

**Michigan**  
**COMMUNITY INTEGRATED PARAMEDICINE**  
**Procedure Protocol**  
**URINARY CATHETER**

Initial Date: November 19, 2020

Revised Date:

Section 11-30

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*This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.*

**Purpose:** Provide guidelines for CIP paramedics to evaluate efficacy, rectify issues or make appropriate referrals for ineffective urinary catheters. Allow placement of urinary catheters for patients with known recurring urinary retention.

**Aliases:** Foley, cath, suprapubic catheter, indwelling catheter, urinary catheter, sterile technique = aseptic technique.

- I. Indications for urinary catheter care
  - a. blockage or damage of the catheter
  - b. physician ordered replacement
  - c. need for removal
  - d. need for removal and reinsertion
  - e. catheterization for relief of urinary retention
  - f. Consult with referring physician prior to initial placement of a urethral catheter unless it is explicitly written in the physician's orders.
- II. Contraindications
  - a. Recent external trauma to pelvis
- III. Equipment
  - a. Appropriate size urethral catheter (5Fr-26Fr)
  - b. Collection bag
  - c. Syringe (10ml, 20ml or 30ml)
  - d. Lubricant
  - e. Lidocaine Jelly 2%
  - f. Sterile water
  - g. Sterile field kit
- IV. Procedures
  - a. Flushing of an indwelling catheter
    - i. Identify the type of catheter.
    - ii. Examine the catheter for patency, functionality, and placement.
    - iii. If there is evidence of blockage, using sterile technique flush the tube using a 10-30 ml syringe using sterile water at room temperature. .
    - iv. If unable to establish good flow, the catheter is non-functional, damaged or has become displaced consider removal and replacement.
  - b. Removal of urethral or suprapubic catheter
    - i. Empty bag of urine
    - ii. Remove all fluid from balloon
    - iii. Gently remove
    - iv. Note length of the tube section that was inserted
  - c. Placement or replacement of urethral catheter
    - i. Obtain medical direction prior to initial placement of an indwelling urethral catheter

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- ii. Prepare sterile field, utilize sterile technique
- iii. Check balloon for patency
- iv. Generously coat the distal portion (2-5 cm) of the catheter with lubricant and/or 2% Lidocaine Jelly 5 to 30 ml for males and 3-5 ml for females.
- v. Females, separate labia using non-dominant hand. For males, hold the penis with the non-dominant hand.
- vi. Maintain hand position until preparing to inflate balloon.
- vii. Using dominant hand to handle forceps, cleanse peri-urethral mucosa with cleansing solution. Cleanse anterior to posterior, inner to outer, one swipe per swab, discard swab away from sterile field.
- viii. Pick up catheter with gloved (and still sterile) dominant hand. Hold end of catheter loosely coiled in palm of dominant hand.
- ix. In the male, lift the penis to a position perpendicular to patient's body and apply light upward traction (with non-dominant hand)
- x. Identify the urinary meatus and gently insert until 1 to 2 inches beyond where urine is noted
- xi. Inflate balloon, using correct amount of sterile liquid (usually 10 cc but check actual balloon size)
- xii. Gently pull catheter until inflation balloon is snug against bladder neck
- xiii. Connect catheter to drainage system
- xiv. Secure catheter to abdomen or thigh, without tension on tubing
- xv. Place drainage bag below level of bladder
- xvi. Evaluate catheter function and amount, color, odor, and quality of urine
- xvii. Remove gloves, dispose of equipment appropriately, wash hands
- xviii. Document size of catheter inserted, amount of water in balloon, patient's response to procedure, and assessment of urine
- d. Replacement of existing suprapubic catheter
  - i. Prepare sterile field, utilize sterile technique
  - ii. Check balloon for patency
  - iii. Clean and lubricate the insertion site area
  - iv. Insert the catheter into the suprapubic site the same distance as the catheter removed.
  - v. Inflate balloon, using correct amount of sterile liquid (usually 10 cc but check actual balloon size)
  - vi. Gently pull catheter until inflation balloon is snug against bladder neck
  - vii. Connect catheter to drainage system
  - viii. Secure catheter to abdomen or thigh, without tension on tubing
  - ix. Place drainage bag below level of bladder
  - x. Evaluate catheter function and amount, color, odor, and quality of urine
  - xi. Remove gloves, dispose of equipment appropriately, wash hands
  - xii. Document size of catheter inserted, amount of water in balloon, patient's response to procedure, and assessment of urine
- V. Concerns that present threats to the patient's immediate health and well-being must be reported to the referring physician at the conclusion of the visit, all other concerns within 24 hours.

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- VI. Documentation **see CIP Documentation protocol**
  - a. Additionally:
    - i. Color, odor, and quantity of urine when applicable