



COMPETENCY ASSESSMENT CHECKLIST (Insertion of Indwelling Urinary Catheter)

Name of Insertor: _____ ID No.: _____ Date: _____

Name of Supervisor: _____

PROCEDURE	ACHIEVED		RE-ASSESSMENT (If required) or Comments
	✓	X	
BEFORE THE PROCEDURE			
1. Confirm doctor's order and prepare supplies. a. Use the smallest appropriate IUC size. b. Keep a second catheter to use if the first one is accidentally contaminated.			
2. Identify the patient. Explain the procedure, its necessity, and its potential complications and ensure patient's privacy and good lighting.			
3. Position the patient correctly for the procedure; consider asking an assistant to help patient stay in position and decrease potential contamination of sterile catheter.			
4. Perform hand hygiene, don clean gloves, and cleanse the perineal area with a skin cleanser, and warm water, moving from front to back.			
5. Remove gloves and perform hand hygiene.			
DURING THE PROCEDURE			
1. Open the sterile catheterization kit on a clean bedside table, using sterile technique.			
2. Put on sterile gloves and drape the patient.			
3. Prepare the antiseptic solution; ensure the patient is not allergic to iodine.			
4. Apply sterile single-use lubricant jelly to the catheter tip. Consider attaching catheter to drainage system first, if not already attached, and ensure the drainage bag emptying port is clamped.			
FEMALE CATHETERIZATION			
a. With non-dominant hand, identify meatus and be prepared to keep this hand in this position until after the urine is flowing.			
b. With dominant (sterile) hand, clean the meatus opening with the antiseptic solution, moving from top to bottom. Use a new wipe/swab each time. Allow the antiseptic to dry.			
MALE CATHETERIZATION			
a. With sterile dominant hand, use the forceps to pick up a cotton ball and cleanse the glans penis with a saturated cotton ball in a circular motion from the center of the meatus outward.			
b. Discard the cotton ball after use into the plastic outer wrap not crossing the sterile field. Repeat the procedure three times using new cotton balls each time.			



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	✓	X	
5. With the dominant (sterile) hand, insert the catheter slowly into the urethra until there is a return of urine. Then advance the catheter 2-3 inches more. (Do not force the catheter through the urethra).			
6. Hold the catheter with the non-dominant hand; use the dominant hand to fully inflate the catheter balloon. Inflate to 10 ml for catheters labeled 5 ml or 10 ml as per manufacturer's instructions.			
7. Gently pull on catheter after balloon inflation to feel resistance			
AFTER THE PROCEDURE			
8. Remove used equipment and dispose of used supplies. Place syringe in sharps container.			
9. Secure catheter to the patient's leg. Label with the date of insertion, and patient identifier.			
10. Ensure the tubing is not kinked and the drainage bag is below the level of the bladder.			
11. Remove gloves and perform hand hygiene			
12. Cover the patient with linens and assist to a comfortable position.			
13. Document in the patient's file a. Type and size of catheter and balloon b. Amount of fluid inserted in the balloon c. How the patient tolerated the procedure d. Amount of urine obtained and its characteristics e. Name of person performing the insertion and the date it was completed.			
TOTAL SCORE			
TOTAL PROCEDURE SCORE			
Percentage Score (Total score/ Total Procedure Score x 100)			



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INSTRUCTIONS:

Roles:

1. **Supervisor** – Registered Nurse/Medical Officer capable of supervising Indwelling Urinary Catheterization.
2. **Assistant** – Assisting the inserter (RN, Clinical Technician)
3. **Inserter** – Person inserting the Indwelling Urinary Catheter

Deviations:

If there is deviation in any of the critical steps, the supervisor must immediately notify the inserter and stop the procedure until corrected.

A. Scoring:

- = **≥ 90%** - Competent
- ≤ **89%** - Needs more training sessions