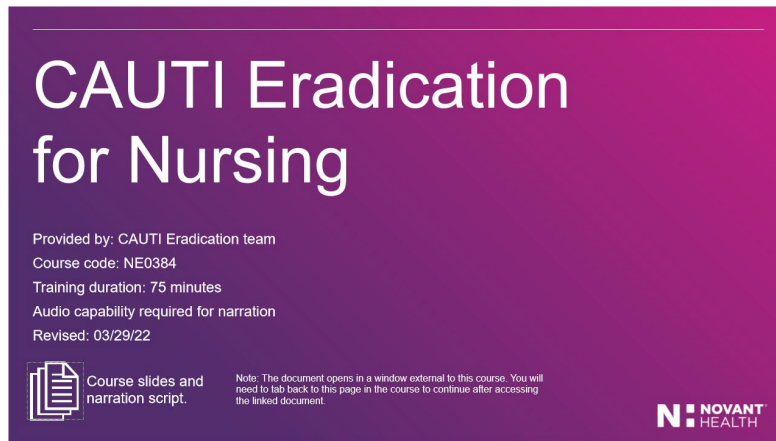


NE0384_CAUTI_Eradication_for_Nursing_032922

1. CAUTI for Nursing

1.1 CAUTI Eradication for Techs



Notes:

Hello. You are about to take part in a remarkable initiative that will directly impact your patients. Thank you for helping Novant Health eliminate catheter associated urinary tract infections – also referred to as CAUTIs.

You may select the document icon on this page to access a hardcopy of the course slides and narration script. Please note that this document opens in a window external to the course and you will need to tab back to the course after accessing the document.

Select the next button to begin by reviewing the learning objectives for this education.


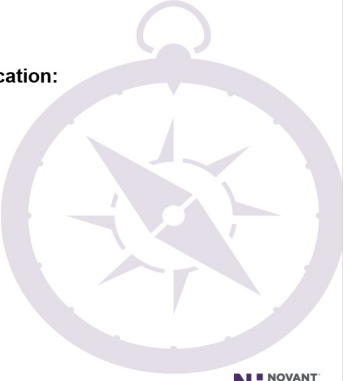
1.2 Contents

2 of 86

Topics covered

The following topics are covered in this education:

- Alternatives to indwelling catheter use
- Insertion techniques that prevent CAUTIs
- Maintaining a CAUTI free catheter
- Documenting your CAUTI prevention elements
- Obtaining urine cultures from an indwelling catheter
- Case scenarios



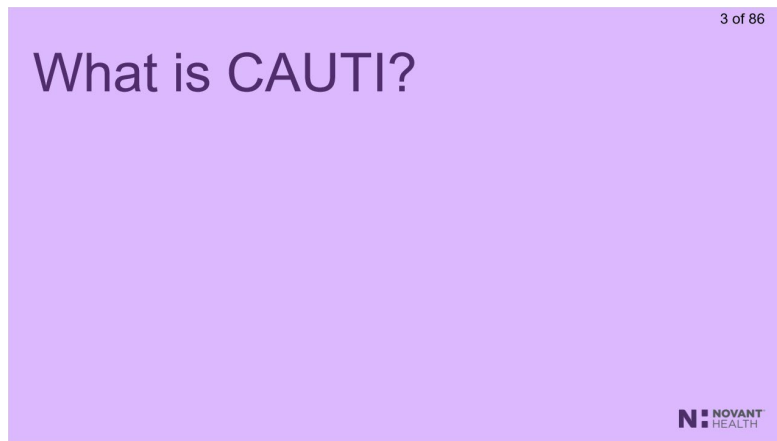
Notes:

Take a moment to review the topics that will be shared in this education and then click forward when you're ready to begin.

The following topics are covered in this module:

- Alternatives to indwelling catheter use
- Insertion techniques that prevent CAUTIs
- Maintaining a CAUTI free catheter
- Documenting your CAUTI prevention elements
- Obtaining urine cultures from an indwelling catheter
- Case scenarios

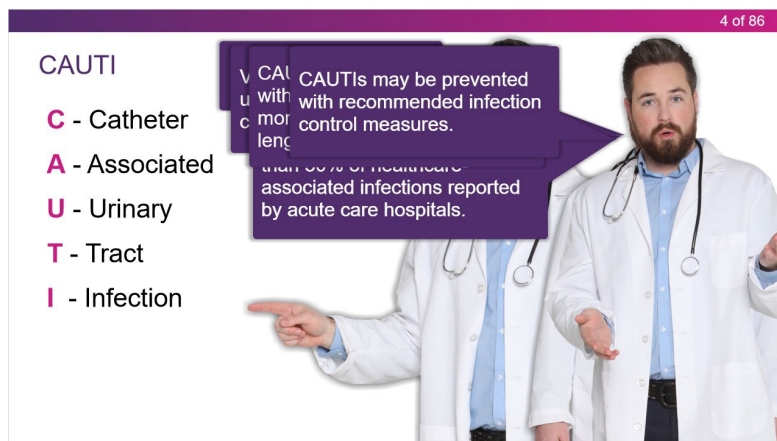
1.3 Untitled Slide



Notes:

In this section, will look at the specifics of what is CAUTI?

1.4 CAUTI



Notes:

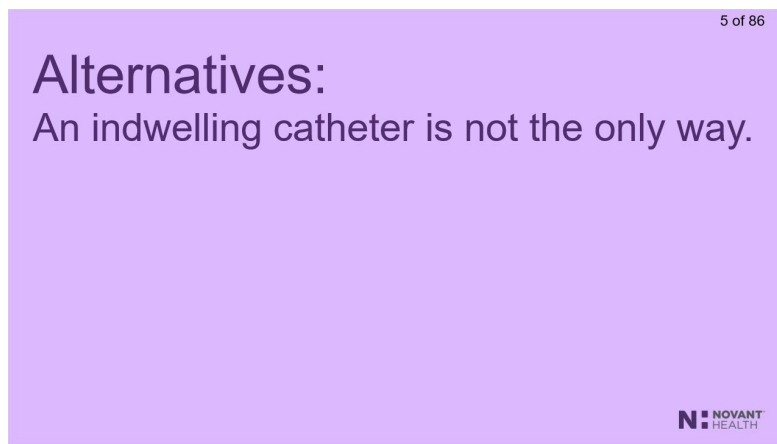
CAUTI is an acronym for catheter associated urinary tract infection.

Urinary tract infections are the most common type of healthcare-associated infections, accounting for more than 30% of healthcare-associated infections reported by acute care hospitals.

Virtually all healthcare-associated urinary-tract infections (UTIs) are caused by catheters.

CAUTIs have been associated with increased morbidity, mortality, hospital cost, and length of stay. The good news is that many CAUTIs may be prevented with recommended infection control measures.

1.5 Untitled Slide



Notes:

In this section, we will take a look at alternative methods help prevent CAUTIs. Sometimes, an indwelling catheter is not the only way.


1.6 Case Scenario

6 of 86

Today you are taking care a 45-year-old with diagnosis of sepsis.

She is complaining of abdominal pain and has not voided in the past 8 hours. You are concerned that she might have bladder retention.

Before inserting an indwelling catheter, what alternatives/options could you utilize?



Notes:

We'll use a patient care scenario to explore alternative methods. Today you are taking care a 45-year-old female with a diagnosis of sepsis. She is complaining of abdominal pain and has not voided in the past 8 hours. You are concerned that she might have bladder retention.

Before inserting an indwelling catheter, what alternatives could you utilize?

1.7 Alternatives Menu

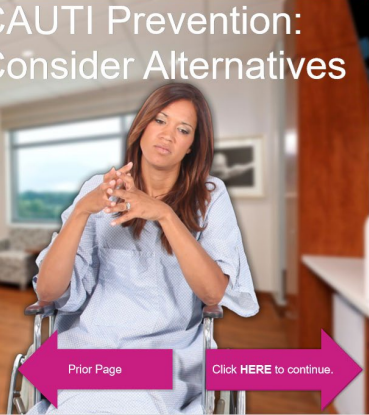
7 of 86

Catheter alternatives
Select each item to view details:

- ☒ Bedside commode
- ☒ Bladder scanner
- ☒ Condom catheter
- ☒ Female/Male urinals
- ☒ Male urinary pouch
- ☒ PureWick®
- ☒ Straight catheter

**CAUTI Prevention:
Consider Alternatives**

Prior Page Click HERE to continue.

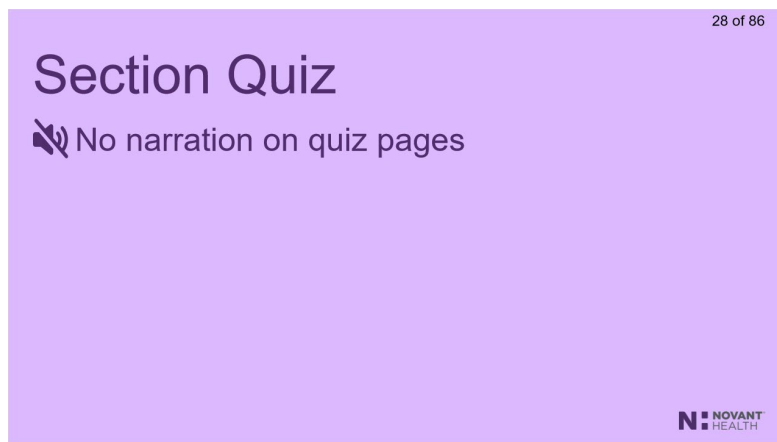


Notes:

Listed on this patient chart are some alternatives that you may consider. Please note that while you have a female patient in our scenario, we are including both male and female options for the purposes of this course.

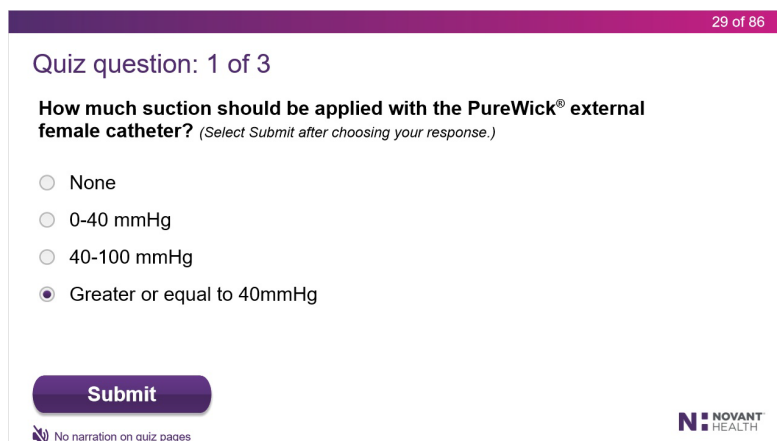
Select each item on this patient chart. After you complete an item, you will be returned to this page and checkmark will appear beside of completed items. You must complete all of the items prior to advancing to the quiz for this section.

1.8 Quiz



1.9 Quiz 1 of 3

(Multiple Choice, 10 points, unlimited attempts permitted)



Correct	Choice
	None
	0-40 mmHg
	40-100 mmHg
X	Greater or equal to 40mmHg

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.


Correct (Slide Layer)

29 of 86

Quiz question: 1 of 3

How much suction should be applied with the PureWick® external female catheter?

- ☐ None
- ☐ 0-40 mmHg
- ☐ 40-100 mmHg
- ☒ Greater or equal to 40mmHg





Correct

That's right! You selected the correct response.

Continue

Submit

 No narration on quiz pages




Incorrect (Slide Layer)

29 of 86

Quiz question: 1 of 3

How much suction should be applied with the PureWick® external female catheter?

- ☐ None
- ☐ 0-40 mmHg
- ☐ 40-100 mmHg
- ☒ Greater than 100 mmHg



Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH


Try Again (Slide Layer)

29 of 86

Quiz question: 1 of 3

How much suction should be applied with the PureWick® external female catheter?

- ☐ None
- ☐ 0-40 mmHg
- ☐ 40-100 mmHg
- ☒ Greater than 100 mmHg



Incorrect

That is incorrect. Please try again.

Try Again

Submit

No narration on quiz pages

NOVANT HEALTH


1.10 Quiz 2 of 3

(Multiple Choice, 10 points, unlimited attempts permitted)

Quiz question: 2 of 3

How often should you replace and perform perineal care with the PureWick® external female catheter? *(Select Submit after choosing your response.)*

- ☐ Once per shift
- ☐ Every 2 hours with turning
- ☒ Every 8-12 hours and PRN
- ☐ Only when it is soiled

Submit No narration on quiz pages**NOVANT**
HEALTH

Correct	Choice
	Once per shift
	Every 2 hours with turning
X	Every 8-12 hours and PRN
	Only when it is soiled

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

30 of 86

Quiz question: 2 of 3

How often should you replace and perform perineal care with the PureWick® external femoral catheter?

- ☐ Once per shift
- ☐ Every 2 hours
- ☒ Every 8-12 hours
- ☐ Only when soiled

Correct

That's right! You selected the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Incorrect (Slide Layer)

30 of 86

Quiz question: 2 of 3

How often should you replace and perform perineal care with the PureWick® external femoral catheter?

- ☐ Once per shift
- ☐ Every 2 hours
- ☒ Every 8-12 hours
- ☐ Only when soiled

Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Try Again (Slide Layer)

30 of 86

Quiz question: 2 of 3

How often should you replace and perform perineal care with the PureWick® external femoral catheter?

- ☐ Once per shift
- ☐ Every 2 hours
- ☒ Every 8-12 hours
- ☐ Only when soiled

Incorrect

That is incorrect. Please try again.

