Continuous Bladder Irrigation Clinical Protocol

Implementation Considerations:

- A physician’s order is required for Foley catheter insertion and continuous bladder irrigation (CBI)
- Insertion and maintenance of (three way) Foley catheter patency involves a closed drainage system and sterile technique
- Sterility and patency of CBI system is maintained to avoid infection and occlusions
- Saline solution for infusion should be stored and infused at room temperature to avoid bladder spasms.
- Strict Intake & Output is recommended for all patients receiving CBI. Special attention to frail elderly and/or history of pelvic floor or bladder radiation. These patients are at high risk for bladder perforation.

EQUIPMENT:

- Sterile NS for Irrigation (3000 ml. Bags)
- Irrigation tubing
- IV Pole
- Foley (3-way)
- Large Foley drainage bag

![Diagram](Perry & Potter, 2002 Clinical Nursing Skills & Techniques 5th ed)

Implementation Process:

- Foley insertion as per physician’s orders. May use Urojet (sterile xylocaine jelly)
- Verify physicians order for CBI and note any special instructions eg.” Run slowly until clear.” (means clear in the tubing, although may appear pink tinged in the bag)
- Use strict aseptic technique when handling any of the equipment to prevent introduction of microorganisms into the urinary tract.

Written Consent Required: No
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Troubleshooting:

1. Drainage out is less than irrigation infused
   - Stop the irrigation. (Recalculate I & O)
   - Ensure that tubing is not kinked or looped below bladder level
   - Palpate bladder for distention. (Use bladder scanner if available, to facilitate genitourinary assessment as per your unit’s routine).
   - If obstruction is suspected, gentle manual irrigation may be required as per physician’s orders. Cleanse the catheter opening well with chlorhexidine. Use nothing smaller than a 60cc syringe and sterile saline. Use slow, even pressure to avoid damaging the bladder wall. Do not force if resistance met. Allow irrigation to flow back freely.
   - Notify physician if previous measures unsuccessful.

2. Increased bloody drainage or presence of clots.
   - Increase rate of irrigation infusion as per physician’s orders.
   - Irrigation of catheter as outlined in #1 to aid in clot removal may be indicated.
   - If large amount blood or clots persists, notify physician.

3. Patient complains of pain: (Complete pain assessment using the 0-10 or visual analogue scale)
   - Palpate bladder to determine presence of distention
   - Check drainage tubing for kinks
   - Observe drainage for adequate amount, presence of clots that might be blocking drainage tube. Evaluate I & O
   - Avoid cold irrigation solution as it may cause bladder spasm.

4. The patient is confused/agitated
   - Assess if patient is orientated to time, place person
   - Notify physician of patient’s change in LOC
   - Have relevant information ready to share with physician (i.e. amount of opioids received, amount of CBI received, true urine output, time of onset of alteration in orientation, NA level; in TURP syndrome an overload of fluid through the prostatic sinuses can lead to dilutional hyponatremia, confusion and hypertension)

5. Solution Leaks around the foley catheter
   - Assess for bladder spasms
   - Refer to #1 – assessing for obstruction
   - Consider administering antispasms i.e. Buscopan

Documentation:
Documentation includes:
- Patient’s comfort/pain level (how procedure is being tolerated)
- Colour and type of drainage, presence of clots/fragments
- Intake and output; use following calculation
  - CBI infused
  - foley output
  = True urine output
- Interventions required (manual irrigation, use of bladder scanner)
- Health teaching done with patient and family
- Patient concerns/adverse reactions (i.e. continued bladder spasms, decreased total urine output), the nursing actions taken and patient outcomes

References: