

Continuous Bladder Irrigation (CBI) in Pediatrics and Adults Checklist

Supplies	• Three-way (triple lumen) indwelling catheter ◦ If not in situ, insert catheter following the Indwelling Catheter Insertion Checklist • Clean gloves • Personal Protective Equipment (PPE), as required for patient or care environment • Irrigation tubing set (single or double drip chamber) • Intravenous pole • Ordered irrigation solution • AHS approved antiseptic • Catheter drainage bag (4L if available)
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Throughout the procedure perform hand hygiene measures as appropriate

Pre-procedure	1. Review patient health record for irrigation order	☐
	2. Approach patient/caregiver, identify yourself, verify patient identity using two patient identifiers, explain procedure to patient/caregiver and answer questions	☐
	3. Receive consent to proceed and provide adequate support to facilitate successful irrigation	☐
	4. Gather and prepare supplies	☐
	5. Conduct a pain assessment and administer ordered analgesic as needed, prior to initiating irrigation	☐
	6. Assess and monitor vital signs, prior, during and post procedure as patient condition warrants	☐
	7. Provide privacy for patient ensuring a neutral thermal environment is maintained throughout the procedure	☐
	8. Perform hand hygiene	☐
Procedure	9. Close clamps on irrigation tubing set	☐
	10. Connect bladder irrigation tubing to irrigation bag(s)	☐
	11. Hang irrigation bag(s) on IV pole, usually 60-90 cm (24-26 inches) from the bottom of the bag to the patient's bladder to promote gravitational flow	☐

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	12. Open clamp, prime set with solution, and close clamp	☐
	13. Place patient as flat as possible in a supine position while initiating irrigation	☐
	14. Don clean gloves and other PPE, if appropriate	☐
	15. Connect irrigation tubing to inlet lumen of 3-way catheter, keeping both ends sterile. Cleanse connection with antiseptic swab if catheter was previously in place	☐
	16. Connect urinary drainage collection bag to outlet lumen of 3-way catheter, keeping both ends sterile. Cleanse connection with antiseptic swab if catheter was previously in place	☐
	17. Ensure drainage bag is hung below level of bladder, and the tubing is free of kinks to allow free flow of drainage.	☐
	18. Slowly initiate continuous irrigation and adjust flow using roller clamps to achieve desired outcome of maintaining catheter patency. Typically an authorized prescriber does not provide an order with a numeric rate.	☐
	 NOTE: Aim of CBI is to obtain urine of a dilute light sanguineous colour or better that is free of, or contains, tiny and passable blood clots or debris (e.g. tissue, sediment)	
	19. Doff gloves and any other PPE, dispose of soiled supplies, and perform hand hygiene	☐
	20. Monitor amount of instillation, return flow of urine, irrigation solution, and assess for bladder distention. - Frequency of monitoring ranges from every 15 minutes to hourly and is dependent on the patient's clinical presentation and colour of return flow - Check with authorized prescriber if need of CBI specific intake/output requirements calculation and documentation are needed	☐
Post-procedure	21. Monitor for tissue, clots, mucous fragments, and sediment in the tubing and drainage collection unit. Empty drainage bag frequently to ensure no overflow or backflow of urine/irrigation solution.	☐
	22. Monitor drip chamber to ensure irrigation solution is dripping.	☐
	 NOTE: Do not allow irrigation solution to empty completely or change bag every 24 hours	
	23. If patency is not maintained with CBI, discuss with MRHP to consider proceeding to intermittent irrigation	☐



24. Complete patient and family/caregiver teaching.	☐
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25. Complete relevant documentation	☐
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End of Procedure