomical abnormalities, urologist required insertion) whereby removal and reinsertion of the catheter is not a preferred approach. See surgery program guidelines for difficult urinary catheterization if attempting re-insertion <https://home.wrha.mb.ca/prog/surgery/forms.php>
- As directed by the prescriber for a patient specific care plan to promote patient mobility and independence when an ongoing need for bladder irrigation exists
- Within 24 hours post transurethral resection of the prostate (TURP) or transurethral resection of bladder tumors (TURBT)
- Post radical prostatectomy
- Specific orders state "Do not remove catheter".
- Interrupted urine flow due to an unknown cause (i.e. anuria)

### **3. GUIDELINES**

- 3.1 Consider the patient's overall status before attempting manual irrigation. Infrequent blockages should be managed by changing the catheter except in circumstances indicated above.
- 3.2 A Registered Nurse can perform intermittent open bladder irrigation without a written prescriber order. If no facility policy is in place, a Licensed Practice Nurse requires a prescriber order for intermittent open bladder irrigation. The order includes the type and frequency of irrigation and type and amount of irrigation solution.

- 3.3 The skill of intermittent open bladder irrigation can be performed by the prescriber or designate and all classifications of nurse.
- 3.4 Use caution when instilling or aspirating fluid through the urinary catheter to prevent increased pressure resulting in bladder pain, damage, spasms or bypassing of urine.
- 3.5 Suggested starting volumes for irrigation solution:
  - Adult: 30-50 mL
  - Child: 5-10 mL or contact prescriber
- 3.6 **Do not** instill fluid for irrigation into the balloon inflation port.
- 3.7 An indwelling urinary catheter that does not have free flowing output of urine or irrigation solution after irrigation must be removed and replaced as soon as possible. Contact the prescriber immediately if catheter change by nursing is contraindicated.

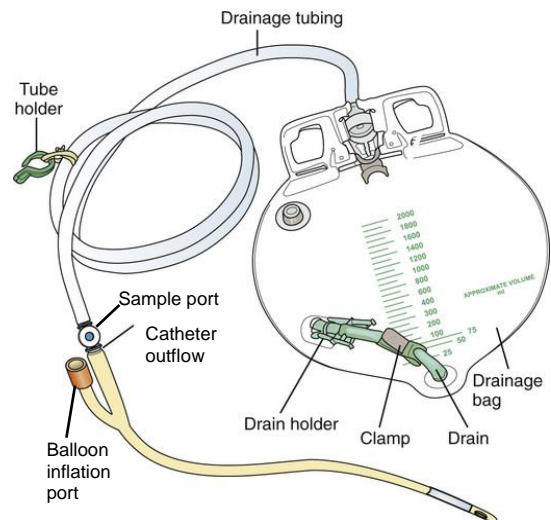
#### 4. TROUBLE SHOOTING WHY FREE FLOW HAS BEEN INTERRUPTED

- Look for kinks in catheter or drainage tubing
- Reposition patient
- Ensure drainage bag is secured lower than the level of bladder. Do not place directly on the floor or on a towel on the floor
- Review intake and output record for hydration status
- Assess for constipation
- Palpate for bladder distention and assess patient discomfort or pain
- If bladder is not distended, consider anuria and perform bladder scan if possible to confirm
  - Note: patients with abdominal ascites or a pelvic cyst may have an empty bladder despite fluid registering during the bladder scan

