PAEDIATRIC NURSING PRACTICE MANUAL
SECTION 3

GENERAL CARE OF THE SICK CHILD

3.5 BLADDER TREATMENTS

3.5.5 BLADDER IRRIGATION VIA AN INDWELLING URINARY CATHETER

Aim

To regain patency of a blocked catheter when the catheter cannot be removed for medical reasons.

Key points

1. This procedure uses a *surgical* aseptic non touch technique.[1-4]
2. As disconnection of the catheter increases the risk of infection, this procedure should only be done when absolutely necessary[1-3]. Exclude all other causes of reduced or cessation of drainage eg. kinking of the tube; position of the tube/fluid dependent loops; hydration status.
3. A written medical order for this procedure should be documented in the patient notes.

Equipment

Trolley
Dressing pack or catheter pack
Sterile gloves
50mL catheter tip syringe
Sterile sodium chloride 0.9% for irrigation
2% chlorhexidine in 70% isopropyl alcohol swabs
New catheter drainage system

Additional equipment which may be required

Kidney dish

PROCEDURE	ADDITIONAL INFORMATION
Explain the procedure to child and carer.	
Perform hand hygiene. Clean dressing trolley with 70% alcohol or sporacidal detergent (Tuffie 5). Allow to dry. Gather equipment. Repeat hand hygiene.	

PROCEDURE	ADDITIONAL INFORMATION
Open dressing pack onto trolley. Pour sodium chloride solution into tray. Open catheter tip syringe onto aseptic field. Open new catheter drainage system onto aseptic field.	
Perform hand hygiene. Apply sterile gloves.	
Draw up 10-15mL sodium chloride.	The volume used will depend on the age/size of the child.
With non dominant hand, hold the catheter end with sterile gauze. With dominant hand, cleanse the tubing at the connection with 2%chlorhexidine/ alcohol swab for at least 30 seconds. Allow to dry.	
Place sterile tray/kidney dish under catheter end.	
Disconnect the tubing from the catheter.	
Gently instil the sodium chloride into the bladder, via the catheter. Do not use force.	
Remove the syringe. Allow the urine to flow by gravity into the kidney dish or dressing tray.	
If there is no flow, re-connect the syringe and aspirate gently.	If there is still no flow after a second attempt, contact the medical officer immediately.
When flow resumes re-connect the catheter to a new urinary drainage bag using aseptic non touch technique.[4]	Maintain an aseptic field.
Dispose of equipment in clinical waste. Remove gloves. Clean trolley. Perform hand hygiene.	

References:

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3. Pellowe C, Loveday H, Harper P, Robinson N & Pratt R. Preventing infections from short-term indwelling catheters [Literature Review]. Nursing Times.97(14):34-35; 2001.

4. Pratt, R J et al; epic2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England; Journal of Hospital Infection Volume: 65, Supplement 1 2007

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