Report Date: 19 Aug 2011

Summary Report for Individual Task
081-833-0197
Remove a Urinary Catheter
Status: Approved

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

DESTRUCTION NOTICE: None

Condition: You have a medical officers order for removal of an indwelling catheter. The patient has been draped for privacy. You will need gloves, 10 ml luer-lock syringe, paper towels, bedpan, linen-saver pad, and SF 600 (Medical Record-Chronological Record of Medical Care). You are not in a CBRN environment. This task should not be trained in MOPP4.

Standard: Remove a urinary catheter without violating aseptic technique or causing further injury to the patient.

Special Condition: None

Special Standards: None

Special Equipment:

Task Statements

Cue: None

DANGER

None

WARNING

None

CAUTION

None

Remarks: None

Notes: None

Performance Steps

1. Perform a patient care handwash.

2. Assemble the equipment at the patient's bedside.

3. Explain the procedure to the patient.

   a. Tell the patient he will feel slight discomfort.

   b. Tell him that you will check him periodically during the first 6 to 24 hours after catheter removal to make sure he resumes voiding.

4. Put on gloves.
   Note: Do not cut the catheter. The balloon may not deflate completely when cut.

5. Place chux (linen-saver) pad underneath patient's buttocks.

6. Clamp the catheter.
   Note: Damage to the urethra can occur if the balloon is not completely deflated.

7. Offer the patient the bedpan.

8. Remove the tape that attaches the catheter to the patient's leg.

9. Insert an empty 10 ml luer-lock syringe into the balloon port of the catheter.
   Note: Do not cut the catheter. The balloon may not deflate completely when cut.

10. Pull back on the plunger of the syringe.

    a. This deflates the balloon by aspirating the injected fluid.

    b. Withdraw fluid from the balloon (usually 5 to 10 ml of fluid is in the balloon).
       Note: The amount of fluid injected is usually indicated on the tip of the catheter's balloon lumen and in the patient's chart.

WARNING

Damage to the urethra can occur if the balloon is not completely deflated.

    c. Pull gently on the catheter to ensure that the balloon is deflated before attempting to remove it.

11. Hold a paper towel under the catheter with your nondominant hand.

12. Grasp the catheter and pinch it with your thumb and index finger of your dominant hand to prevent urine from flowing back into the urethra.

13. Gently pull the catheter from the urethra, if there is no resistance.
    Note: If you meet resistance, don't apply force; instead notify the medical officer.

14. Disconnect the catheter bag from the bed frame.

15. Measure the amount of urine in the collection bag before discarding it.

16. Dispose of the catheter and used equipment IAW local SOP for infectious waste and clean the area.

17. Dispose of the syringe by placing it in the Sharp's container and not in the trash container.

18. Remove and discard gloves and wash your hands.

WARNING

After catheter removal, assess the patient for incontinence (or dribbling), urgency, persistent dysuria or bladder spasms, fever, chills, or palpable bladder distention. The patient should void within 6 to 8 hours after catheter removal.

19. Document patient's tolerance of procedure and the amount of urine in bag.
    Note: For the first twenty-four hours after catheter removal, note the time and amount of each voiding.

    a. Note the color of the urine.

    b. Amount.

    c. Odor if any detected.

    d. Sediment formation in urine.

(Asterisks indicates a leader performance step.)

Evaluation Preparation: None

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Performed a patient care handwash.			
2. Assembled equipment at patient's bedside.			
3. Explained the procedure to the patient.			
4. Put on gloves.			
5. Placed chux pad underneath patient's buttocks.			
6. Clamped the catheter.			
7. Offered bedpan to patient.			
8. Removed the tape that attaches catheter to patient's leg.			
9. Inserted an empty 10 ml luer-lock syringe into the balloon port of the catheter.			
10. Pulled back on the plunger of the syringe.			
11. Held a paper towel under the catheter with your nondominant hand.			
12. Grasped the catheter and pinched it with your thumb and index finger of your dominant hand to prevent urine from flowing back into the urethra.			
13. Gently pulled the catheter from the urethra, if there is no resistance.			
14. Disconnected the catheter bag from the bed frame.			
15. Measured the amount of urine in the collection bag before discarding.			
16. Disposed of the catheter and used equipment IAW local SOP.			
17. Disposed of the syringe by placing it in the Sharp's container and not in the trash container.			
18. Removed and discarded gloves and washed hands.			
19. Documented patient's tolerance of procedure and amount of urine on SF 600 (Medical Record - Chronological Record of Medical Care).			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	SF 600	Medical Record - Chronological Record of Medical Care	Yes	No
	978-0781765213	Textbook of Basic Nursing 9th edition, Caroline Bunker Rosdahl, Mary T. Kowalski	No	No

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks : None

Supported Collective Tasks :

Task Number	Title	Proponent	Status
N/A	N/A	Not Selected	Obsolete