#### 5. COMPONENTS

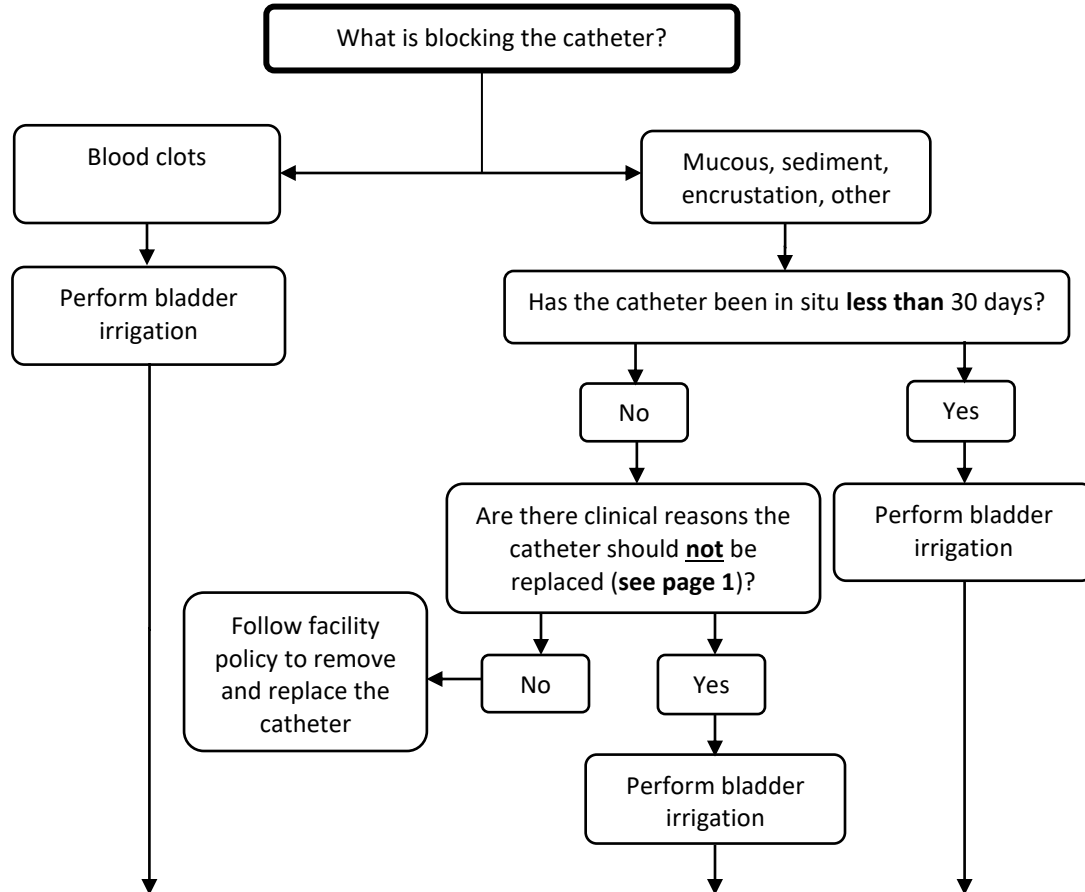
##### EQUIPMENT

- Patient appropriate volume of room temperature irrigation solution (sterile 0.9% sodium chloride/normal saline) unless otherwise ordered
- Alcohol swabs
- Procedure or nitrile gloves
- Sterile 50-60 mL catheter tip syringe
- Elastic or clamp to kink drainage tubing
- Disposable waterproof pad
- Sterile basin
- Sterile protective cap or new drainage bag if irrigation not expected to be repeated




Modified from: <https://nursekey.com/urinary-catheters/>

Intermittent Open Bladder Irrigation Flow Chart



Bladder Irrigation Procedure:

- Verify patient with 2 person identifiers and explain procedure
- Perform hand hygiene before patient contact and thereafter as appropriate and don personal protective equipment (PPE) per point of care risk assessment (PCRA)
- Lie patient supine
- Scrub catheter-drainage bag connection vigorously with alcohol swab for 30 seconds and let dry
- Temporarily clamp catheter to prevent any outflow of urine
- Disconnect drainage bag from catheter and cover end with a sterile protective cap. If drainage bag drops to the floor, discard and replace.
- Insert empty catheter tip syringe into catheter outflow\* and unclamp (\*see image on page 2)
- Aspirate back into empty syringe. If urine obtained, clamp catheter, remove syringe, clean open end of catheter with alcohol swab, and let dry. Remove protective cap from drainage bag, reconnect to the catheter, and unclamp.
- If no urine obtained, instill irrigating solution into catheter outflow and monitor patient for discomfort.
  - If unable to instill irrigation solution, remove and replace catheter per facility policy, **unless contraindicated**.
- Aspirate back into syringe or allow to drain by gravity. If urine obtained, repeat irrigation as needed until returns are clear of debris, blood clots, or mucous. Clamp catheter, remove syringe, clean open end of catheter with alcohol swab, and let dry. Remove protective cap from drainage bag, reconnect to the catheter, and unclamp.
  - If irrigation not expected to be repeated, discard drainage bag and replace
- **If no urine obtained contact prescriber ASAP**

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## 5. DOCUMENTATION

- 5.1 Document the catheter occlusion in the progress notes. Report the catheter occlusion to the prescriber if sudden bleeding, clinical signs and symptoms of infection, or increased pain.
- 5.2 Document the irrigation procedure in the progress notes. Include the approximate amount and type of irrigation solution used, the estimated amount urine returned as drainage, characteristics of output, and patient tolerance. Use intake and output record as appropriate based on patient condition.

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