

Procedure for Clean Intermittent Catheterization—Male

Note: Family provides equipment and supplies.

1. Wash hands.
2. Assemble equipment:
3. Water-soluble lubricant (e.g., K-Y Jelly, Lubrifax, Surgilube)
 - Catheter
 - Wet wipes or cotton balls (nonsterile) plus mild soap and water or student-specific cleansing supplies
 - Storage receptacle for catheter, such as a sealed plastic bag
 - Toilet or container for urine
 - Non-latex gloves, if person other than student does procedure
 - *If the student does the procedure unassisted, gloves may not be needed; however, the student should wash his hands with soap and water before and after performing the procedure.*
4. Have another adult present for the procedure, if possible.
5. *Having two adults present protects both the student and the caregiver.*
6. Explain procedure using explanations the student can understand. Encourage him to do as much of the procedure as he is capable, so as to achieve maximum self-care skills.
7. Position the student.
8. *The student may be catheterized lying down, standing, or sitting. If able, he may stand at or sit on the toilet. If unable to sit or stand, he may lie on his back. A receptacle to catch the flow of urine from the catheter is required.*
9. Wash hands and put on non-latex gloves.
10. Lubricate the first 3 inches of the catheter with a water-soluble lubricant and place on clean surface.
11. Cleanse the penis by washing the glans with soapy cotton balls or cleansing supplies specified in student's IHP. Hold the penis below the glans. Foreskin may be retracted on uncircumcised males. Beginning at the urethra, use circular motions to wash away from the meatus. Do this three times using a clean cotton ball each time you wash the penis.
12. *Starting at the meatus and washing toward the base of the penis helps remove bacteria from the area.*

13. Holding the penis at a 45-90 degree angle from the abdomen, use the dominant hand to gently insert catheter into the urethral opening.
14. *If resistance is met at the bladder sphincter, use gentle but firm pressure until the sphincter relaxes. Encouraging the child to breathe deeply may help to relax the urinary tract. Do not force catheter. If unusual resistance is felt, notify the school nurse and family. Make sure the other end of the catheter is in a receptacle or over the toilet to catch urine.*
15. Insert the catheter until urine begins to flow. Continue to advance the catheter approximately one inch further and hold in place. When the flow stops, insert catheter slightly more and then withdraw a little to make sure all urine is drained. Rotate the catheter so that catheter openings have reached all areas of the bladder.
16. *It may be helpful to have the student bear down a couple of times while the catheter is in place.*
17. After the bladder is emptied, pinch catheter and withdraw.
18. *This prevents urine still in catheter from flowing back into the bladder during withdrawal.*
19. If the student is uncircumcised, move the foreskin back over the glans when finished.
20. *Failure to return the foreskin can lead to swelling of the penis and impairment of circulation.*
21. Wipe off any excess lubricant or urine.
22. Assist student in dressing, if needed.
23. Measure and record the urine volume, if ordered. Dispose of urine appropriately.
24. If using a one-time use catheter, wrap catheter around gloved palm, pull glove over catheter when degloving (to contain it) and dispose of according to school's infection control procedure.
25. If using a reusable catheter, wash, rinse, dry, and store the catheter in appropriate container according to student's IHP.
26. *Examples of storage receptacles include a sealed plastic bag, a urine specimen container, and a clean pencil case. The reusable catheter(s) should be sent home with student to be cleaned. Dispose of catheters when they become brittle upon repeated use.*
27. Remove gloves and wash hands.
28. Document on log sheet that the procedure was done. Report to the school nurse and family any changes such as cloudy urine, mucus, blood, foul odor, color changes, unusual wetting between catheterizations, which may be signs of infection.