MANAGEMENT OF THE BLADDER AND URINARY DRAINAGE APPARATUS

INDWELLING CATHETER (IDC): BLOCKAGE

Keywords: IDC blockage, tubing, debris, urinary catheter, unblock, IDC, irrigation

AIM

- To provide the information to enable nurses/midwives to successfully unblock a urinary catheter.

KEY POINTS

1. When a blockage occurs check that:
   - The tubing and catheter are not kinked, clamped or looped above the bladder level
   - The catheter is in the bladder.
   - Obstruction is not caused by clots or debris.

2. If no obvious cause can be identified:
   - Milk the tubing
   - If there is no improvement notify the Medical Officer and obtain orders for further management.

3. Some patients are prone to blockages and may require catheter changes.

EQUIPMENT

- Sterile water for irrigation solution
- 50ml syringe with catheter tip
- Antiseptic swabs
- Waterproof sheet
- Drainage bag
- 1 pair sterile gloves
- Sterile catheter pack
- Personal protective equipment (PPE)

PROCEDURE

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pre-procedure: Confirm the medical order, check the woman’s identity, explain the procedure to the woman, gain her consent, gather equipment, provide privacy, position the woman supine, raise the bed to the appropriate level &amp; place the waterproof sheet under the catheter end.</td>
<td>Ensures the correct patient &amp; procedure. Privacy promotes the woman’s dignity. Maintains good staff body mechanics.</td>
</tr>
<tr>
<td>2. Perform hand hygiene and put on PPE.</td>
<td>Reduces the transmission of microorganisms.</td>
</tr>
<tr>
<td>3. Open the pack, add the syringe and pour the irrigating solution. Put on sterile gloves and draw up irrigating solution.</td>
<td>The procedure requires aseptic technique to reduce infection risk.</td>
</tr>
</tbody>
</table>
## PROCEDURE

### Closed Intermittent Irrigation

1. Clamp catheter tubing below the bifurcation
2. Clean the port with an antiseptic wipe using a circular motion
3. Insert the tip of syringe using a twisting action

**Rationale**

- Uses a port to access the closed drainage system.
- Reduces transmission of microorganisms.
- Ensures the syringe tip is in the lumen.

### Open Intermittent Irrigation

1. Place sterile drape under the catheter. Use the antiseptic swab to wipe the catheter and drainage bag connection before disconnecting.
2. Disconnect the catheter from the tubing ensuring that the end does not become contaminated. Place the catheter end into the kidney dish.
3. Insert the syringe into the end of the catheter.

**Rationale**

- Creates a sterile field and reduces microorganisms.
- Reduces the risk of infection and maintains the sterility of the catheter lumen.

### Gentle instillation

5. Gently instil approximately 30mL of sterile solution into the bladder. **At no time use force.**

6. Withdraw the syringe (& remove clamp if using closed irrigation) & draw back the syringe to remove the fluid instilled and any debris that may have been causing the blockage. This procedure may need to be repeated until the fluid is flowing freely.

**Note:** If using the open irrigation method, once the blockage has been removed, connect the catheter to a clean drainage system.

**Rationale**

- Gentle instillation reduces trauma to the bladder. If the catheter is completely occluded it will require changing.
- The solution should drain freely after debris removed.
7. If the blockage persists the Medical Officer shall be notified. A triple lumen catheter shall be inserted as this permits continuous irrigation of the bladder, therefore reducing the risk of infection by continually disconnecting the tubing.

8. Discard equipment, attend hand hygiene, lower the bed, help the woman to reposition, and document the procedure in patient notes.

9. Record the intake and output on the Fluid Balance Chart.

10. Educate the woman to drink adequate amounts of fluids (>2.2L/day), unless contraindicated.

Breaking the closed system connection between the catheter and the drainage bag increases the risk of urinary tract infection and should be avoided unless clinically necessary. Triple lumen catheters help prevent a buildup of clots & sediments. Reduces transmission of microorganisms.

Sufficient fluid intake helps prevent catheter blockage by flushing the bladder and preventing sediment settling in catheter tubing.

REFERENCES / STANDARDS

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
3- Preventing and Controlling Healthcare Associated Infections

Legislation – Nil
Other related documents –

RESPONSIBILITY
Policy Sponsor Nursing & Midwifery Director OGCCU
Initial Endorsement April 2002
Last Reviewed July 2015
Last Amended
Review date July 2018

Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.

© Department of Health Western Australia 2015

IDC: Blockage
Clinical Guidelines: Obstetrics & Gynaecology
King Edward Memorial Hospital
Perth Western Australia

DPMS Ref: 7510
(A6.3.2.2)