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## **Urinary Catheter Care: Keeping Your Clients Safe**

Peak Development Resources, LLC  
P.O. Box 13267  
Richmond, VA 23225

Phone: (804) 233-3707  
Fax: (804) 233-3705  
Email: editor@peakdev.com

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After reading the newsletter, the home health aide should be able to:

1. Identify the basic structures of the urinary tract and their purpose.
2. List two reasons for appropriate use of an indwelling urinary catheter.
3. Identify two possible complications of catheterization.
4. Discuss care of the client with an indwelling urinary catheter, including prevention of infection and trauma, and identifying complications.

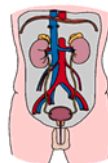
Insertion of urinary catheters is a common procedure performed in most US healthcare settings. According to data from the Centers for Disease Control and Prevention (CDC), indwelling urinary catheters are used in up to 25% of hospitalized patients. In the long-term and home care settings, it is estimated that approximately 5-10% of people receiving care use them.

Use of urinary catheters is associated with a number of complications, with infection being a major concern. Excellent care and use of infection control measures is needed in order to prevent and detect these complications.

This newsletter will discuss care of the client with an indwelling urinary catheter, including normal function of the urinary tract, reasons for catheterization, associated risks, and signs of possible complications. Daily care and measures to reduce the risk of infection and other complications will also be covered.

### **Overview of the Urinary Tract**

As blood filters through the two bean-shaped kidneys, waste products and fluid are removed. Urine is formed in this process, which then flows from the kidneys into long, narrow tubes, the ureters. The ureters allow drainage of urine from



the kidneys to the bladder, where urine collects. When the bladder is full, muscular contractions force urine down through the urethra and out of the body.

It is important to remember that the urinary tract is normally considered sterile—without bacteria or other germs. Any bacteria that enter the urethra may cause infection of these structures, such as the urethra (urethritis), bladder (cystitis), or kidneys (nephritis).

### **Indwelling Catheters**

The indwelling catheter, often called a Foley catheter, is a flexible, hollow tube. This catheter is designed to remain in place for a period of time, unlike a catheter that is inserted for one-time urine drainage and then removed. The catheter is inserted through the urethra and into the bladder by a nurse, using sterile technique. A balloon at the tip of the catheter is then inflated with fluid to hold it in the bladder. The catheter is attached to tubing, which drains into a collection bag. Except for the drainage tap on the collection bag, this system is designed to remain "closed", to help prevent infection.



The CDC recommends that catheters be used only in patients/clients with a clear need, such as:

- prolonged surgery, large amounts of IV fluid in surgery, or surgery on genitourinary structures
- accurate measurement of urine output in critically ill patients or during surgery
- urinary retention or obstruction
- prolonged immobilization, such as from trauma
- to promote healing of open pressure injuries in incontinent patients
- to promote comfort at end of life

As with any medical treatment, there are risks with use of indwelling catheters. The most common complication is infection of the urinary tract. This may spread to the bloodstream, becoming sepsis. Another possible complication is trauma, such as damage to the bladder and urethra. This may occur if the catheter is pulled while the balloon is still inflated.

### **Keeping Your Clients Safe**

Caring for a client with an indwelling catheter centers on preventing infection and trauma, ensuring that the system is open and draining, and catching signs of complications early.

*Preventing infection:* Always follow Standard Precautions guidelines, such as use of gloves if you might contact urine, and goggles and gown if splashing is likely. Be very careful when emptying the collection bag into a container, as a forceful stream of urine can cause splashing. Before touching any part of the system, perform thorough hand hygiene and use gloves. This protects both you and the client, since bacteria that gets on the tubing or catheter can travel upward and cause urinary tract infection.



Remember that the catheter, tubing and bag act as a “closed system” to prevent infection—do not disconnect the catheter or tubing. Also, bacteria can grow in urine after it sits in the collection bag for a while. If this urine flows back up the tubing into the client’s bladder, infection may result. Make sure that the bag is always positioned below the client’s bladder to prevent this. The bag must be kept clean, so keep it off the floor or other dirty areas. Keep the tubing coiled so that the urine flows easily by gravity into the bag. Loops of tubing that hang below the bag entrance may cause back-up of urine in the tubing.

*Preventing trauma:* Help to prevent trauma by making sure that the catheter is securely attached to the client’s thigh or lower abdomen. The catheter must be firmly secured so that no pulling

or traction occurs. This keeps the catheter in place and prevents damage to the urethra.

