

# Taichung Armed Forces General Hospital

## Leaflet of Inpatient Nursing Instructions

### 導尿管之護理指導

Sir/Lady:

#### Catheter care instructions

- I. Purpose: To assist patients with difficulty urinating in emptying their bladder, or to closely and carefully monitor urine output.
- II. Steps:
  - (1) Ensure daily washing of the perineal area with soap and clean water to maintain the cleanliness of the urethral opening.
  - (2) To secure the catheter, use adhesive tape in a grid pattern.
  - (3) For women, secure the catheter on the inner thigh. Make sure not to fasten it too tightly, and leave some slack for cushioning.  
(Figure 1)
  - (4) For men, secure the catheter on the lower abdomen or the front side of the thigh. Make sure not to fasten it too tightly, and leave some slack for cushioning.  
(Figure 1)
- III. Precautions:
  - (1) The catheter is secured in the bladder with a water balloon. The perineal area should be thoroughly cleaned daily to prevent infection, and proper fixation is necessary to prevent the catheter from becoming dislodged or slipping out.
  - (2) To prevent infection and catheter blockage, drink plenty of water, at least 2000-3000 cc per day.  
(Fluid-restricted patients may ignore this requirement)
  - (3) Consume food rich in vitamin C and cranberry to prevent urinary tract infections.
  - (4) Keep the urine bag lower than the bladder. Empty it when it is more than half full to prevent urine reflux and infection. Never twist or kink the tubing. (Figure 2)
  - (5) The opening of the urine bag should be closed at all times. Empty the bag at least once every 8 hours.
  - (6) When getting out of bed, empty the urine bag first, then secure it to the calf. The catheter is fixed with a water balloon, so there is no need to worry about its detaching. Do not allow the urine bag opening to touch the floor to prevent infection. (Figure 3)
  - (7) Always monitor the urine output and color, and check for signs such as hematuria, cloudiness, foul odor, catheter blockage, or bladder distension.
  - (8) Generally, the catheter is replaced once every two weeks, silicone catheters, every 28 days, and the urine bag, every two weeks.
  - (9) For long-term catheter users, if the catheter needs to be removed, perform bladder training first. Fold the catheter back and tie it tightly with a rubber band. Loosen the rubber band every 2 hours for about 15 minutes. If the patient feels the urge to urinate, gradually extend the interval to loosen it every 4 hours. No training is needed while sleeping at night.
- IV. The urinary catheter is an important device to assist patients with urination. Do not pull it to avoid dislodging it. If the patient is unconscious or shows an intention to pull the catheter (or exhibit such behavior), please work with the nurse and secure the patient's hands appropriately to prevent the catheter from being dislodged.

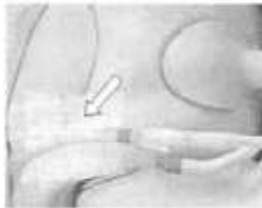
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Figure 1

- Catheter should be replaced every two weeks and properly secured



5-Catheter is secured on the inner thigh for a woman



S-Catheter is secured on the lower abdomen or the front side of the thigh

Figure 3



Figure 2



- Make sure that the catheter does not detach from the urine bag to maintain a closed drainage system to prevent contamination.
- Position the urine bag lower than the bladder and do not allow it to come into contact with the floor to prevent urine reflux that causes infection. X
- Empty the bag once every 8 hours or when it is 1/2 full, and monitor the urine output, color, turbidity and precipitation.
- When replacing a new catheter or accidentally pulling the catheter, bleeding may occur, but it will stop quickly. At this time, you can increase fluid intake and monitor the changes in urine color. When assisting with turning the patient, pay particular attention not to pull on the tubing.

If you are still unclear about something or have any questions, please contact the nursing station in the ward.