Try Again

Submit

No narration on quiz pages

NOVANT HEALTH

1.11 Quiz 3 of 3

(Multiple Choice, 10 points, unlimited attempts permitted)


31 of 86


Quiz question: 3 of 3

Insertion of a urinary catheter requires certain patient conditions to be met. Which of the following is an appropriate insertion criteria? (Select Submit after choosing your response.)

- ☐ Urinary incontinence
- ☐ Dementia
- ☐ Aggressive diuresis
- ☒ Acute urinary retention/obstruction

Submit

 No narration on quiz pages



Correct	Choice
	Urinary incontinence
	Dementia
	Aggressive diuresis
X	Acute urinary retention/obstruction

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

31 of 86

Quiz question: 3 of 3

Insertion of a urinary catheter requires certain patient conditions to be met. Which of the following is a correct response?

☐ Urinary incontinence

☐ Dementia

☐ Aggressive behavior

☒ Acute urinary retention

Correct

That's right! You selected the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Incorrect (Slide Layer)

31 of 86

Quiz question: 3 of 3

Insertion of a urinary catheter requires certain patient conditions to be met. Which of the following is a correct response?

☐ Urinary incontinence

☐ Dementia

☐ Aggressive behavior

☒ Acute urinary retention

Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Try Again (Slide Layer)

31 of 86

Quiz question: 3 of 3

Insertion of a urinary catheter requires certain patient conditions to be met. Which of the following is a correct response?

☐ Urinary incontinence

☐ Dementia

☐ Aggressive behavior

☒ Acute urinary retention

Incorrect

That is incorrect. Please try again.

Try Again

Submit

No narration on quiz pages

NOVANT HEALTH

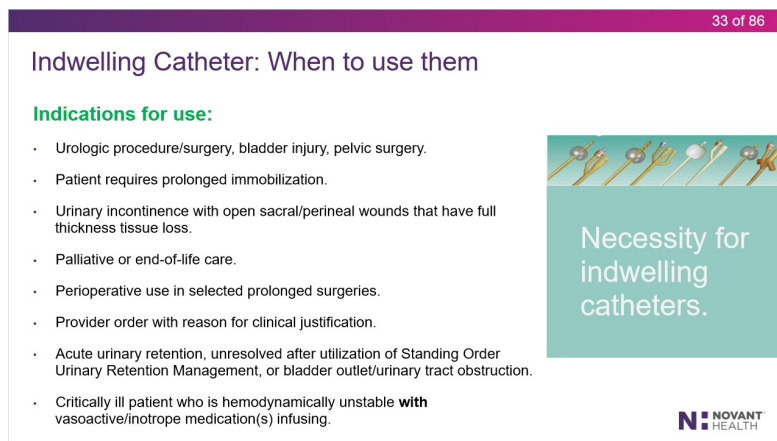
1.12 Indwelling Catheter Utilization



Notes:

In this section, we identify specific reasons for using an indwelling catheter.

1.13 Indwelling catheter



Notes:

There are certain circumstances where an indwelling catheter would be the best option for your patient.

Indications for use include:

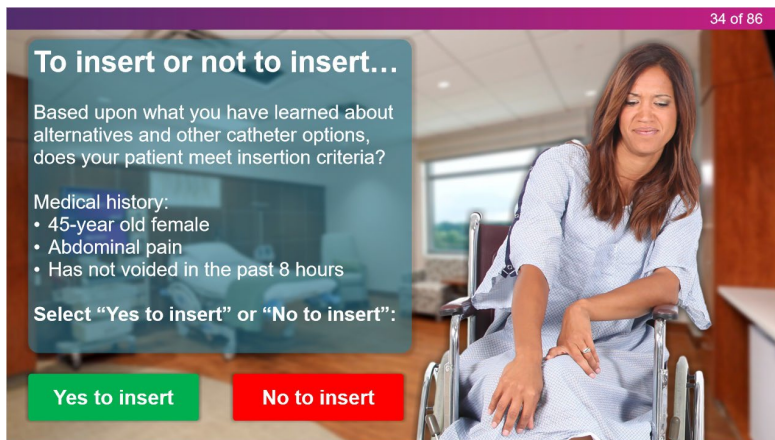
- Urologic procedure/surgery, bladder injury, pelvic surgery.

- Patient requires prolonged immobilization.
- Urinary incontinence with open sacral/perineal wounds that have full thickness tissue loss.
- Palliative or end-of-life care.
- Perioperative use in selected prolonged surgeries.
- Provider order with reason for clinical justification.
- Acute urinary retention, unresolved after utilization of Standing Order Urinary Retention Management, or bladder outlet/urinary tract obstruction.

Critically ill patient who is hemodynamically unstable **with** vasoactive/inotrope medication(s) infusing.

Once the catheter has been placed, the necessity for the catheter must be documented twice per calendar day.

1.14 Case Scenario



34 of 86

To insert or not to insert...

Based upon what you have learned about alternatives and other catheter options, does your patient meet insertion criteria?

Medical history:

- 45-year old female
- Abdominal pain
- Has not voided in the past 8 hours

Select "Yes to insert" or "No to insert":

Yes to insert No to insert

Notes:

Does your patient meet insertion criteria?

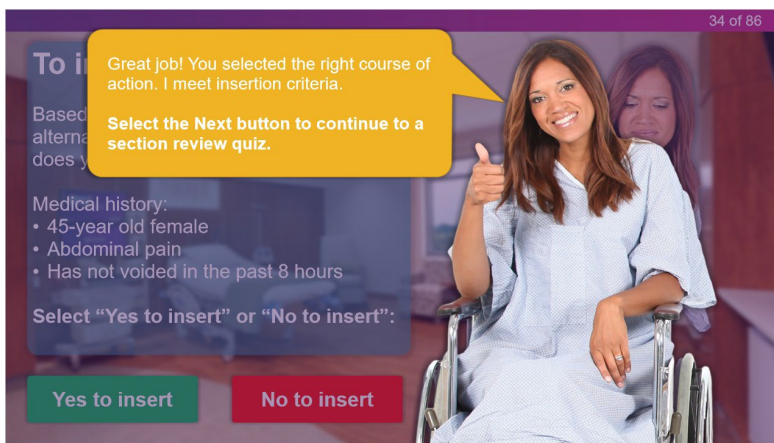
Based upon what you have learned about alternatives and other catheter options, does your patient meet insertion criteria?

Medical history:

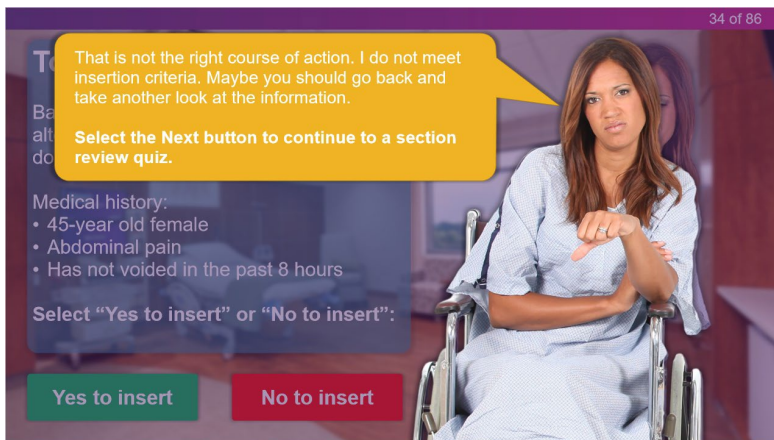
- 45-year old female
- Abdominal pain
- Has not voided in the past 8 hours
-

Select “Yes to insert” or “No to insert”:

Right answer (Slide Layer)



Wrong answer (Slide Layer)



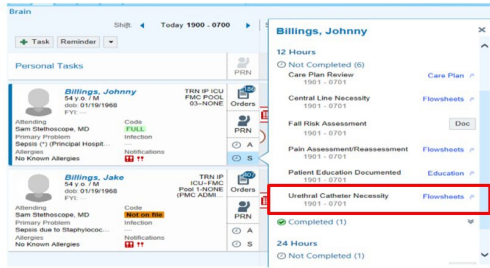
1.15 Documentation: Catheter Necessity

35 of 86

Document Catheter Necessity

Catheter necessity criteria must be assessed and documented on the Intake/Output flowsheet at least **once per shift and with change in caregiver**.

Will appear on the Brain at 0800 and 2000.



The screenshot shows the 'Brain' interface with a list of tasks for patient 'Billings, Johnny'. The task 'Urinary Catheter Necessity' is highlighted with a red box. The interface also shows patient information, including allergies and primary problems.

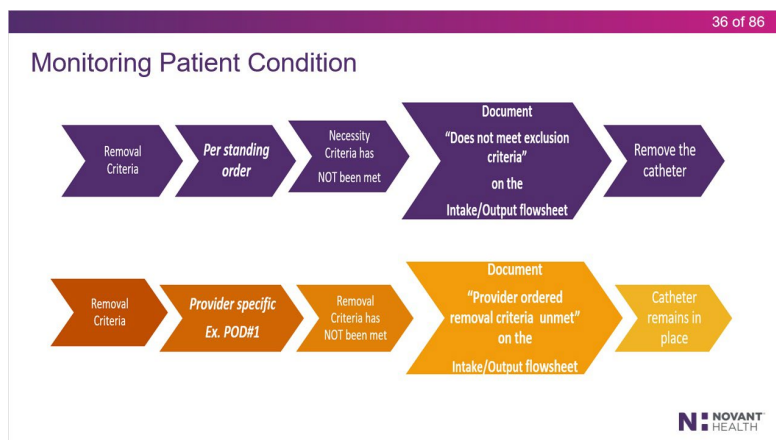
NOVANT HEALTH

Notes:

Catheter necessity criteria must be assessed and documented in the Intake/Output flowsheet at least once per shift and with change in caregiver.

After you have marked your indwelling catheter as done on your brain, it will appear daily at 8am and 8pm as a reminder to document.

1.16 Documentation: Catheter Necessity



Notes:

If the patient's condition no longer warrants an indwelling catheter, it should

be removed.

However, if removal criteria has not been met, document the rationale and allow the catheter to remain in place.

1.17 Documentation: Catheter Necessity

37 of 86

Charting Maintenance

Reasons to maintain the catheter.

Note:
In the system, a list of reasons will be listed here for you to select. Due to ongoing changes in the list, they are not specifically shown in this example during this course.

Fill in all the cells appropriately, every shift.

Necessity is assessed continuously - not just after 48 hours!

NOVANT HEALTH

Notes:

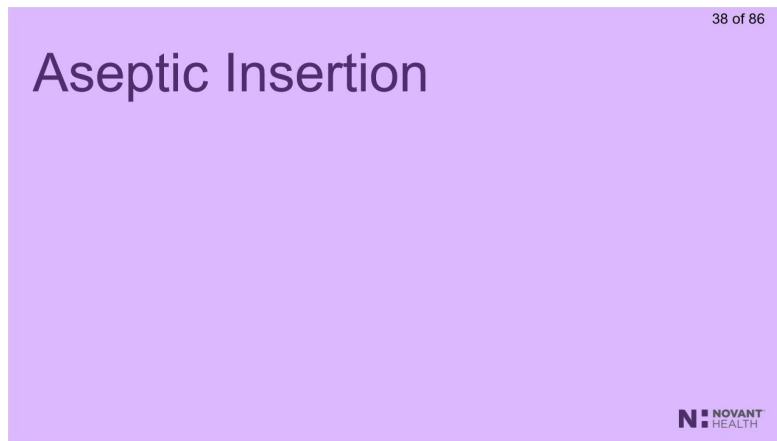
Chart the maintenance and necessity of a catheter every shift as shown here:

1. Open the intake/output flowsheet
2. Choose the appropriate LDA
3. Document the necessity criteria – note that the list of necessities will change over time so they are not shown here in the course.

Necessity is assessed continuously - not just after 48 hours!

Now, that you know that your patient needs an indwelling catheter, let's highlight some infection prevention elements with the insertion process in the next section.

1.18 Aseptic Insertion



Notes:

In this section, we take a close look at how we utilize aseptic technique when inserting an indwelling catheter.

1.19 Aseptic Insertion

Cross-Checking

Utilizing aseptic technique when inserting an indwelling catheter is the primary way to prevent a CAUTI from the insertion process.

We have a designated team of inserters who have been validated to perform this skill.

We also utilize the **buddy system** not as a second set of hands to perform tasks during the procedure but as a validated team member to confirm that sterile technique is always upheld and if needed, will become the primary inserter if sterile technique is broken.

A poster titled 'SURESTEP Directions for Use' showing 16 numbered steps for catheter insertion. The steps are arranged in a 4x4 grid. The poster includes the Novant Health logo at the bottom right.

Notes:

Utilizing aseptic technique when inserting an indwelling catheter is the primary way to prevent a CAUTI from the insertion process.

We have a designated team of inserters who have been validated to

perform this task.

We also utilize the buddy system not as a second set of hands to perform tasks during the procedure but as a validated team member to confirm that sterile technique is always upheld and if needed, will become the primary inserter if sterile technique is broken.

Next, we will walk-through a demonstration of how to document the insertion of an indwelling catheter.

1.20 Step 1

Demonstration: Step 1

A walk-through of documenting the insertion of an indwelling catheter...

1. Locate and select "Flowsheets" to continue.

Prior Page

Notes:

On the following pages, you will participate in a walk-through of documenting the insertion of an indwelling catheter...

