
Flushing and Irrigation of Catheters

Principles of asepsis shall be used when flushing a catheter and/or performing a bladder/catheter irrigation.

Flushing Catheters to Maintain Patency

Flushing a catheter involves infusion of fluid to assess catheter patency, instill a volume of less than 60mls of Sterile Saline and watch for passive return.

Note: Nurses may perform manual, intermittent catheter flushes to maintain catheter patency without an authorized prescriber order. If patency does not occur, contact MRHP.

Bladder Irrigation

An order from the authorized prescriber is required, including frequency, volume and type of solution, for bladder irrigation.

Routine bladder irrigation is not recommended as it disturbs the biofilm and injects bacteria back up into the bladder. It increases risk for infection, from opening a closed system and causing repeated trauma with repeated irrigation attempts. Best practice is to change the catheter.

Use caution with aspiration and irrigation as increased pressure can cause bladder damage and increase spasms and bypassing.

Use caution when aspirating in certain post operative populations due to the fragility of the stitched anastomosis (ie. renal transplant, prostatectomy and bladder augmentation).

Irrigation of a catheter involves infusion of fluid then aspiration of the fluid. Ensure catheter is unclogged (follow technique for intermittent bladder irrigation if needed) prior to proceeding with continuous bladder irrigation.

Neonatal Consideration: For some special catheters, irrigation may be required post-operatively.

- The volume of irrigation and irrigation protocol should be outlined by the pediatric urology team.
- Nurses may irrigate the catheters once confirmed with pediatric urology that is safe and appropriate to do so.
- Some catheters may be deemed high-risk by the pediatric urology team and will be irrigated by the urology team only.

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Intermittent Bladder Irrigation

Intermittent bladder irrigation is used to resolve blockages caused by mucus, clots or other debris limiting urine flow into the catheter.

Conduct a pain assessment and administer ordered analgesic as needed, prior to initiating irrigation.

Continuous Bladder Irrigation

Continuous Bladder Irrigation (CBI) in acute care is to maintain catheter patency is performed with a three way catheter and a closed system as a therapeutic intervention for bleeding/clots. During CBI, maintain a closed system. The 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 / debris (e.g. tissue, sediment). If patency is not maintained with CBI, proceed to intermittent irrigation. Conduct a pain assessment and administer ordered analgesic as necessary prior to initiating irrigation. Assess and monitor vital signs prior to, during and post procedure as patient condition warrants.

During CBI monitor amount of instillation, return flow of urine, irrigation solution, and assess for bladder distention.

- Instruct patient to inform health professional of bladder distention, bypassing or if irrigation has stopped
- 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
- 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.

