

Intermittent Catheterization Protocol

Purpose

To completely empty the bladder at normal intervals in order to:

- 1) preserve normal bladder tone and capacity;
- 2) prevent overflow incontinence;
- 3) prevent residual urine accumulating, thereby reducing the chance of urinary tract infections.

When to catheterize is determined by the amount of fluid intake and output.

Intake should be between 1500 to 2000 cc/day;

Output should be 400 to 600 cc with each catheterization and times should be adjusted so that overdistension does not occur. For example;

- 1) if intake is 1400 to 1800 cc/24 hours,
catheterization should be q8h (0600, 1400, 2200 hours)
- 2) if intake is 1800 to 2400 cc/24 hours,
catheterization should be q6h (0600, 1200, 1800, 2400 hours)
- 3) if intake is 2400 to 3000 cc/24 hours,
catheterization should be q4h (0200, 0600, 1000, 1400, 1800, 2200 hours)

Once intake reaches this level then an indwelling catheter should be considered until intake can be reduced, as it will be difficult for the client (or nursing staff) to maintain q4h catheterization on a prolonged basis.

Catheterization times can be adjusted:

- 1) when fluid intake increases or decreases;
- 2) when the patient starts to void and residuals begin to decrease;
- 3) when the residual is less than 50 cc on two consecutive occasions then catheterization may be discontinued (in older adults residuals may be less than 150 mls).