1. Locate and select "Flowsheets" to continue.
- 2.

1.21 Step 2

Demonstration: Step 2

A walk-through of documenting the insertion of an indwelling catheter...

2. Locate and select "Intake/Output" to continue.

[Prior Page](#)

ED to Hosp-Admission (C		
1/18/2022	1058	060
Intake (mL)		
P.O.		
I.V.		
Blood		
Citrate (CRRT)		
Other		
Nutrition		
Diet Type		
Diet Modifiers		
Feeding		
Percent Meals Eaten (%)		
Percent Supplements Eaten (%)		
Grams of Carbs Eaten		
Carb Amount Actual or Predicted		

Notes:

2. Locate and select "Intake/Output" to continue.

1.22 Step 3

Demonstration: Step 3

A walk-through of documenting the insertion of an indwelling catheter...

3. Locate and select "LDA Avatar" to continue.

[Prior Page](#)

ED to Hosp-Admission (C		
1/18/2022	1058	060
Intake (mL)		
P.O.		
I.V.		
Blood		
Citrate (CRRT)		
Other		
Nutrition		
Diet Type		
Diet Modifiers		
Feeding		
Percent Meals Eaten (%)		
Percent Supplements Eaten (%)		
Grams of Carbs Eaten		
Carb Amount Actual or Predicted		

Notes:

3. Locate and select "LDA Avatar" to continue.


1.23 Step 4

Demonstration: Step 4

A walk-through of documenting the insertion of an indwelling catheter...

4. Locate and select "foley" in the "+Add" field to continue,

Prior Page



Notes:

4. Locate and select "foley" in the "+Add" field to continue.

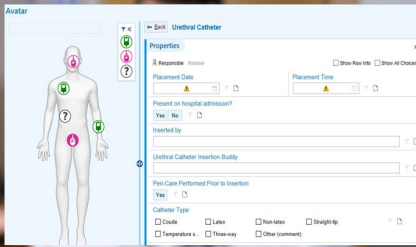
1.24 Reminder

Demonstration

Reminder!

The minimum that should be documented is:

- The date and time of insertion
- The name and credentials of team member inserting the catheter
- The name and credentials of the "buddy" observing the insertion
- Pericare provided before and after the insertion
- And catheter type and size



Notes:

Reminder!

The minimum that should be documented is:

- The date and time of insertion
- The name and credentials of team member inserting the catheter

- The name and credentials of the “buddy” observing the insertion
- Pericare provided before and after the insertion
- And catheter type and size
-

Next, let's visit the Emergency Department and review documentation steps specific to their area.

1.25 ED Documentation

ED Documentation Steps

Emergency Department, steps to chart the catheter insertion:

1. Click on drains.
2. Click on urethral catheter.
3. Complete all cells and document the name and credentials of the person who inserted the catheter and the 'buddy' who was present.
4. Always click "Accept" to file your charting.

Notes:

Emergency Department, steps to chart the catheter insertion:

1. Click on drains.
2. Click on urethral catheter.
3. Complete all cells and document the name and credentials of the person who inserted the catheter and the 'buddy' who was present.
4. Always click "Accept" to file your charting.



1.26 Label the drainage bag

46 of 86

Labeling Catheter Bag

Now that you have documented the insertion of the catheter, you would also label the catheter drainage bag with the:

- Date/time of the insertion *and*
- Initials of the inserter



BARD
Foley Catheter

BARD
Foley Catheter

CDC Guidelines for Appropriate Indications for Indwelling Urethral Catheter Use

Have You?

NOVANT HEALTH

Notes:

Now that you have documented the insertion of the catheter, you would also label your catheter drainage bag with the date/time of the insertion and the initials of the inserter.

1.27 Maintenance

47 of 86

Catheter Maintenance and Surveillance

NOVANT HEALTH

Notes:

In this section, we review proper maintenance of indwelling catheters.

1.28 Maintenance

48 of 86

Maintenance

Maintain a closed system:



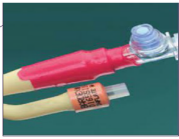
- Red seal intact
- If red seal not intact, document why
- If red seal leaks, replace it


Necessity documentation:

- Twice daily

Placement:

- Secure device in place





Notes:

Catheter maintenance and surveillance involves...

Maintain a closed system:

- Red seal intact
- If red seal not intact, document why
- If red seal leaks, replace it

Necessity documentation:

- Twice daily

Placement:

- Secure device in place

-
-
-

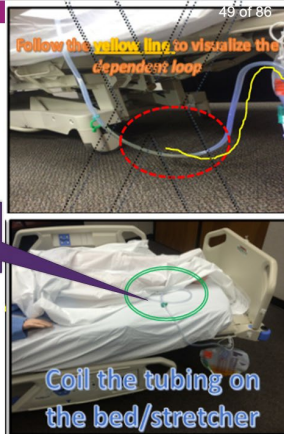
1.29 Maintenance

Maintenance: Checklist

The catheter should be free of kinks and dependent loops:

- The catheter should be free of kinks and dependent loops.
- The tubing is to remain straight or coiled on the bed if the tubing is long.
- The collection bag should be below the level of the bladder and not on the bed rail.
- Do not clamp or irrigate the tubing without a provider order.
- Use the green sheeting clip to secure the drainage tube to the sheet.

Use the green sheet clip!



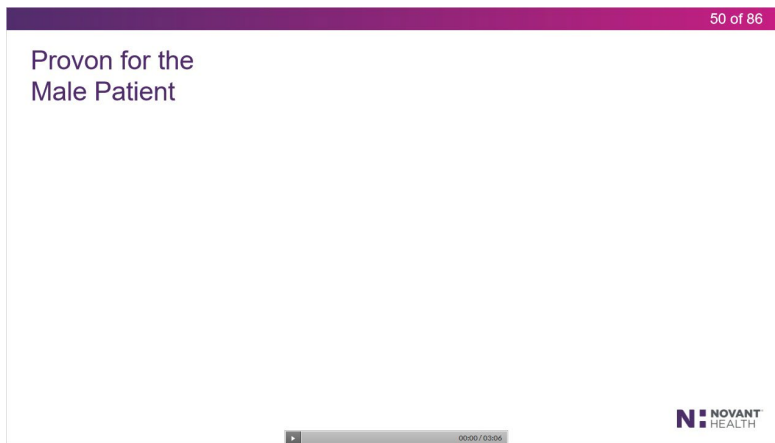
Notes:

Catheter maintenance and surveillance also involves evaluating if the urine flow has been obstructed. The catheter should be free of kinks and dependent loops.

Some other items to consider include:

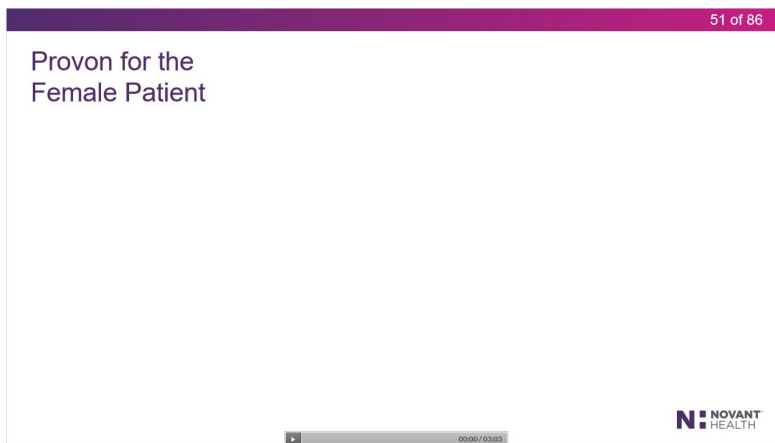
- The tubing is to remain straight or coiled on the bed if the tubing is long.
- The collection bag should be below the level of the bladder and not on the bed rail.
- Do not clamp or irrigate the tubing without a provider order.
- Use the green sheeting clip to secure the drainage tube to the sheet.

1.30 Provon male catheter



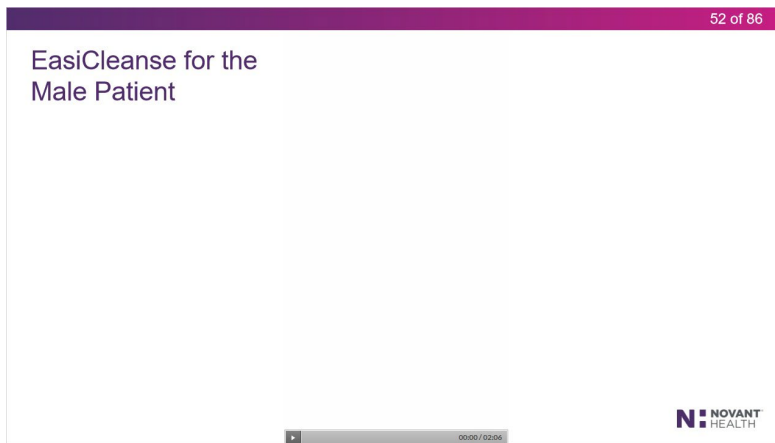
Notes:

1.31 Provon female catheter



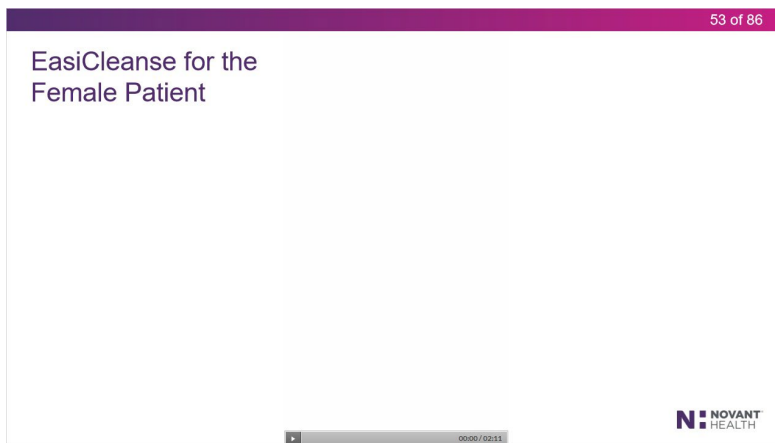
Notes:

1.32 EasiCleanse male



Notes:

1.33 EasiCleanse female



Notes:


1.34 Maintenance



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Provon Catheter Care

Guidelines for Provon catheter care:

- Twice per day
- Before and after catheter insertion
- Prior to external catheter placement
- PRN

 Bath basins should **NOT** be used for catheter care due to the risk for contamination.



The image shows a white and green package for Provon SureStep catheter care. It features a 'Click!' arrow pointing to the package. The package has a diagram with three steps: 1. Clean the catheter, 2. Clean the catheter, and 3. Clean the catheter. It also mentions 'SURESTEP' and 'NOVANT HEALTH'.

Select the image of the SureStep package to access a document with more details. Please note that the document opens in a window external to this course. You will need to tab back to this page in the course to continue after accessing the document.

NOVANT HEALTH

Notes:

Catheter care should be performed twice per day, before & after a catheter is inserted, prior to external catheter placement, and as needed to keep the catheter clean.

Remember that bath basins should not be used for catheter care due to the risk for contamination.

Select the image of the SureStep package to access a document with further details. Please note that the document opens in a window external to this course. You will need to tab back to this page in the course to continue after accessing the document.

1.35 Case Scenario

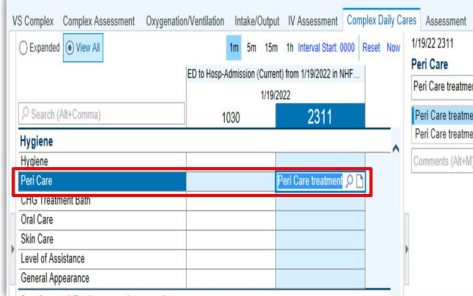
55 of 86

Documentation for Indwelling Catheter

Location of documentation

Under the “Complex Daily Cares” tab, indwelling catheter documentation is entered in the field indicated in the image.

Next, there is a section review quiz.



NOVANT HEALTH

Notes:


On this page, it is indicated where you would document catheter care. Under the “Complex Daily Cares” tab, indwelling catheter documentation is entered in the field indicated in the image.

When you are ready to continue, select the next button to advance to a quiz for this section.

1.36 Quiz section

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Section Quiz

 No narration in quiz section

NOVANT HEALTH

1.37 Quiz 1 of 6

(Multiple Choice, 10 points, unlimited attempts permitted)

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Quiz question: 1 of 6


If leakage occurs anywhere in the urinary catheter drainage system (tubing or drainage bag), you will notify the nurse that the catheter and the entire drainage system needs to be replaced?*(Select Submit after choosing your response.)*

☒ TRUE

☐ FALSE

Submit

 No narration on quiz pages



Correct	Choice
X	TRUE
	FALSE

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.


Correct (Slide Layer)

57 of 86

Quiz question: 1 of 6

If leakage occurs anywhere in the urinary catheter drainage system (tubing or drainage bag or drainage system), the entire system must be replaced.


☒ TRUE
☐ FALSE



Correct

That's right! You selected the correct response.

[Continue](#)

[Submit](#)

 No narration on quiz pages




Incorrect (Slide Layer)

57 of 86

Quiz question: 1 of 6

If leakage occurs anywhere in the urinary catheter drainage system (tubing or drainage bag or drainage system), the entire system must be replaced.


☒ TRUE
☐ FALSE



Incorrect

You did not select the correct response.

