

Los Angeles Harbor College
 Associate Degree Nursing Program
 N345 Care of the Adult III
 Clinical Practicum Evaluation Sheet
Catheter Insertion Female

Student _____

Date _____

Instructor _____

Score **P / F**

Procedure	S	U	Comments
1 .Review patient's medical record and MD orders.*			
2. Introduce self. Hand hygiene and identify patient using 2 identifiers .* Assess patient's knowledge of purpose for catheterization. Explain procedure to patient. Provide privacy.			
3. Apply barrier gloves, position patient with waterproof pad underneath. Assess patient's general status and for distended bladder. Inspect perineal area. Determine conditions that may impair passage of catheter. .			
4. Cleanse and dry perineal area using clean technique. Remove barrier gloves and perform hand hygiene.*			
5. Open catheter kit while maintaining sterile asepsis .*			
6. Allow top edge of drape to form cuff over both hands. Place drape down on bed between patient's thighs. Slip cuff edge just under buttocks, taking care not to touch contaminated surface with gloves.*			
7 Open catheter and place on field aseptically .*			
8. Apply sterile gloves .*			
9. Placed sterile tray in easily accessible place (e.g. between thighs). Organize supplies on sterile field .* Pick up fenestrated sterile drape and allow it to unfold without touching a non sterile object. If desired, apply fenestrated drape over perineum, exposing labia and being sure not to touch contaminated surface.			
10. Apply lubricant to catheter tip.			
11. Position non dominant hand to retract labia and fully expose urethral meatus. Maintain this position with the non dominant hand throughout procedure.			

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12. Using forceps in sterile dominant hand pick up cotton ball saturated with antiseptic solution and clean perineal area, wiping front to back from clitoris toward anus. Using a new cotton ball for each area, wipe along the far labial fold, near fold, and directly over center of urethral meatus.*			
13. Handle catheter properly maintaining sterility. *			
14. Ask patient to bear down gently as if to void and slowly insert catheter through urethral meatus. Advance catheter a total of 5-7.5 cm (2-3 inches) or until urine flows through catheter.			
15. As soon as urine appears, advance catheter another 2.5-5 cm (1-2 inches). Do not force against resistance.			
16. Release labia and hold catheter securely with non-dominant hand.			
17. Collect urine specimen if ordered. Allow bladder to empty fully. Remove catheter.			
18. Remove gloves and perform hand hygiene.*			
19. Assess for patient comfort. Observe for character and amount of urine. Identify unexpected outcomes.			
20. Report and record pertinent data: catheter description, assessment of urine, specimen collection, and patient's response to procedure. Initiate I & O record.			

* **Critical Element**

References: Castaldi, P. A. (2005). Skills performance check lists to accompany clinical nursing skills & techniques. Elsevier Mosby, St. Louis, MO