

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
Straight Catheterization

MSRM 140117.01.12.12
(D-4/19)

ALL PROCEDURES MUST HAVE A CORRESPONDING ORDER DOCUMENTED IN THE INMATES EHR. IF THERE IS NO DOCUMENTED ORDER, WRITE A VERBAL ORDER AND ASSIGN TO THE PROVIDER FOR SIGNATURE.

Subjective Data: _____ **Allergies:** _____

Chief complaint: _____

Foley Catheter Materials:

1. Straight catheter	4. Protective pad
2. Lubrifax or K-Y Gel	5. Wash cloth
3. Measuring container	6. Clean and Sterile gloves

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Urine:	<input type="checkbox"/> Clear	<input type="checkbox"/> Dark	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Bloody	<input type="checkbox"/> Foul odor
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REFER TO HEALTH CARE PROVIDER IF: *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

<input type="checkbox"/> Urine is cloudy or has a foul odor.	<input type="checkbox"/> Feeling of bladder fullness.	<input type="checkbox"/> Penis pain
<input type="checkbox"/> Temperature of 100.4 degrees F.	<input type="checkbox"/> Urine leaking around the tube.	<input type="checkbox"/> Unable to insert catheter
<input type="checkbox"/> Unusual itching, rash, burning or pus.	<input type="checkbox"/> Blood in your urine.	

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

<p><input type="checkbox"/> Routine Straight Catheterization - Male</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provided privacy and procedure explained to inmate. <input type="checkbox"/> Hands washed with soap and water and gloves applied. <input type="checkbox"/> Protective pad placed under inmate. <input type="checkbox"/> Move back the foreskin of penis if uncircumcised <input type="checkbox"/> Using clean technique, area cleansed with soap and water. <input type="checkbox"/> Apply the K-Y Jelly or another gel to the tip and top 2 inches (5 centimeters) of the catheter. <input type="checkbox"/> With one hand, hold penis straight out and insert catheter. <input type="checkbox"/> When urine stops, slowly remove the catheter. Pinch the end closed to avoid getting wet. <input type="checkbox"/> Wash the end of your penis with a clean cloth or baby wipe. Make sure the foreskin is back in place if uncircumcised. <input type="checkbox"/> If using a container to collect urine, empty it into the toilet. Always close the toilet lid before flushing to prevent germs from spreading. <input type="checkbox"/> Protective pad removed and disposed. <input type="checkbox"/> No signs/symptoms of infection noted. <input type="checkbox"/> Gloves removed, disposed, and hands rewashed. <input type="checkbox"/> Inmate tolerated procedure well. 	<p><input type="checkbox"/> Routine Straight Catheterization - Female</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provided privacy and procedure explained to inmate. <input type="checkbox"/> Hands washed with soap and water and gloves applied. <input type="checkbox"/> Protective pad placed under inmate. <input type="checkbox"/> Assist patient to the dorsal recumbent position with knees flexed and feet about 2 feet apart. Drape patient. <input type="checkbox"/> Apply the K-Y Jelly or another gel to the tip and top 2 inches (5 centimeters) of the catheter. <input type="checkbox"/> Using clean technique, separate the labia majora and labia minora, cleanse the urinary meatus, using downward stroke only. <input type="checkbox"/> Slowly insert lubricated catheter about 3 inches or 8 centimeters into the urethra. <input type="checkbox"/> When urine stops, slowly remove the catheter. Pinch the end closed to avoid getting wet. Wipe area dry from front to back. <input type="checkbox"/> If using a container to collect urine, empty it into the toilet. Always close the toilet lid before flushing to prevent germs from spreading. <input type="checkbox"/> Protective pad removed and disposed. <input type="checkbox"/> No signs/symptoms of infection noted. <input type="checkbox"/> Gloves removed, disposed, and hands rewashed. <input type="checkbox"/> Inmate tolerated procedure well.
<p><input type="checkbox"/> Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.</p>	

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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