[Continue](#)

[Submit](#)

 No narration on quiz pages




Try Again (Slide Layer)

57 of 86

Quiz question: 1 of 6

If leakage occurs anywhere in the urinary catheter drainage system (tubing or drainage bag or drainage system), the entire system must be replaced.


☒ TRUE
☐ FALSE



Incorrect

That is incorrect. Please try again.

[Try Again](#)

[Submit](#)

 No narration on quiz pages



1.38 Quiz 2 of 6

(Multiple Choice, 10 points, unlimited attempts permitted)

58 of 86


Quiz question: 2 of 6


To prevent reflux of urine in the drainage tubing back into the bladder, empty the drainage tubing and the drainage bag before patient is transported off the unit or transferred to a stretcher or bed. (Select Submit after choosing your response.)

☒ TRUE

☐ FALSE

Submit

 No narration on quiz pages



Correct	Choice
X	TRUE
	FALSE

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.


Correct (Slide Layer)

58 of 86

Quiz question: 2 of 6

To prevent reflux of urine in the drainage tubing back into the bladder, empty the drainage unit or transfer the urine to a container and empty it off the unit.

☒ TRUE
☐ FALSE


Correct

That's right! You selected the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH


Incorrect (Slide Layer)

58 of 86

Quiz question: 2 of 6

To prevent reflux of urine in the drainage tubing back into the bladder, empty the drainage unit or transfer the urine to a container and empty it off the unit.

☒ TRUE
☐ FALSE


Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH


Try Again (Slide Layer)

58 of 86

Quiz question: 2 of 6

To prevent reflux of urine in the drainage tubing back into the bladder, empty the drainage unit or transfer the urine to a container and empty it off the unit.

☒ TRUE
☐ FALSE


Incorrect

That is incorrect. Please try again.

Try Again

Submit

No narration on quiz pages

NOVANT HEALTH

1.39 Quiz 3 of 6

(Multiple Choice, 10 points, unlimited attempts permitted)

59 of 86

Quiz question: 3 of 6

Important interventions to do while a patient with a urinary catheter is seated are: (Select Submit after choosing your response.)

☐ Prevent dependent loops.

☐ Do not allow the drainage bag or spigot to touch the floor at any time.


☐ Empty the drainage bag completely prior to ambulating.


☐ Secure the urinary catheter to the thigh.

☐ Monitor for impeded urine flow.

☒ All the above

Submit

 No narration on quiz pages



Correct	Choice
	Prevent dependent loops.
	Do not allow the drainage bag or spigot to touch the floor at any time.
	Empty the drainage bag completely prior to ambulating.
	Secure the urinary catheter to the thigh.
	Monitor for impeded urine flow.
X	All the above

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

59 of 86

Quiz question: 3 of 6

Important interventions to do while a patient with a urinary catheter is seated are: (Select Sub)

- ☐ Prevent depe
- ☐ Do not allow t
- ☐ Empty the dra
- ☐ Secure the ur
- ☐ Monitor for im
- ☒ All the above

Correct

That's right! You selected the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Incorrect (Slide Layer)

59 of 86

Quiz question: 3 of 6

Important interventions to do while a patient with a urinary catheter is seated are: (Select Sub)

- ☐ Prevent depe
- ☐ Do not allow t
- ☐ Empty the dra
- ☐ Secure the ur
- ☐ Monitor for im
- ☒ All the above

Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Try Again (Slide Layer)

59 of 86

Quiz question: 3 of 6

Important interventions to do while a patient with a urinary catheter is seated are: (Select Sub)

- ☐ Prevent depe
- ☐ Do not allow t
- ☐ Empty the dra
- ☐ Secure the ur
- ☐ Monitor for im
- ☒ All the above

Incorrect

That is incorrect. Please try again.

Try Again

Submit

No narration on quiz pages

NOVANT HEALTH

1.40 Quiz 4 of 6

(Multiple Choice, 10 points, unlimited attempts permitted)

60 of 86


Quiz question: 4 of 6


Pericare should be performed and documented prior to insertion of a urinary catheter, even if the patient has recently been bathed.(Select Submit after choosing your response.)

☒ TRUE

☐ FALSE

Submit

 No narration on quiz pages



Correct	Choice
X	TRUE
	FALSE

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.


Correct (Slide Layer)

60 of 86

Quiz question: 4 of 6

Pericare should be performed and documented prior to insertion of a urinary catheter, even if the patient is not voiding after choosing your response.)


☒ TRUE
☐ FALSE



Correct

That's right! You selected the correct response.

[Continue](#)

[Submit](#)

 No narration on quiz pages




Incorrect (Slide Layer)

60 of 86

Quiz question: 4 of 6

Pericare should be performed and documented prior to insertion of a urinary catheter, even if the patient is not voiding after choosing your response.)


☒ TRUE
☐ FALSE



Incorrect

You did not select the correct response.

[Continue](#)

[Submit](#)

 No narration on quiz pages




Try Again (Slide Layer)

60 of 86

Quiz question: 4 of 6

Pericare should be performed and documented prior to insertion of a urinary catheter, even if the patient is not voiding after choosing your response.)


☒ TRUE
☐ FALSE



Incorrect

That is incorrect. Please try again.

[Try Again](#)

[Submit](#)

 No narration on quiz pages



1.41 Quiz 5 of 6

(Multiple Choice, 10 points, unlimited attempts permitted)

61 of 86

Quiz question: 5 of 6

Select the **FALSE** statement below concerning urinary catheter care for a male patient: (Select Submit after choosing your response.)


☐ Retract foreskin (if present) back until the meatus is exposed and cleanse around the urinary meatus with washcloth wet with cleansing product, continuing down the catheter to the bifurcation.


☒ Do not replace the foreskin around the catheter.

☐ Using a new washcloth wet with cleansing product, clean the penile shaft; if the scrotum is edematous or if the patient is obese, ensure all skin folds that touch or conceal perineum are cleansed and carefully dried.

☐ Use a new washcloth wet with cleansing product, clean/dry area between the scrotum and the anus.

Submit

 No narration on quiz pages



Correct	Choice
	<p>Retract foreskin (if present) back until the meatus is exposed and cleanse around the urinary</p> <p>meatus with washcloth wet with cleansing product, continuing down the catheter to the bifurcation.</p>
X	<p>Do not replace the foreskin around the catheter.</p>
	<p>Using a new washcloth wet with cleansing product, clean the penile shaft; if the scrotum is</p> <p>edematous or if the patient is obese, ensure all skin folds that touch or conceal perineum are</p> <p>cleansed and carefully dried.</p>
	<p>Use a new washcloth wet with cleansing product, clean/dry area between the scrotum and the anus.</p>

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

61 of 86

Quiz question: 5 of 6


Select the **FALSE** statement below concerning urinary catheter care for a male patient:

☐ Retract foreskin and clean meatus with sterile saline.

☒ Do not replace the catheter if the balloon is deflated.

☐ Using a new catheter if the old one is edematous or occluded and cleansed and flushed.

☐ Use a new catheter if the old one is occluded and cleansed and flushed.




Correct

That's right! You selected the correct response.

Continue

Submit

No narration on quiz pages



Incorrect (Slide Layer)

61 of 86

Quiz question: 5 of 6


Select the **FALSE** statement below concerning urinary catheter care for a male patient:

☐ Retract foreskin and clean meatus with sterile saline.

☒ Do not replace the catheter if the balloon is deflated.

☐ Using a new catheter if the old one is edematous or occluded and cleansed and flushed.

☐ Use a new catheter if the old one is occluded and cleansed and flushed.




Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages



Try Again (Slide Layer)

61 of 86

Quiz question: 5 of 6

Select the **FALSE** statement below concerning urinary catheter care for a male patient:

Retract foreskin and clean the meatus with the washcloth.

Do not replace the catheter.

Using a new washcloth wet with cleansing product, cleanse the right labia minora and the majora from back to front and repeat on the left side with new washcloth.

If labia are edematous, or is patient is obese, ensure all skin folds that touch or conceal perineum are cleansed and carefully dried.

Secure the catheter to the thigh so urine can flow freely out of the bladder and down the tubing.

Use a new washcloth wet with cleansing product, cleanse the right labia minora and the majora from back to front and repeat on the left side with new washcloth.

That is incorrect. Please try again.

Try Again

Submit

No narration on quiz pages

NOVANT HEALTH

1.42 Quiz 6 of 6

(Multiple Choice, 10 points, unlimited attempts permitted)

62 of 86

Quiz question: 6 of 6

Select the **FALSE** statement below concerning urinary catheter care for a female patient: (Select Submit after choosing your response.)

If the meatus is not readily visible, spread the labia to expose the meatus, cleanse the meatus and the catheter with the washcloth wet with cleansing product and continue cleaning down the catheter to the bifurcation.

Using a new washcloth wet with cleansing product, cleanse the right labia minora and the majora from back to front and repeat on the left side with new washcloth.

If labia are edematous, or is patient is obese, ensure all skin folds that touch or conceal perineum are cleansed and carefully dried.

Secure the catheter to the thigh so urine can flow freely out of the bladder and down the tubing.

Submit

No narration on quiz pages

NOVANT HEALTH

Correct	Choice
	<div>If the meatus is not readily visible, spread the labia to expose the meatus, cleanse the meatus and the catheter with the washcloth wet with cleansing product and continue cleaning down the catheter to the bifurcation.</div>
X	<div>Using a new washcloth wet with cleansing product, cleanse the right labia</div>

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minora and the majora from back to front and repeat on the left side with new washcloth.
If labia are edematous, or is patient is obese, ensure all skin folds that touch or conceal perineum are cleansed and carefully dried.
Secure the catheter to the thigh so urine can flow freely out of the bladder and down the tubing.

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.


Correct (Slide Layer)

62 of 86

Quiz question: 6 of 6

Select the **FALSE** statement below concerning urinary catheter care for a female patient.

☐ If the meatus catheter with bifurcation.
 ☒ Using a new back to front.
 ☐ If labia are ec cleansed and
 ☐ Secure the ca



Correct

That's right! You selected the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Incorrect (Slide Layer)

62 of 86

Quiz question: 6 of 6

Select the **FALSE** statement below concerning urinary catheter care for a female patient.

- ☐ If the meatus catheter with bifurcation.
- ☒ Using a new back to front
- ☐ If labia are ec cleansed and
- ☐ Secure the ca

meatus and the catheter to the
e majora from
perineum are
tubing.

Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Try Again (Slide Layer)

62 of 86

Quiz question: 6 of 6

Select the **FALSE** statement below concerning urinary catheter care for a female patient.

- ☐ If the meatus catheter with bifurcation.
- ☒ Using a new back to front
- ☐ If labia are ec cleansed and
- ☐ Secure the ca

meatus and the catheter to the
e majora from
perineum are
tubing.

Incorrect

That is incorrect. Please try again.

Try Again

Submit

No narration on quiz pages

NOVANT HEALTH

1.43 Specimen Collection

63 of 86

Specimen Collection

NOVANT HEALTH

Notes:

In this section, we look at best practices for specimen collection.


1.44 2nd Nurse Check: Don't skip it!


64 of 86

2nd Nurse Check: Don't skip it!

DO NOT send a urinalysis/culture from an indwelling catheter without second nurse cross-check.

Please refer to Urine Algorithm for guidance - see next page.





Notes:

Prior to sending a urinalysis or culture to the lab, have a second nurse to cross-check that you have followed the urine algorithm correctly.

1.45 Algorithm

65 of 86

Algorithm for sending specimen

Select the workflow image for a zoomed view.

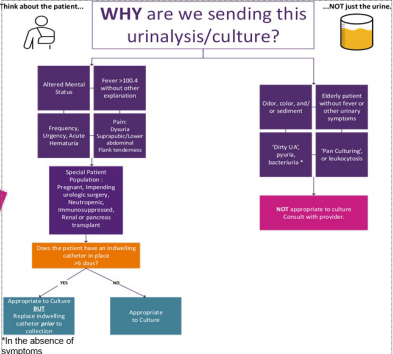
(Note: the zoomed view opens in a separate window. You must tab back here to continue.)


Click!

Think about the patient...

WHY are we sending this urinalysis/culture?

...NOT just the urine.





Notes:

Use the following algorithm as a guide prior to sending the specimen.



You can access a zoomed view of the algorithm by selecting the algorithm image on this page. Please note that the zoomed view opens in a separate window external to this course. You must tab back to this page to continue in the course after viewing the zoomed view of the algorithm.

1.46 Collection steps

66 of 86

Specimen collection steps

Perform	Perform hand hygiene and don necessary PPE.
↓	
Drain	Drain urine from the drainage tube into a collection bag.
↓	
Occlude	Occlude the drainage tube by bending and clamping it at least 12" (30 cm) below the sampling port. Allow time for urine to fill the clamped drainage tube.
↓	
Disinfect	Disinfect the sampling port thoroughly using an antiseptic pad. Allow it to dry.
↓	
Attach	Attach the syringe to the sampling port and withdraw 10 mL of urine.
↓	
Transfer	Transfer the urine specimen to a sterile specimen collection container.
↓	
Unclamp	Unclamp the drainage tube and make sure that it's free of kinks and dependent loops.
↓	
Label	Label the specimen at bedside and confirm electronic documentation.
↓	
Place	Place the urine specimen collection container in a biohazard transport bag and send it to the laboratory within 30 minutes or less.
↓	
Doff	Doff gloves and perform hand hygiene




Notes:


Here are the proper steps for collecting a specimen. Please carefully review these steps. You will be quizzed on these steps in the Section Review that follows on the next page.

