

# ~ Care of indwelling urinary catheter ~

## 1. Maintain the patency of the indwelling urinary catheter :

Ensure that the urinary catheter is not kinked or compressed, and frequently milk the catheter to help maintain its patency.



If urine leakage occurs at the urethral opening, it may be caused by catheter obstruction or improper size. Observe the leakage and inform healthcare personnel.



If the catheter becomes obstructed with no urine output and a sensation of bladder fullness occurs, check for kinking or compression of the tubing and inform healthcare personnel.



Do not pull on the urinary catheter to prevent bleeding.



Except for patients on fluid restriction, it is recommended to have 2000–2500 cc of fluid intake per day to increase urine output and prevent catheter obstruction.



## 2. Prevent dislodgement of indwelling urinary catheter :

If the urinary catheter accidentally slips out, promptly inform healthcare personnel for assistance.



The urinary catheter can be secured to the leg with adhesive tape, with the fixation site changed daily. Avoid taping too tightly to prevent pulling on the catheter.



If severe bladder distention or discomfort occurs, inform healthcare personnel for assistance. Do not remove the catheter by yourself, as it may cause bladder and urethral injury.



## 3. Infection prevention :

The urine drainage bag should be kept below the level of the bladder (but not placed on the floor) to prevent backflow of urine and reduce the risk of urinary tract infection.



The connection of the urine drainage bag and the outlet tube should be kept closed, and the outlet should not touch the ground to prevent contamination.



Drinking cranberry juice, yogurt drinks, or similar beverages may help acidify the urine and reduce the risk of infection.



The urine in the drainage bag should be emptied every 8 hours or when it is half full to prevent backflow that may cause infection. The urine output, color, and whether the urine is cloudy should also be observed."



If you experience fever, chills, urethral pain, cloudy urine, increased discharge at the urethral opening, urine output less than 500 c.c. per day, hematuria, or catheter dislodgement, please inform medical staff immediately.



The catheter should be cleaned or disinfected at least once daily.



It is recommended that rubber catheters be replaced after 2 weeks, and silicone catheters after 1 month; however, if infection or obstruction occurs, they must be replaced immediately.



## 存留導尿管護理(圖文版)的檢閱修訂記錄

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