



# Clinical Practice Procedures: Other/Indwelling urinary catheter management

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<b>Date</b>	June, 2026
<b>Purpose</b>	To ensure a consistent procedural approach to indwelling urinary catheter management.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
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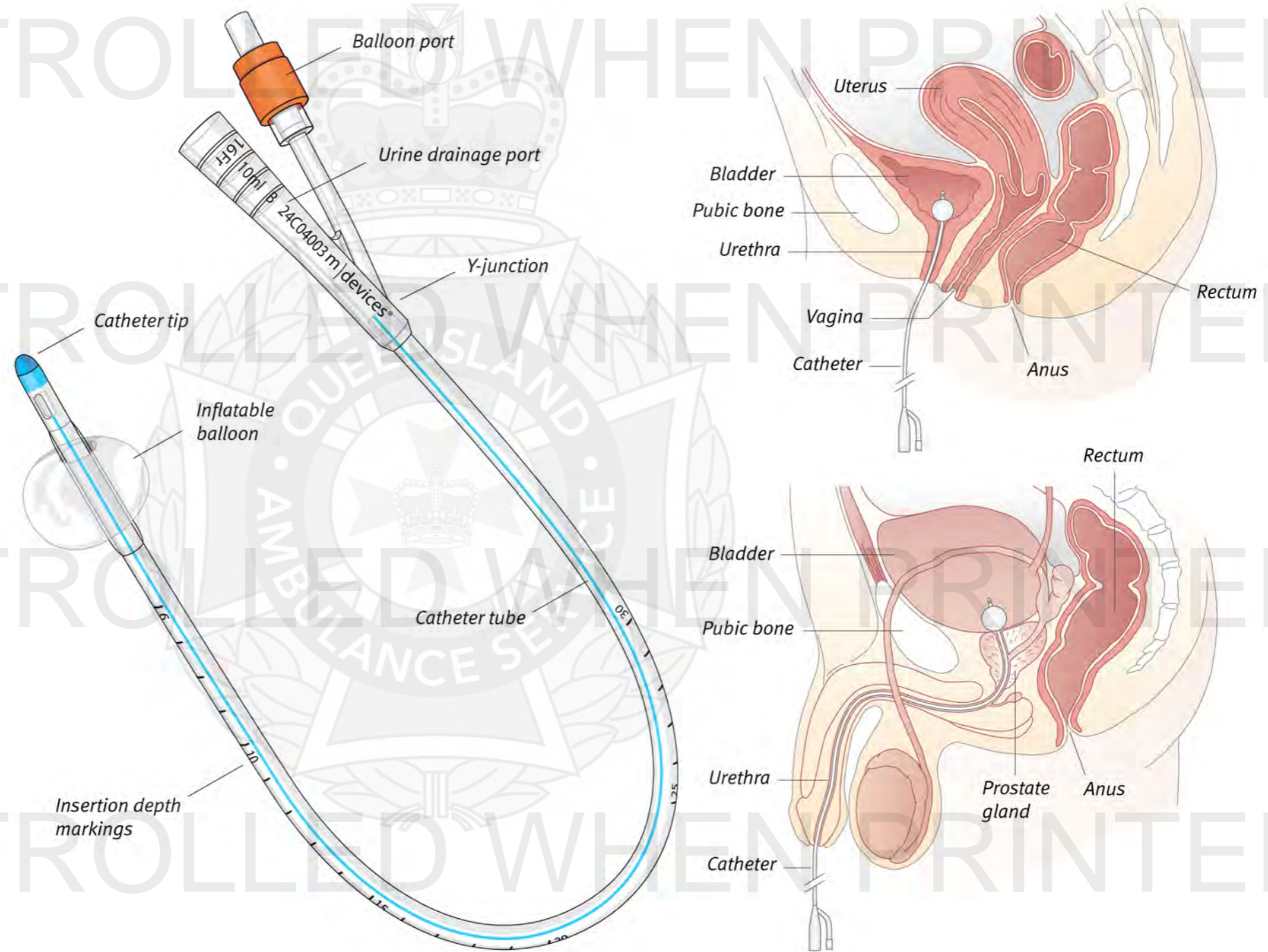
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# Indwelling urinary catheter management

June, 2026

An **Indwelling Urinary Catheter (IDC)** is a flexible tube inserted into the bladder via the urethra to enable the continuous drainage of urine. It is commonly used for patients who are unable to void spontaneously due to acute or chronic urinary retention, neurological conditions, or peri-operative requirements.

In the out-of-hospital setting, IDC insertion may be indicated for carefully selected patients as part of an established intervention plan. Paramedic facilitated IDC insertion supports patient comfort and may prevent the need for transport to hospital.