1.47 Quiz section

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Section Quiz

 No narration in quiz section



1.48 Quiz 1 of 2

(Sequence Drag-and-Drop, 10 points, unlimited attempts permitted)

68 of 86


Quiz question:
1 of 2


Drag and drop the specimen collection tasks into their correct order.

(Select Submit after choosing your response.)

1. Perform hand hygiene and don necessary PPE.
2. Drain urine from the drainage tube into a collection bag.
3. Occlude the drainage tube.
4. Disinfect the sampling port.
5. Attach the syringe to the sampling port and withdraw 10 mL of urine.
6. Transfer the urine specimen to a sterile specimen collection container.
7. Unclass the drainage tube.
8. Label the specimen at bedside and confirm electronic documentation.
9. Place specimen in biohazard transport bag and send it to the laboratory.
10. Doff gloves and perform hand hygiene.

Submit

 No narration on quiz pages



Correct Order

Perform hand hygiene and don necessary PPE.

Drain urine from the drainage tube into a collection bag.

Occlude the drainage tube.

Disinfect the sampling port.

Attach the syringe to the sampling port and withdraw 10 mL of urine.

Transfer the urine specimen to a sterile specimen collection container.
Unclamp the drainage tube.
Label the specimen at bedside and confirm electronic documentation.
Place specimen in biohazard transport bag and send it to the laboratory.
Doff gloves and perform hand hygiene.

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

68 of 86

Quiz question:
1 of 2

1. ☐ Perform hand hygiene and don necessary PPE.

2. ☐ Transfer the urine specimen to a sterile specimen collection container.

3. ☐ Unclamp the drainage tube.

4. ☐ Label the specimen at bedside and confirm electronic documentation.

5. ☐ Place specimen in biohazard transport bag and send it to the laboratory.

6. ☐ Doff gloves and perform hand hygiene.


Drag and drop the specimen collection tasks into their correct order.

(Select Submit after choosing your response.)

Submit

No narration on quiz pages

NOVANT HEALTH



Correct

That's right! You selected the correct response.

Continue

Incorrect (Slide Layer)

68 of 86

Quiz question:
1 of 2

1. Perform hand hygiene and don necessary PPE.

Drag and drop the specimen collection tasks into their correct order.
(Select Submit after choosing your response.)

Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Try Again (Slide Layer)

68 of 86

Quiz question:
1 of 2

1. Perform hand hygiene and don necessary PPE.

Drag and drop the specimen collection tasks into their correct order.
(Select Submit after choosing your response.)

Incorrect

That is incorrect. Please try again.

Try Again

Submit

No narration on quiz pages

NOVANT HEALTH

1.49 Quiz 2 of 2

(Multiple Choice, 10 points, unlimited attempts permitted)

69 of 86

Quiz question: 2 of 2

When collecting a urine specimen, you should always disinfect the collection port with an alcohol swab prior to connecting the syringe. *(Select Submit after choosing your response.)*

☒ TRUE
☐ FALSE

Submit

No narration on quiz pages

NOVANT HEALTH

Correct	Choice
X	TRUE
	FALSE

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

69 of 86

Quiz question: 2 of 2

When collecting a urine specimen, you should always disinfect the collection port with an alcohol swab prior to connecting the syringe. *(Select Submit after choosing your response.)*

☒ TRUE
☐ FALSE

Correct

That's right! You selected the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Incorrect (Slide Layer)

69 of 86

Quiz question: 2 of 2

When collecting a urine specimen, you should always disinfect the collection port with an antiseptic solution before choosing your response.

☒ TRUE
☐ FALSE

Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Try Again (Slide Layer)

69 of 86

Quiz question: 2 of 2

When collecting a urine specimen, you should always disinfect the collection port with an antiseptic solution before choosing your response.

☒ TRUE
☐ FALSE

Incorrect

That is incorrect. Please try again.

Try Again

Submit

No narration on quiz pages

NOVANT HEALTH

1.50 Documentation

70 of 86

**Documentation:
Additional Requirements**

NOVANT HEALTH

Notes:

In this section, we discuss a few additional documentation elements.

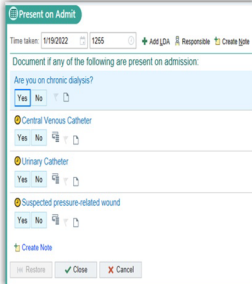
1.51 Documentation: Present on Admission


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Admission Navigator Documentation

Admission Navigator tasks include:

- Document the existing urinary catheter in the Present on Admission section.
- Add a LDA for Urethral Catheter.
- **Placement date and time *MUST* be documented!**
- If unknown, use the current admission date/time and in the comment section, note the actual date is unknown.
- **A provider order must still be obtained!**





Notes:

It is especially important to document a date and time of insertion for patients presenting to the hospital with an indwelling catheter already in place. This would be done from the admission navigator. If the exact date/time cannot be found, document the current admission date/time and enter a comment that the actual date/time is unknown.

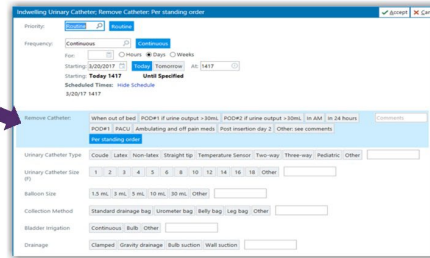
Regardless, an order must be obtained from the provider for this catheter to remain in place.

1.52 Documentation: Review the Order

72 of 86

Provider Places Order

- The provider places the order.
- The order will indicate the removal criteria.
- Remove catheter question.



NOVANT HEALTH

Notes:

The provider order will indicate the removal criteria. If per standing order is noted, refer to the daily necessity options.

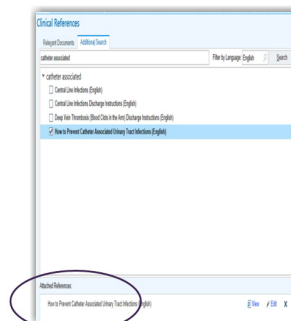
1.53 Documentation: Education

73 of 86

Patient and Family Education

Education is to be completed **prior** to insertion (or within 24 hours). To document education:

1. Navigate to Clinical references in Dimensions.
2. Under additional search results enter Catheter and you will find the Catheter-Associated Urinary Tract infections health sheet.
3. Check the "attach preview document" to add the education to the AVS.
4. Print the "How to Prevent Catheter-Associated Urinary Tract Infections health sheet".



NOVANT HEALTH

Notes:

Patient and family education is to be completed **prior** to insertion (or within 24 hours). To document education:

1. Navigate to Clinical references in Dimensions.
2. Under additional search results enter Catheter and you will find the Catheter-Associated Urinary Tract infections health sheet.

3. Check the “attach preview document” to add the education to the AVS.
4. Print the “How to Prevent Catheter-Associated Urinary Tract Infections health sheet”.

1.54 Documentation: Education

74 of 86

Patient and Family Education (cont.)

A patient/family education tool is included in the “Bard Advance Foley Catheter Tray” (located under the tray in the sterile packaging). This education must be documented in the medical record:

1. Click on the Education activity.
2. Select the Education tab.
3. The order to place the catheter auto generates patient education:
 - Indwelling urinary catheter insertion.
 - Indwelling urinary catheter care.
 - Urinary catheter associated infection prevention measures.
 - Sign and symptoms of urinary catheter infection.
4. Select the education topic - Indwelling Urinary Catheter
5. All points will be automatically selected
6. Click Document

Education

Assessment Education

Clear Selections Active All

☐ Indwelling Urinary Catheter


☐ Indwelling urinary catheter insertion

☐ Indwelling urinary catheter care

☐ Urinary catheter associated infection prevention ...

☐ Signs and symptoms of urinary catheter infection

In Dimensions, nurses do not need to add a point – the system automatically adds it when the order is placed under the topic of indwelling urinary catheter.



Notes:

Here are some additional patient and family education notes.

Education is to be completed prior to insertion. A patient/family education tool is included in the “Bard Advance Foley Catheter Tray” (located under the tray in the sterile packaging).

1. This education must be documented in the medical record.
2. Click on the Education activity.
3. Select the Education tab.
4. The order to place the catheter auto generates patient education.
 - Indwelling urinary catheter insertion.
 - Indwelling urinary catheter care.
 - Urinary catheter associated infection prevention measures.
 - Sign and symptoms of urinary catheter infection
5. Select the education topic, in this case “Indwelling Urinary Catheter”

6.All points will be automatically be selected

7.Click Document

In Dimensions, nurses do not need to add a point – the system automatically adds it when the order is placed under the topic of indwelling urinary catheter.

1.55 Documentation: Education

75 of 86

Patient and Family Education (cont.)

In the comment section type the following:

- Catheter-Associated Urinary Tract Infections health sheet *and/or* Bard Advance Foley Catheter Insert.

Remember to include *written* as one of the methods of education.

Don't miss this!

Learners
☒ Patient ☒ Family ☐ Significant Other ☐ Caregiver ☐ Other ☐ Mother ☐ Father ☐ Guardian
☐ Foster Parent ☐ Discharge Designee

Readiness
Eager ☒ Acceptance ☐ Nonacceptance ☐ Refuses ☐ Asking Questions ☐ Asking for Information
☐ Interest in Discharge ☐ Too Ill ☐ Denies Need for Education ☐ Psychologically Unstable ☐ Other

Method
☒ Explanation ☐ Demonstration ☒ Written ☐ Interpreter ☐ Video ☐ Class/Group
☐ Teach Back

Response
☒ Verbalized Understanding ☐ Demonstrated Understanding ☐ Needs Reinforcement
☐ No Evidence of Learning ☐ Refused Teaching ☐ Recognizes Need for Lifestyle Change
☐ Willing to Make Lifestyle Change ☐ Not Interested in Making a Lifestyle Change

Bard Advance Foley Catheter Insert

Taught by: FRUIT, SIDNEYZERO
1/19/2022 2223

NOVANT HEALTH

Notes:

In the comment section type the following:

- Catheter-Associated Urinary Tract Infections health sheet and/or Bard Advance Foley Catheter insert.

And please remember to include **written** as one of the methods of education.

1.56 Documentation: Removal

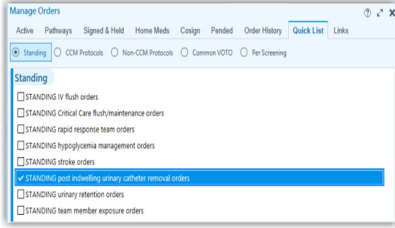
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Post- Removal Documentation

Nursing actions:

1. Discontinue the urinary catheter order.
2. Remove the urinary catheter LDA based on the remove catheter criteria within the order.
3. Select the ["Post Indwelling Urinary Catheter Removal Management Adult"](#) standing orders - the standing orders are only active for **12** hours after activation.

May be selected regardless of ordered removal criteria.



The screenshot shows a 'Manage Orders' window with a 'Standing' tab selected. Under the 'Standing' section, the checkbox for 'STANDING post indwelling urinary catheter removal orders' is checked. Other options like 'STANDING IV flush orders' and 'STANDING urinary retention orders' are unchecked.

NOVANT HEALTH

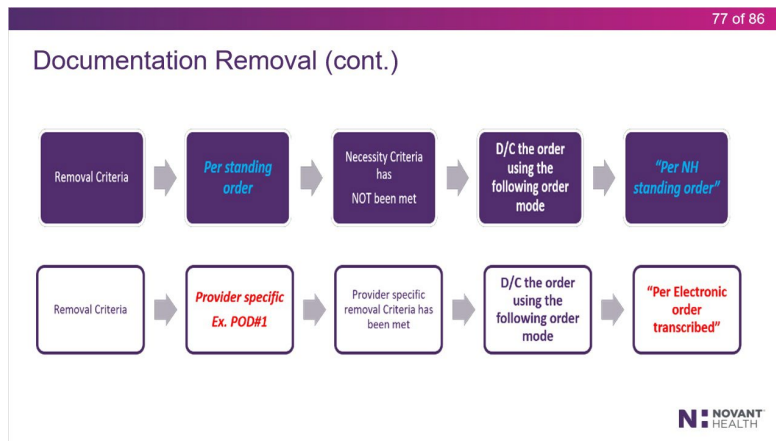
Notes:

Post- removal documentation includes the following...

1. Discontinue the urinary catheter order.
2. Remove the urinary catheter LDA based on the remove catheter criteria within the order.
3. Select the ["Post Indwelling Urinary Catheter Removal Management Adult"](#) standing orders - the standing orders are only active for **12** hours after activation. And remember, this may be selected regardless of ordered removal criteria.

You may select standing order link to review. Please note that the standing order opens in a separate window external to this course. You must tab back to this page to continue after reviewing the documentation.

1.57 Documentation: Removal



Notes:

If the patient's condition no longer warrants an indwelling catheter and the order removal criteria was per standing order, then the order should be discontinued and signed per Novant Health's standing order.

If you are removing the catheter based on a specific provider criteria, then the order should be discontinued and signed per electronic order transcribed.

1.58 Documentation: Removal

78 of 86

Documentation Removal (cont.)

- BPA will be initiated/"fired" following the discontinuation order.
- Place the "Post Indwelling Urinary Catheter Removal Management Adult" standing orders.

NOVANT HEALTH

Notes:

The removal will trigger a best practice advisory (a.k.a. BPA) as a reminder to

initiate the post-indwelling catheter removal standing orders.


