



Intermittent Sterile Cathing for Females

What is intermittent cathing?

- Intermittent catheterization (“cathing”) involves a child or caregiver inserting a catheter (a long thin tube) through the urethra (the smooth passage from the bladder to the outside of the body that carries urine) into the bladder to empty urine. Once the bladder is empty the catheter is removed.

Why does my child need intermittent cathing?

- Your child needs intermittent cathing because they cannot empty their bladder fully on their own. This is often caused by damage to the nerves connecting the spinal cord and the sphincter muscles (muscles that tighten to hold urine in or relax to let urine out).
- Emptying the bladder with a catheter throughout the day allows your child to be dry between cathing. This helps prevent urinary tract infections, problems with the kidneys, and other more serious problems.

How often does my child need intermittent cathing?

- Your child needs to be cathed at the following times every day -

- It is important that you cath your child on time and do not skip any scheduled times.

If you miss any of the above times, cath your child as soon as possible.

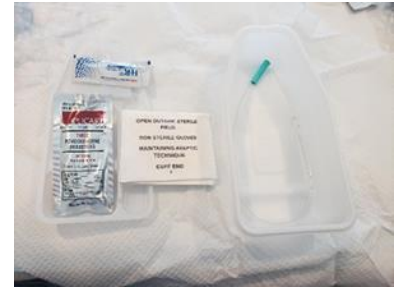
What does “sterile” mean and why is it important?

- The goal of sterile technique is to prevent your child from getting infections.
- Sterile technique involves using sterile gloves and equipment that has not been exposed to germs.
- The key to sterile technique is to remember not to accidentally touch anything sterile (your sterile gloved hand or sterile catheter) to a surface or object that is not sterile

How do I perform sterile cathing?

1. Gather supplies. You may have a cath kit or you may need to use separate supplies. *Picture A.*
 - a. Catheter—size: _____ French
 - b. Baby wipes or clean damp cloth
 - c. Sterile gloves
 - d. Betadine
 - e. Container for urine
 - f. Water soluble lubricant
2. Move your child into a private place and remove your child's pants and underwear or diaper.
3. Position your child with legs spread apart and knees bent in a frog-leg position.
4. Wash your hands.
5. Put on clean gloves.
6. Clean your child's private area with a baby wipe or wet washcloth if there is any stool or discharge. *Picture B.*
7. Remove gloves.
8. Wash hands.
9. Set up sterile supplies –
 - a. Open kit.
 - b. Put on sterile gloves. Do not touch anything that isn't sterile once you have the sterile gloves on.
 - c. Organize supplies on sterile drape or in tray. *Picture C.*
 - i. Open lubricant – you may leave it in the packet or squirt onto tray or sterile drape.
 - ii. Put tip of catheter into the lubricant.
 - iii. Open betadine packet.
10. Using your fingers, spread open the labia (lips) with your fingers until you can see the meatus (star-like opening that leads to the bladder). Keep the lips open until the catheter is in the meatus. *Picture D.*

Picture A.



Picture B.



Picture C.



Picture D.



11. Pick up a betadine swab and cleanse the far labial fold from front to back.
12. Use a second betadine swab and cleanse the near labial fold from front to back.
13. Use a third betadine swab and cleanse down the center over the meatus from front to back. *Picture F.*
14. Keep your hand holding the labia open while picking up the catheter.

Picture F.



Place the drainage side of the catheter into the container to collect urine. There is usually a colored, rubber end on the drainage end of the catheter.

15. Insert the lubricated catheter into the star-like opening until urine is flowing. Push the catheter in one more inch to make sure it is far enough in the bladder. If you do not see urine, you may be in the vagina. Leave the catheter in the vagina and repeat steps 1-14 using a new sterile catheter. *NOTE: The urethra is above the vagina.*
Picture G.

Picture G.



16. Hold the catheter in place while urine is draining. If you let go of the catheter, it may push out of the bladder and urethra as urine is flowing through it.
17. Once the urine stops flowing, gently push on the lower stomach over the bladder to help the bladder fully empty. *Picture H.*

Picture H.



18. Pull the catheter out about an inch to see if any more urine starts to flow out. If it does, wait until urine stops flowing before removing the catheter.
19. When there is no more urine coming out of the catheter, pinch or bend the catheter to prevent leakage and backflow of urine into the bladder, and gently pull the catheter out.
Picture 1.
20. Use a wet washcloth or a baby wipe to clean any excess urine, betadine, and lubricant off your child's skin.
21. Pour the urine down the toilet. Rinse the supplies you need to keep for later with warm, soapy water. Throw away any other supplies.

Picture 1.



When to call the doctor:

- Fever
- Foul-smelling urine
- Blood in the urine
- A lot of sediment (floating particles that eventually settle to the bottom) in the urine (that looks different than usual for your child).
- Pain in the lower back or lower abdomen
- Trouble inserting the catheter
- Pain while catheterizing