



*Skill Checklists to Accompany Taylor's Clinical Nursing Skills:  
A Nursing Process Approach, 2<sup>nd</sup> Edition  
Wolters Kluwer/Lippincott Williams & Wilkins*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Unit: \_\_\_\_\_ Position: \_\_\_\_\_

Instructor/Evaluator: \_\_\_\_\_ Position: \_\_\_\_\_

Met	Unmet	Performing Intermittent Closed Catheter Irrigation	
		Goal: The resident exhibits the free flow of urine through the catheter.	Comments
_____	_____	1. Identify the resident. Discuss procedure with resident.	
_____	_____	2. Perform hand hygiene.	
_____	_____	3. Provide privacy by closing the curtains or door and draping resident with bath blanket.	
_____	_____	4. Raise the bed to a comfortable working height.	
_____	_____	5. Empty the catheter drainage bag and measure the amount of urine, noting the amount and characteristics of the urine.	
_____	_____	6. Assist resident to comfortable position and expose access port on catheter setup. Place waterproof pad under catheter and aspiration port. Remove tape anchoring catheter to the resident.	
_____	_____	7. Open supplies, using aseptic technique. Pour sterile solution into sterile basin. Aspirate the prescribed amount of irrigant (usually 30-60 mL) into sterile syringe and attach capped, sterile, blunt-ended needle, if necessary. Put on gloves.	
_____	_____	<b>8. Cleanse the access port with antimicrobial swab.</b>	
_____	_____	9. Clamp or fold catheter tubing below the access port.	
_____	_____	10. Remove cap and insert needle into port. Alternately, attach the syringe to the port using a twisting motion, if needleless system is in place. <b>Gently instill solution into catheter.</b>	
_____	_____	11. Remove syringe/needle from port. Apply needle guard, if needle used. <b>Unclamp or unfold tubing and allow irrigant and urine to flow into the drainage bag.</b> Repeat procedure as necessary.	
_____	_____	12. Remove gloves. Secure catheter tubing to the resident's inner thigh or lower abdomen (if a male resident) with Velcro leg strap or tape. Leave some slack in catheter for leg movement.	
_____	_____	13. Assist the resident to a comfortable position. Cover the resident with bed linens. Place the bed in the lowest position.	
_____	_____	14. Secure drainage bag below the level of the bladder. Check that drainage tubing is not kinked and that movement of side rails does not interfere with catheter or drainage bag.	
_____	_____	15. Remove equipment and discard needle and syringe in appropriate receptacle. Perform hand hygiene.	
_____	_____	16. Assess resident's response to procedure and quality and amount of drainage after the irrigation.	