1.59 Documentation: Post Removal

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Documenting Interventions

Nursing should document all interventions:

Intake and Output flowsheet	Select the appropriate documentation
Due to Void	<div><div>Additional Urine Rows</div><div>Due to Void</div><div>Yes</div></div>
Bladder Scan Volume (mL)	<div><div>Additional Urine Rows</div><div>Bladder Scan Volume (mL)</div><div>Bladder Scan Vol...</div><div>150</div></div>
Post Void Bladder scan (mL)	<div><div>Additional Urine Rows</div><div>Post Void Bladder Scan (mL)</div><div>Post Void Bladder S...</div><div>50</div></div>
Intermittent/Straight Cath (mL)	<div><div>Additional Urine Rows</div><div>Intermittent/Straight Cath (mL)</div><div>Intermittent/Stral...</div><div>400</div></div>
Post void residual volume	<div><div>Additional Urine Rows</div><div>Post Void Cath Residual (mL)</div><div>Post Void Cath R...</div><div>50</div></div>



Notes:


As a final topic for this section, its important to Remember to document any intervention performed after the catheter has been removed. The chart on this page identifies how nursing should document all interventions. After you have completed reviewing the information shown here, select the next button to advance to the case scenarios which will be the final quiz for this education.


1.60 Case Scenarios

80 of 86

Case Scenarios:

Final quiz

 No narration in quiz section



1.61 Case Scenario 1 of 5

(Multiple Choice, 10 points, unlimited attempts permitted)

81 of 86


Case Scenario: 1 of 5

45-year old patient arrives to your unit status post-surgery and the indwelling catheter has met qualifications for removal. The catheter was removed 3 hours ago and the patient has not voided. What are your next actions?


(Select Submit after choosing your response.)

- ☐ Call the provider.
- ☒ Bladder scan the patient, if no contraindications exist.
- ☐ Continue to observe the patient for signs and symptoms of abdominal distention.


Submit

 No narration on quiz pages

Order set



Select the document to view order set.



Correct	Choice
	Call the provider.
X	Bladder scan the patient, if no contraindications exist.
	Continue to observe the patient for signs and symptoms of abdominal distention.

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Published by Articulate® Storyline www.articulate.com

Correct (Slide Layer)

81 of 86

Case Scenario: 1 of 5

45-year old patient arrives to your unit status post-surgery and the indwelling catheter is removed. The patient has no voided since removal.

(Select Submit after 30 seconds)

☐ Call the physician for a new order.

☒ Bladder scan.

☐ Continue to next slide.

Correct

That's right! You selected the correct response.

Continue

Order set

Select the document to view order set.

Submit

No narration on quiz pages

NOVANT HEALTH

Incorrect (Slide Layer)

81 of 86

Case Scenario: 1 of 5

45-year old patient arrives to your unit status post-surgery and the indwelling catheter is removed. The patient has no voided since removal.

(Select Submit after 30 seconds)

☐ Call the physician for a new order.

☒ Bladder scan.

☐ Continue to next slide.

Incorrect

You did not select the correct response.

Continue

Order set

Select the document to view order set.

Submit

No narration on quiz pages

NOVANT HEALTH

Try Again (Slide Layer)

81 of 86

Case Scenario: 1 of 5

45-year old patient arrives to your unit status post-surgery and the indwelling catheter is removed. The patient has no voided since removal.

(Select Submit after 30 seconds)

☐ Call the physician for a new order.

☒ Bladder scan.

☐ Continue to next slide.

Incorrect

That is incorrect. Please try again.

Try Again

Order set

Select the document to view order set.

Submit

No narration on quiz pages

NOVANT HEALTH

Order set (Slide Layer)

81 of 86

Case Scenario: 1 of 5

Click the "X" to close order set window.

Nursing Interventions:
Patient without contraindications to Bladder Scan
0- 6 hours post removal management

- ☒ If voided greater than 200 mL in 6 hours, discontinue the "Standing Order: Post Indwelling Catheter Removal Management-Adult".
- ☒ Perform bladder scan if patient has not voided, complains of urinary frequency, is newly incontinent, and / or is experiencing abdominal / pelvic discomfort.
- ☒ If bladder scan volume is less than or equal to 150 mL continue to monitor for urine output over the next 6 hours.
- ☒ If bladder scan volume is 151-599 mL, insert straight catheter x 1. Notify provider on next rounds. May repeat straight catheter x1 (total of 2 straight catheterizations within 12 hours).
- ☒ If bladder scan volume is greater than 600 mL, insert indwelling urinary catheter. Post insertion, notify provider promptly to obtain new orders for indwelling urinary catheter management and removal reason.

Submit

No narration on quiz pages

NOVANT HEALTH

1.62 Case Scenario 2 of 5

(Multiple Choice, 10 points, unlimited attempts permitted)

82 of 86

Case Scenario: 2 of 5

You have just bladder scanned the patient and here are your results. The bladder scanner shows 200 mLs indwelling. What do you do? (Select Submit after choosing your response.)

- ☐ Call the provider.
- ☒ Insert a straight catheter and notify provider on next rounds.
- ☐ Insert a straight catheter and notify the provider.

Submit

No narration on quiz pages

NOVANT HEALTH

Order set

Select the document to view order set.

Correct	Choice
	Call the provider.
X	Insert a straight catheter and notify provider on next rounds.
	Insert a straight catheter and notify the provider.

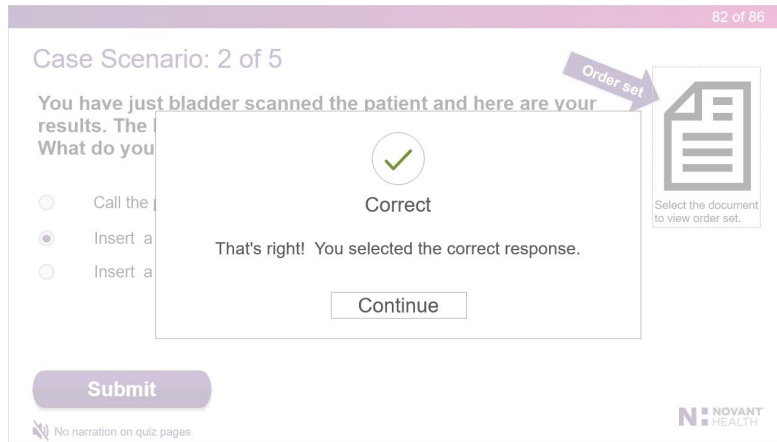
Feedback when correct:

That's right! You selected the correct response.

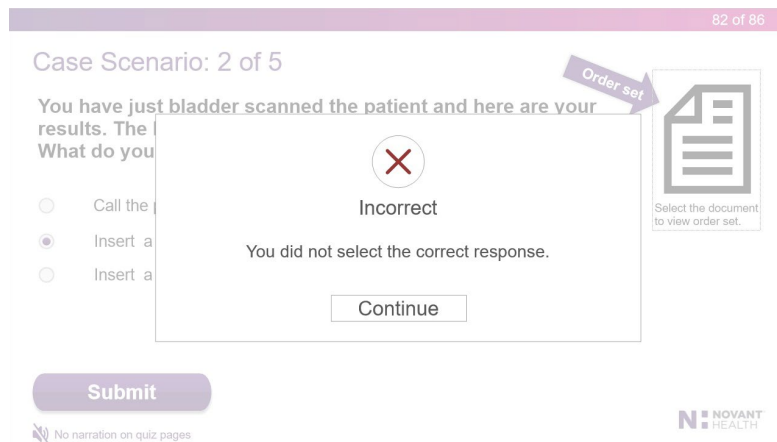
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



Incorrect (Slide Layer)



Try Again (Slide Layer)

82 of 86

Case Scenario: 2 of 5

You have just bladder scanned the patient and here are your results. The What do you

☐ Call the

☒ Insert a

☐ Insert a

Incorrect

That is incorrect. Please try again.

Try Again

Submit

No narration on quiz pages

NOVANT HEALTH

Order set

Select the document to view order set.

Order set (Slide Layer)

82 of 86

Case Scenario: 2 of 5

Click the "X" to close order set window

Nursing Interventions:

Patient without contraindications to Bladder Scan

0- 6 hours post removal management

- ☒ If voided greater than 200 mL in 6 hours, discontinue the "Standing Order: Post Indwelling Catheter Removal Management-Adult".
- ☒ Perform bladder scan if patient has not voided, complains of urinary frequency, is newly incontinent, and / or is experiencing abdominal / pelvic discomfort.
- ☒ If bladder scan volume is less than or equal to 150 mL continue to monitor for urine output over the next 6 hours.
- ☒ If bladder scan volume is 151-599 mL, insert straight catheter x 1. Notify provider on next rounds. May repeat straight catheter x1 (total of 2 straight catheterizations within 12 hours).
- ☒ If bladder scan volume is greater than 600 mL, insert indwelling urinary catheter. Post insertion, notify provider promptly to obtain new orders for indwelling urinary catheter management and removal reason.

Submit

No narration on quiz pages

NOVANT HEALTH

1.63 Case Scenario 3 of 5

(Multiple Choice, 10 points, unlimited attempts permitted)

Case Scenario: 3 of 5

The patient is 6 hours post indwelling urinary catheter removal. The patient has not voided. A bladder scan is performed and the results are a volume of 175 mLs. What should you do next? (Select Submit after choosing your response.)

- ☐ Reassess
- ☐ Notify physician.
- ☐ Insert an indwelling urinary catheter.
- ☒ Insert her 2nd straight catheter within 12 hours and notify provider on next rounds.

Submit

 No narration on quiz pages



N NOVANT
HEALTH

Correct	Choice
	Reassess
	Notify physician.
	Insert an indwelling urinary catheter.
X	Insert her 2nd straight catheter within 12 hours and notify provider on next rounds.

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

83 of 86

Case Scenario: 3 of 5

The patient is 6 hours post indwelling urinary catheter removal. The provider performed an assessment. What should you do next?

- ☐ Reassess vital signs
- ☐ Notify physician
- ☐ Insert another catheter
- ☒ Insert heuristics

Order set

Select the document to view order set.

Correct

That's right! You selected the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Incorrect (Slide Layer)

83 of 86

Case Scenario: 3 of 5

The patient is 6 hours post indwelling urinary catheter removal. The provider performed an assessment. What should you do next?

- ☐ Reassess vital signs
- ☐ Notify physician
- ☐ Insert another catheter
- ☒ Insert heuristics

Order set

Select the document to view order set.

Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Try Again (Slide Layer)

83 of 86

Case Scenario: 3 of 5

The patient is 6 hours post indwelling urinary catheter removal. The provider performed an assessment. What should you do next?

- ☐ Reassess vital signs
- ☐ Notify physician
- ☐ Insert another catheter
- ☒ Insert heuristics

Order set

Select the document to view order set.

Incorrect

That is incorrect. Please try again.

Try Again

Submit

No narration on quiz pages

NOVANT HEALTH

Order set (Slide Layer)

83 of 86

Case Scenario: 3 of 5

Click the "X" to close order set window.

6-12 hours post removal management:

- ☒ Perform bladder scan if patient has not voided, complains of urinary frequency, is newly incontinent, and/or is experiencing abdominal / pelvic discomfort.
- ☒ If bladder scan volume is less than or equal to 150 mL, notify provider.
- ☒ If bladder scan volume is greater than 150 mL, insert straight catheter x 1, continue to monitor and notify provider on next rounds. May repeat straight catheter x1 (total of 2 straight catheters within 12 hours).
- ☒ If bladder scan volume is greater than 150 mL after second straight catheterization, insert indwelling urinary catheter. Post insertion, notify provider promptly to obtain new orders to enter in Dimensions for indwelling urinary catheter management and removal reason.

No narration on quiz pages

NOVANT HEALTH

1.64 Case Scenario 4 of 5

(Multiple Choice, 10 points, unlimited attempts permitted)

84 of 86

Case Scenario: 4 of 5

The patient is 12 hours post indwelling urinary catheter removal. The patient has not voided, and their bladder scanner volume is now 300mL. What should you do next?
(Select Submit after choosing your response.)

☐ Reassess

☐ Notify physician.

☒ Insert indwelling urinary catheter and post insertion notify provider promptly to obtain new orders to enter in Dimensions for indwelling urinary catheter management and removal reason.

☐ Repeat bladder scan.

Submit

No narration on quiz pages

NOVANT HEALTH

Order set

Select the document to view order set.

Correct	Choice
	Reassess
	Notify physician.
X	Insert indwelling urinary catheter and post insertion notify provider promptly to obtain new orders to enter in Dimensions for indwelling urinary catheter management and removal reason.

Repeat bladder scan.

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

84 of 86

Case Scenario: 4 of 5

The patient is 12 hours post indwelling urinary catheter removal. The scanner volume is low. (Select Submit after 10 seconds.)

☐ Reassess bladder volume.

☐ Notify physician.

☒ Insert indwelling urinary catheter to obtain new volume and removal.

☐ Repeat bladder scan.

Correct

That's right! You selected the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Order set

Select the document to view order set.

Incorrect (Slide Layer)

84 of 86

Case Scenario: 4 of 5

The patient is 12 hours post indwelling urinary catheter removal. The scanner volume is low. (Select Submit after 10 seconds.)

☐ Reassess bladder volume.

☐ Notify physician.

☒ Insert indwelling urinary catheter to obtain new volume and removal.

☐ Repeat bladder scan.

Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Order set

Select the document to view order set.

Try Again (Slide Layer)

84 of 86

Case Scenario: 4 of 5

The patient is 12 hours post indwelling urinary catheter removal. The scanner volume is 150 mL.

(Select Submit after 10 seconds.)

☐ Reassess patient.