*Daily care:* The collection bag should be emptied at the end of the shift or whenever half-full. Also empty the bag before your client ambulates, to prevent added weight that might pull on the catheter.

Clients with indwelling catheters may have their intake and output monitored to check how much fluid they are taking in and putting out. Be sure to record these amounts during your time with the client. To measure urine, always drain it into a hard plastic, graduated container. Don’t measure by the markings listed on the soft collection bag, since this is not very accurate.



To help prevent bladder infection or blockage of the catheter, clients who are not on fluid restriction should increase their daily fluid intake. Encourage your clients to drink about 2 liters of fluid each day, about 8 cups, by offering water, juice or other beverages at frequent intervals.

For daily cleaning, the perineal area should be washed as usual with soap and water, according to your agency’s policies. The CDC does not recommend special catheter care using antiseptic products.

If a urine sample is needed, it should be obtained through the port on the tubing. Before doing so, the port should be thoroughly cleaned with alcohol. Urine in the collection bag is considered contaminated, and should never be used for testing.

*Watch for signs of problems:* Each time you work with your client, take note of the condition of the catheter, tubing and bag. Make sure the catheter remains firmly anchored, the tubing is coiled above the bag, and the bag is below bladder level. Check to see that clear, yellow urine is flowing down the tubing. Immediately notify the nurse if the urine is cloudy, foul-smelling, or bloody, as these may be signs of infection. New onset of confusion or dizziness may also signal a possible infection, and should be reported immediately. Watch for possible blockage of the catheter. If no urine is flowing down the tube for a period of time, or the client says he feels the need to urinate, let the nurse know.

Your knowledge and care can help to prevent and detect complications of indwelling urinary catheters, keeping your clients safe, healthy and comfortable.



## Urinary Catheter Care: Keeping Your Clients Safe

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Directions: Place the letter of the one best answer in the space provided.

- \_\_\_\_ 1. The urethra allows urine to drain from the kidneys to the bladder.  
A. True  
B. False
- \_\_\_\_ 2. According to CDC guidelines, which of the following clients should NOT have an indwelling urinary catheter?  
A. Mr. Q, who is incontinent and has an open pressure injury  
B. Mr. P, who has blockage due to his prostate and can't urinate normally  
C. Mrs. S, whose bladder cannot contract due to a stroke  
D. Mrs. G, who is heavy and difficult to move to the bathroom
- \_\_\_\_ 3. Infection of the kidneys is known as:  
A. nephritis  
B. cystitis  
C. urethritis  
D. cellulitis
- \_\_\_\_ 4. Tasha, the home health aide, is transferring Mr. Tate from the bed to a wheelchair. Mr. Tate has an indwelling urinary catheter. His collection bag should be placed:  
A. in his lap, where he can hold it  
B. on the handles of the wheelchair, where Tasha can hold it  
C. on the side of the wheelchair, below the seat  
D. on the foot rest, between his feet

- \_\_\_\_5. The most common complication resulting from catheter use is:
- A. trauma
  - B. infection
  - C. blockage
  - D. loss of muscle tone in the bladder
- \_\_\_\_6. Urine specimens should be collected from catheterized clients by:
- A. disconnecting the tubing from the drainage bag
  - B. pouring urine out of the drainage bag
  - C. disconnecting the catheter from the tubing
  - D. withdrawing urine aseptically from the port
- \_\_\_\_7. Bacteria that get on the catheter or tubing can travel upward and cause a urinary tract infection.
- A. True
  - B. False
- \_\_\_\_8. Diana is the home health aide caring for Mrs. Bale, who has an indwelling urinary catheter. Diana has noticed that, for the last 2 hours, no urine has been flowing down Mrs. Bale's tubing. This is most likely due to which of the following problems?
- A. infection of the bladder
  - B. trauma to the urethra
  - C. blockage of the catheter
  - D. Mrs. Bale's frequent turning in the bed
- \_\_\_\_9. The home health aide can best help to prevent urinary infection in a catheterized client by:
- A. encouraging the client to eat whole grains, fruits and vegetables
  - B. cleaning the meatus twice daily with antiseptic solution
  - C. offering fluids frequently
  - D. performing passive range of motion exercises twice per day
- \_\_\_\_10. Before ambulating a client with an indwelling urinary catheter, the home health aide should always:
- A. add more tape to the catheter on the client's thigh
  - B. empty the collection bag
  - C. disconnect the tubing from the collection bag
  - D. none of the above—catheterized clients should avoid ambulating