☐ Notify provider.

☒ Insert indwelling urinary catheter to obtain new orders to enter in Dimensions for indwelling urinary catheter management and removal reason.

☐ Repeat bladder scan.

Submit

No narration on quiz pages

NOVANT HEALTH

Incorrect

That is incorrect. Please try again.

Try Again

Order set

Select the document to view order set.

Order set (Slide Layer)

84 of 86

Case Scenario: 4 of 5

Click the "X" to close order set window.

6-12 hours post removal management:

- ☒ Perform bladder scan if patient has not voided, complains of urinary frequency, is newly incontinent, and/or is experiencing abdominal / pelvic discomfort.
- ☒ If bladder scan volume is less than or equal to 150 mL, notify provider.
- ☒ If bladder scan volume is greater than 150 mL, insert straight catheter x 1, continue to monitor and notify provider on next rounds. May repeat straight catheter x1 (total of 2 straight catheters within 12 hours).
- ☒ If bladder scan volume is greater than 150 mL after second straight catheterization, insert indwelling urinary catheter. Post insertion, notify provider promptly to obtain new orders to enter in Dimensions for indwelling urinary catheter management and removal reason.

No narration on quiz pages

NOVANT HEALTH

1.65 Case Scenario 5 of 5

(Multiple Choice, 10 points, unlimited attempts permitted)

Case Scenario: 5 of 5

A surgical tech is working with you today and would like to assist you with placing the indwelling catheter. They verbalize that they have been validated for sterile technique, but not catheter insertion. Can they be your “buddy” for this process? *(Select Submit after choosing your response.)*

- ☐ YES
- ☒ NO

Submit No narration on quiz pages**N** NOVANT
HEALTH

Correct	Choice
	YES
X	NO

Feedback when correct:

That's right! The correct answer is no. Though surgical techs perform and monitor sterile technique for their job role, they must also be validated to place indwelling urinary catheters. You may now advance to the course completion page!

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

85 of 86

Case Scenario: 5 of 5

A surgical tech is working with you today and would like to assist you with placing the indwelling urinary catheter for sterile technique. You must be validated for this process.

☐ YES

☒ NO

Correct

That's right! The correct answer is no. Though surgical techs perform and monitor sterile technique for their job role, they must also be validated to place indwelling urinary catheters. You may now advance to the course completion page!

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Incorrect (Slide Layer)

85 of 86

Case Scenario: 5 of 5

A surgical tech is working with you today and would like to assist you with placing the indwelling urinary catheter for sterile technique. You must be validated for this process.

☐ YES

☒ NO

Incorrect

You did not select the correct response.

Continue

Submit

No narration on quiz pages

NOVANT HEALTH

Try Again (Slide Layer)

85 of 86

Case Scenario: 5 of 5

A surgical tech is working with you today and would like to assist you with placing the indwelling urinary catheter for sterile technique. You must be validated for this process.

☐ YES

☒ NO

Incorrect

That is incorrect. Please try again.

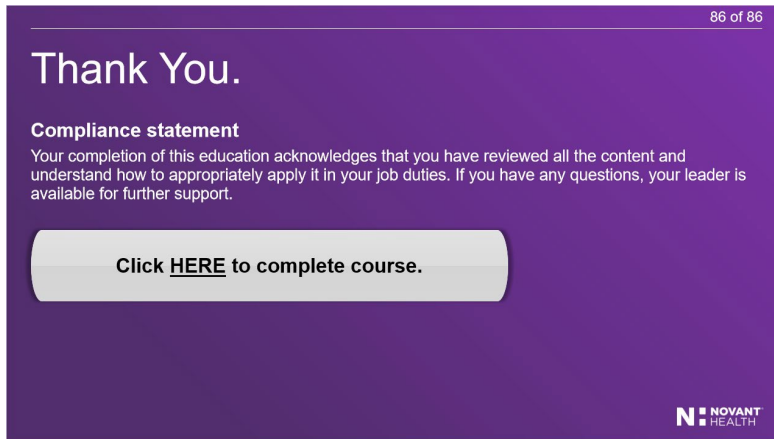
Try Again

Submit

No narration on quiz pages

NOVANT HEALTH

1.66 Thank You.

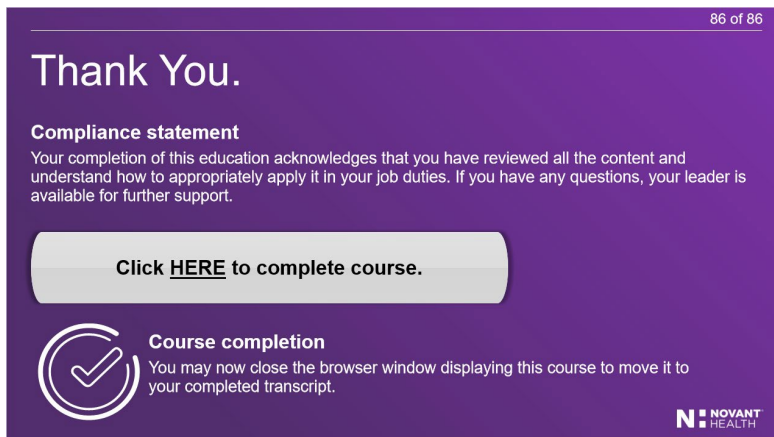


Notes:

Thank you for participating in this important education about CAUTI eradication. Your completion of this education acknowledges that you have reviewed all the content and understand how to appropriately apply it in your job duties. If you have any questions, your leader is available for further support.

Select the button labeled “Click HERE to complete course.” to register your completion and then follow the provided instructions to exit the course.

Course completion (Slide Layer)



2. Bedside commode

2.1 Bedside commode

8 of 86

Bedside commode: When to use **or** not use

Indicators for use:


- Need to stay in bed most of the time.
- Patient is weak or unsteady.
- At risk of falling (e.g., a commode may be safer than walking to the bathroom).

- www.drugs.com

Contraindications for use:

- Patients with conditions that prevent them from standing such as spinal surgery.
- Patients who are on strict bedrest because they are not allowed to get out of bed.

- www.quizlet.com



NOVANT HEALTH

Notes:

On this page, we have information regarding when and when not to use bedside commodes.

Indicators for use include:

- Need to stay in bed most of the time.
- Patient is weak or unsteady.
- At risk of falling (e.g., a commode may be safer than walking to the bathroom).

Contraindications for use include:


- Patients with conditions that prevent them from standing such as spinal surgery.
- Patients who are on strict bedrest because they are not allowed to get out of bed.

3. Bladder scanner

3.1 Bladder Scanner

9 of 86

Bladder Scanner: Video demonstration



00:00 / 07:55

NOVANT HEALTH

Notes:

3.2 Indicators

10 of 86

Bladder Scanner: When to use

Indicated uses:

- The patient has not voided in 6 hours
- The patient has had an indwelling catheter removed and is unable to void
- The patient has an urge to void but is unable to do so
- Complaints of pelvic/abdominal discomfort/distention
- The patient is voiding frequently in small volumes
- The patient is incontinent
- The patient is having urinary hesitancy



NOVANT HEALTH

Notes:

Indications for use of a bladder scanner include:

- The patient has not voided in 6 hours
- The patient has had an indwelling catheter removed and is unable to void

- The patient has an urge to void but is unable to do so
- Complaints of pelvic/abdominal discomfort/distention
- The patient is voiding frequently in small volumes
- The patient is incontinent
- The patient is having urinary hesitancy


3.3 Contraindicators

11 of 86

Bladder Scanner: When not to use

Contraindications:

- Pregnancy (including immediate post-partum period up to 6 hours)
- Ascites
- Open, damaged skin, or surgical site on the abdomen directly over area to be scanned
- Wounds in the suprapubic region
- Morbidly obese (BMI greater than or equal to 40)



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HEALTH

Notes:

Contraindications for use of a bladder scanner include:

- Pregnancy (including immediate post-partum period up to 6 hours)
- Ascites
- Open, damaged skin, or surgical site on the abdomen directly over area to be scanned
- Wounds in the suprapubic region
- Morbidly obese (BMI greater than or equal to 40)

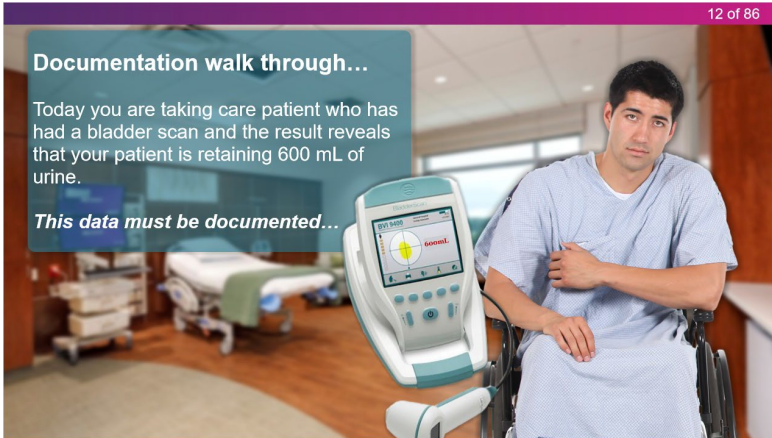
3.4 Scenario Page 1

12 of 86

Documentation walk through...

Today you are taking care patient who has had a bladder scan and the result reveals that your patient is retaining 600 mL of urine.

This data must be documented...



Notes:

Let's walk through an example of documenting a bladder scan.

Today you are taking care patient who has had a bladder scan and the result reveals that your patient is retaining 600 mL of urine.

This data must be documented.

3.5 Scenario Page 2

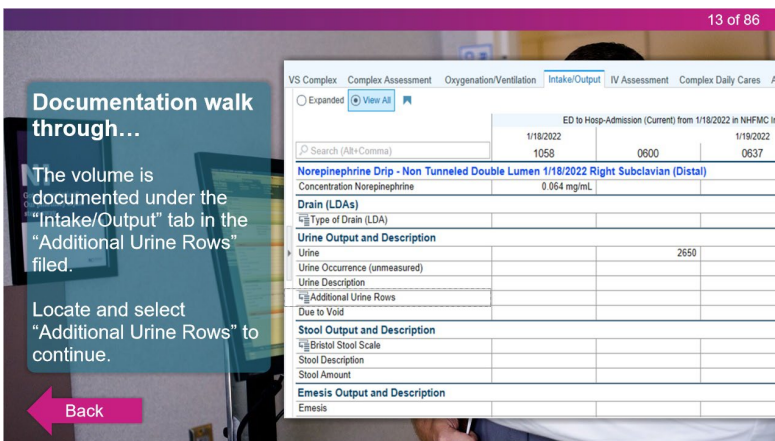
13 of 86

Documentation walk through...

The volume is documented under the "Intake/Output" tab in the "Additional Urine Rows" filed.

Locate and select "Additional Urine Rows" to continue.

Back



ED to Hosp-Admission (Current) from 1/18/2022 in NHFMC Inte			
	1/18/2022	0600	1/19/2022
1058			0637

Norepinephrine Drip - Non Tunneled Double Lumen 1/18/2022 Right Subclavian (Distal)

Concentration Norepinephrine		
0.064 mg/mL		

Drain (LDAs)

Type of Drain (LDA)

Urine Output and Description

Urine		
Urine Occurrence (unmeasured)		2650
Urine Description		
Additional Urine Rows		
Due to Void		

Stool Output and Description

Bristol Stool Scale		
Stool Description		
Stool Amount		

Emesis Output and Description

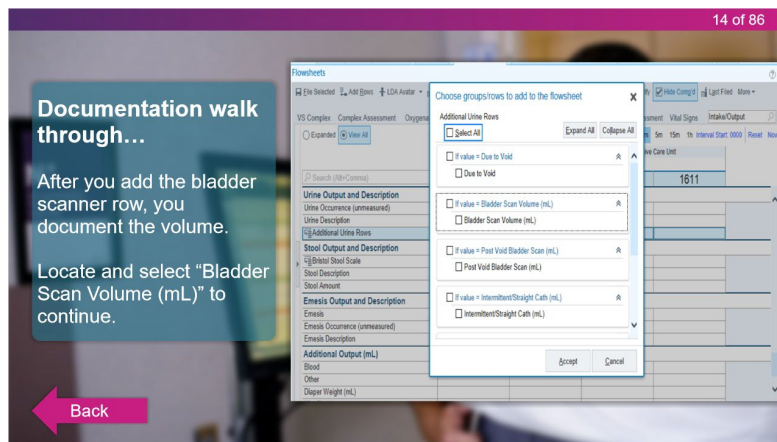
Emesis		

Notes:

The volume is documented under the “Intake/Output” tab in the “Additional Urine Rows” field.

Locate and select “Additional Urine Rows” to continue.

3.6 Scenario Page 3



Notes:

After you add the bladder scanner row, you document the volume.

Locate and select “Bladder Scan Volume (mL)” to continue.

3.7 Scenario Page 4

Documentation walk through...

You would follow the indicated actions, per the order set.

Next example:
Select the indicated instructions on the order set to continue to an example of documenting an intermittent straight catheter.

Back

15 of 86

Patient WITHOUT contraindications to Bladder Scan

Nursing Interventions

- Assess/monitor patient for voiding every 2 hours to determine if patient is able to void greater than or equal to 200 mL x 1 voiding within 6 hours without sign/symptoms of urinary retention
- If patient has voided greater than or equal to 200 mL x 1 voiding within 6 hours without sign/symptoms of urinary retention, discontinue the Standing Orders Urinary Retention Management
- If patient has not voided or exhibits signs/symptoms of urinary retention including experiencing abdominal / pelvic discomfort, perform bladder scan (unless contraindicated). May repeat bladder scan as needed.
 - If bladder scan volume is less than or equal to 150 mL within a 6 hour time period, notify provider
 - If bladder scan volume is less than or equal to 300 mL, continue to assess and monitor patient for urinary retention every 2 hours and perform supportive measures
 - If bladder scan is 301-599 mL straight catheter x 1 and notify provider on next rounds. Continue to assess and monitor patient for urinary retention every 2 hours and perform supportive measures. May repeat straight catheter x 3 as needed for urinary retention within 24 hours (total of 4 straight catheterizations within 24 hours).
 - If bladder scan volume is greater than or equal to 600 mL, insert indwelling urinary catheter (with validated Buddy/Insertter) and notify provider to obtain orders for indwelling urinary catheter removal management and discontinue the Standing Orders Urinary Retention Management**
 - If patient has been straight cathed x 4 in 24 hours and requires additional catheterization, insert indwelling urinary catheter (with validated Buddy/Insertter) and notify provider to obtain orders for indwelling urinary catheter removal management and discontinue the Standing Orders Urinary Retention Management

Next

Notes:

You would follow the indicated actions, per the order set, as indicated on this page by the blue highlight. Let's continue to another example of documentation. Select the "Next" arrow in the lower right corner of this page to review an example of documenting an intermittent straight catheter.

3.8 Case Scenario

Documenting an intermittent straight catheter...

Locate and select "Flowsheets" to continue.

Back

16 of 86

Summary Timeline Chart Review **MAR** Flowsheets Manage Ord... CCM Pre

Flowsheets

File Add Rows Add Col Insert Col Data Validate Hide Device Data Int...

VS Complex Complex Assessment Oxygenation/Ventilation Intake/Output IV Assessment Complex Dai

Expanded View All

ED to Hosp-Admission (Current) from 1/18/2022

Search (Alt+Comma) 1/18/2022 1058 0600

Intake (mL)		
IV		
Blood		
Citrate (CRRT)		
Other		
Nutrition		
Diet Type		
Diet Modifiers		
Feeding		
Percent Meals Eaten (%)		
Percent Supplements Eaten (%)		
Grams of Carbs Eaten		
Carb Amount Actual or Predicted		
Fluid Restrictions		
Diet Supplements		

NR/OR Tube Nasogastric Left nostril

Notes:

Next, let's walk through how to document the insertion of an intermittent straight catheter.

Locate and select “Flowsheets” to continue.

3.9 Case Scenario

17 of 86

VS Complex Complex Assessment Oxygenation/Ventilation **Intake/Output** IV Assessment Complex L

☐ Expanded ☒ View All

ED to Hosp-Admission (Current) from 1/18/2022

1/18/2022 1058 0600

Search (Alt+Comma)

Norepinephrine Drip - Non Tunneled Double Lumen 1/18/2022 Right Subclavian (Distal)

Concentration Norepinephrine 0.064 mg/mL

Drain (LDAs)

☒ Type of Drain (LDA)

Urine Output and Description

Urine 2650

Urine Occurrence (unmeasured)

Urine Description

☒ Additional Urine Rows

Due to Void

Stool Output and Description

☒ Bristol Stool Scale

Stool Description

Stool Amount

Emesis Output and Description

Emesis

Documenting an intermittent straight catheter...

Locate and select “Intake/Output” to continue.

Back

Notes:

Locate and select “Intake/Output” to continue.

3.10 Case Scenario

18 of 86

VS Complex Complex Assessment Oxygenation/Ventilation **Intake/Output** IV Assessment Complex L

☐ Expanded ☒ View All

ED to Hosp-Admission (Current) from 1/18/2022

1/18/2022 1058 0600

Search (Alt+Comma)

Norepinephrine Drip - Non Tunneled Double Lumen 1/18/2022 Right Subclavian (Distal)

Concentration Norepinephrine 0.064 mg/mL

Drain (LDAs)

☒ Type of Drain (LDA)

Urine Output and Description

Urine 2650

Urine Occurrence (unmeasured)

Urine Description

☒ Additional Urine Rows

Due to Void

Stool Output and Description

☒ Bristol Stool Scale

Stool Description

Stool Amount

Emesis Output and Description

Emesis

Documenting an intermittent straight catheter...

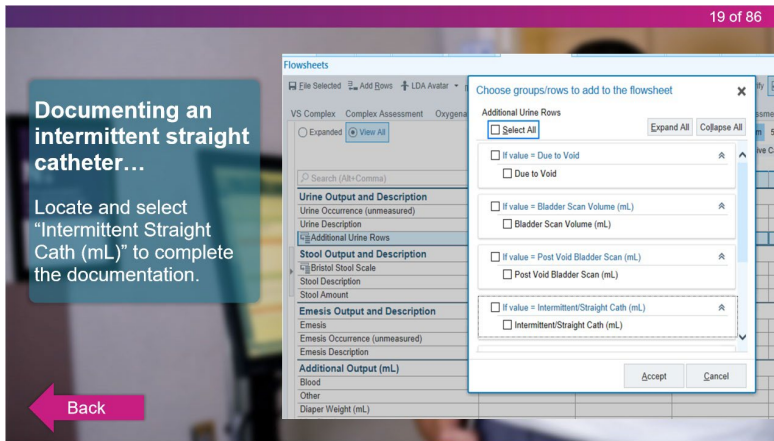
Locate and select “Additional Urine Rows” to continue.

Back

Notes:

Locate and select “Additional Urine Rows” to continue.

3.11 Case Scenario



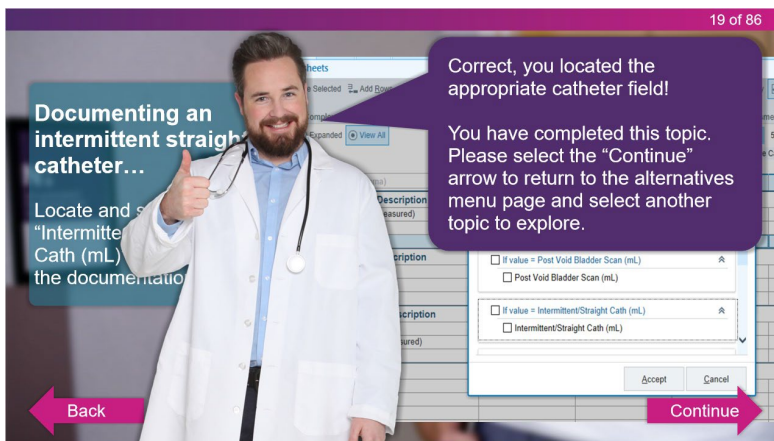
Notes:

Locate and select "Intermittent Straight Cath (mL)" to complete the documentation.

Correct, you located the appropriate catheter field!

You have completed this topic. Please select the "Continue" arrow to return to the alternatives menu page and select another topic to explore.

Wrap-up documentation (Slide Layer)




4. Condom catheter

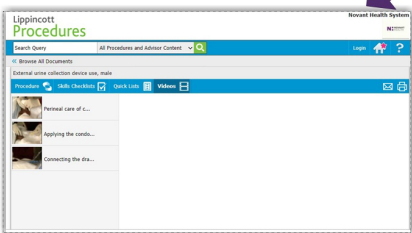
4.1 Condom catheter

20 of 86

Condom catheter



Select the image of the Lippincott website to review details regarding condom catheters.



Lippincott Procedures website

Please note the Lippincott web site opens in a window external to this course. After reviewing the Lippincott information, please tab back to this page to continue in the course.

NOVANT HEALTH

Notes:

Details for the use of condom catheters for male patients can be accessed by selecting the image of the Lippincott web page to be directed to that page. Please note the Lippincott web site opens in a window external to this course. After reviewing the Lippincott information, please tab back to this page to continue in the course.

5. Male urinal pouch

5.1 Male urinary pouch

23 of 86

Male urinary pouch: When to use **or** not use


Indicators for use:

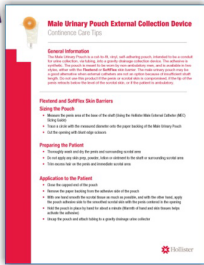
- The male urinary pouch may be a good alternative when external catheters are because of insufficient shaft length.

- www.drugs.com

Contraindications for use:

- The penis or scrotal skin is compromised.
- The tip of the penis retracts below the level of the scrotal skin.
- The patient is ambulatory.





Select the image of the brochure to view more details. Please note that the brochure opens in a window external to this course. You will need to tab back to this page in the course to continue after accessing the brochure.

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Notes:

On this page, we have information regarding when and when not to use a male urinary pouch.

An indication for use includes:

- The male urinary pouch may be a good alternative when external catheters are not because of insufficient shaft length.

Contraindications for use include:

- The penis or scrotal skin is compromised.
- The tip of the penis retracts below the level of the scrotal skin.
- The patient is ambulatory.

Select the image of the brochure to view more details. Please note that the brochure opens in a window external to this course. You will need to tab back to this page in the course to continue after accessing the brochure.

6. PureWick

6.1 PureWick Uses

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PureWick® Female External Urinary Catheter: When to use


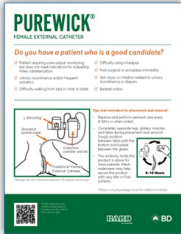
Indicator for use:

- The PureWick female external catheter is intended for non-invasive urine output management in female patients.

- www.ohdude.com

Please note that the brochure opens in a window external to this course. You will need to tab back to this page in the course to continue after accessing the brochure.

Click!



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Notes:

The PureWick female external catheter is intended for non-invasive urine output management in female patients. Select the image of the brochure to view more details. Please note that the brochure opens in a window external to this course. You will need to tab back to this page in the course to continue after accessing the brochure.


6.2 PureWick do not use

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PureWick® Female External Urinary Catheter: When not to use

Contraindications:

- Patients with urinary retention
- Patients who are agitated, combative, or uncooperative (might remove catheter)
- Frequent episodes of bowel incontinence without a fecal management system in place
- Pre-existing skin breakdown at the site
- Moderate/heavy menstruation and cannot use a tampon
- Patients who are mobile and able to safely ambulate to the restroom



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Notes:

Contraindications also exist with the use of a female external urinary catheter devices. They include:

- Patients with urinary retention
- Agitated, combative, or uncooperative and might remove the PUREWICK® Female External Catheter
- Frequent episodes of bowel incontinence without a fecal management system in place
- Pre-existing skin breakdown at the site
- Moderate/heavy menstruation and cannot use a tampon
- Patients who are mobile and able to safely ambulate to the restroom

7. Straight catheter

7.1 Straight catheter

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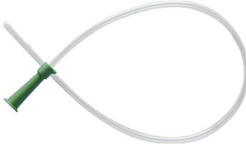
Straight catheter: When to use


Indications for use:

- Straight catheters are prescribed for men and women who can use catheters themselves, and who are less prone to infections.
- Some situations requiring a straight catheter could be:
 - Overflow Incontinence
 - Paraplegia
 - Nerve issues that affects the function of the bladder

Many straight catheters can be used by both men and women, but there are some catheters made exclusively for women.

- www.hcd.com





Notes:

Indications for use of a straight catheter include:

- Straight catheters are prescribed for men and women who can use catheters themselves, and who are less prone to infections.
- Some situations requiring a straight catheter could include:

- Overflow Incontinence
- Paraplegia
- Nerve issues that affect the function of the bladder

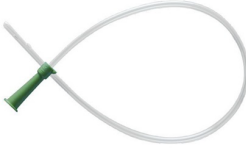
7.2 Straight catheter

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Straight catheter: When not to use

Contraindications:

- Blood at the meatus - insertion of the catheter can worsen an underlying injury
- Gross hematuria
- Evidence of urethral infection
- Urethral pain or discomfort
- Low bladder volume/compliance
- Patient refusal



- www.ncbi.nlm.nih.gov



Notes:

Contraindications for use of a straight catheter include:

- Blood at the meatus - insertion of the catheter can worsen an underlying injury
- Gross hematuria
- Evidence of urethral infection
- Urethral pain or discomfort
- Low bladder volume/compliance
- Patient refusal

8. Female/Male urinals

8.1 Female/Male urinals


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Female/Male urinals: When to use

Indications for use:

- Patients who experience both urge incontinence as well as low mobility.
- Patients who are bedridden and have a caregiver available to provide assistance as needed.
- Patients who need to collect a minimal urine sample for assessment purposes.

- www.avacaremedical.com



Female urinal

Male urinal

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Notes:

Indications for use of a urinal include:

- Patients who experience both urge incontinence as well as low mobility.
- Patients who are bedridden and have a caregiver available to provide assistance as needed.
- Patients who need to collect a minimal urine sample for assessment purposes.

8.2 Female/Male urinals

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Female/Male urinals: When to use

Contraindications:

- Poor hand control, inadequate eye-hand coordination, and inability to position the urinal efficiently may lead to urine leakage.
- Poor memory and mental function impairments may significantly reduce the ability of an individual to use a urinal safely and efficiently.
- Diminished physical abilities may lead to spillage and unsafe situations.

- www.avacaremedical.com



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Notes:

Contraindications for use of a urinal include:

- Poor hand control, inadequate eye-hand coordination, and inability to position the urinal efficiently may lead to urine leakage.
- Poor memory and mental function impairments may significantly reduce the ability of an individual to use a urinal safely and efficiently.
- Diminished physical abilities may lead to spillage and unsafe situations.