## Indications



- **Replacement of non-functioning pre-existing IDC** in line with patient specific care plans
- **Dislodgement** or ejection of an existing IDC with subsequent:
  - Inability to void
  - Patient discomfort due to bladder distension
  - Risk of acute urinary retention or upper urinary tract compromise

## Contraindications



- Known or suspected urethral injury
- Recent urological surgery
- Patients less than 16 years of age

## Complications



- Pain
- Creation of false passage
- Allergy
- Urethral trauma and haemorrhage
- Paraphimosis
- Urinary Tract Infection (UTI) / Catheter Associated Urinary Tract Infection (CAUTI)

## PROCEDURE

1. Assess the predictors of IDC insertion difficulty and consider all available options to maximise first insertion success, including:
  - a. Patient's ergonomics and optimal positioning/posturing.
  - b. Consider relocating the patient to a cleaner location if required.
  - c. Preferred scene conditions (e.g., lighting).
  - d. Consider seeking assistance from a more experienced clinician.
2. Contact the *QAS Clinical Consultation and Advice Line* to discuss suitability for IDC replacement.
3. Ensure patient privacy and dignity.
4. Check for patient allergies (e.g., chlorhexidine).
5. Ensure appropriate positioning/posturing of the patient, consider:
  - a. *Males* – supine with legs extended.
  - b. *Females* – supine with knees bent, hips flexed (+/- supported), heels together or feet apart.
6. Wipe down a suitable procedure area with Clinell wipes and set up a waste bin within arms reach.
7. Ensure you are Bare Below the Elbows and perform hand hygiene in accordance with '5 Moments of Hand Hygiene' practice. Don plastic apron, mask and protective eyewear.
8. Using an aseptic technique, open the outer wrapping of the Urinary Catheter Insertion Pack and place the contents on the cleaned, flat surface.
9. Perform a 2-minute hand wash, then unwrap the Urinary Catheter Insertion Pack by the corners to create a sterile field.

## Procedure – Indwelling urinary catheter insertion

**Ensure that the sterile field is not compromised by hands or non-sterile equipment and packaging while setting up the sterile field.**

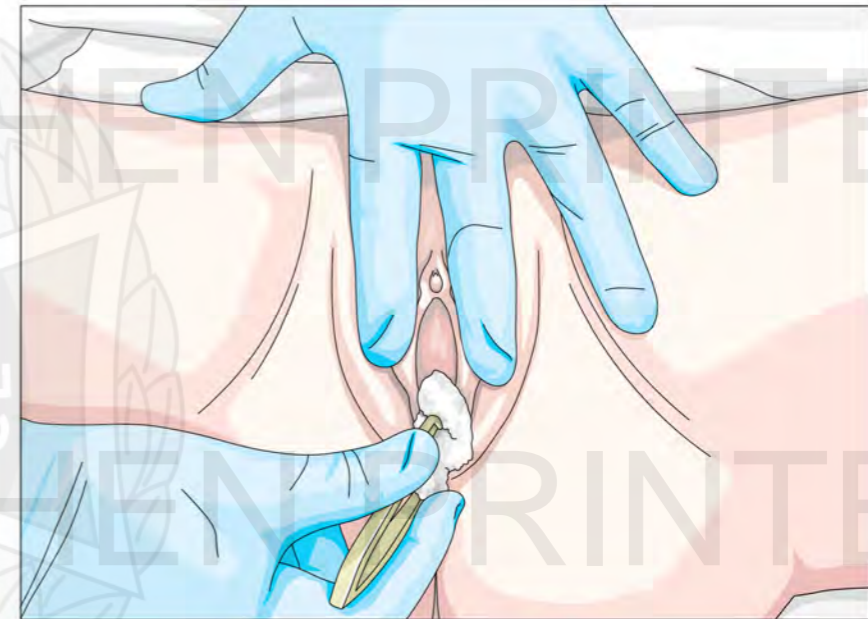
10. Pick up one set of forceps and use them to re-position necessary equipment inside the sterile field. Discard forceps once complete.
11. Squeeze 10 mL of Water for Injection (WFI) into the first bowl for balloon inflation, and aqueous chlorhexidine 0.1% solution into the second bowl.
12. Empty the lidocaine syringe and catheter onto the sterile field from height.
13. Open the sterile gloves packet and urinary drainage bag on an appropriate surface outside of the sterile field.
14. Wash hands for 30 seconds, dry with a sterile towel, and don sterile gloves (see *CPP: Donning and doffing medical gloves*).

**You may now touch the sterile field with gloved hands**

15. Draw up WFI into a 10 mL syringe in preparation for catheter balloon inflation – use only sterile water and the exact amount specified on the IDC package.
16. Prepare gauze swabs in chlorhexidine or sodium chloride solution, placing prepared swabs inside the kidney dish when complete.
17. Remove the cap from the lidocaine syringe.
18. Open the drape and place it over the patient's genitals.
19. Place the following equipment just below the patient's genitals on the fenestrated drape:
  - kidney dish (including prepared swabs)
  - remaining forceps
  - lidocaine 2% gel
  - 10 mL WFI
  - catheter

### **Patients with female genitalia**

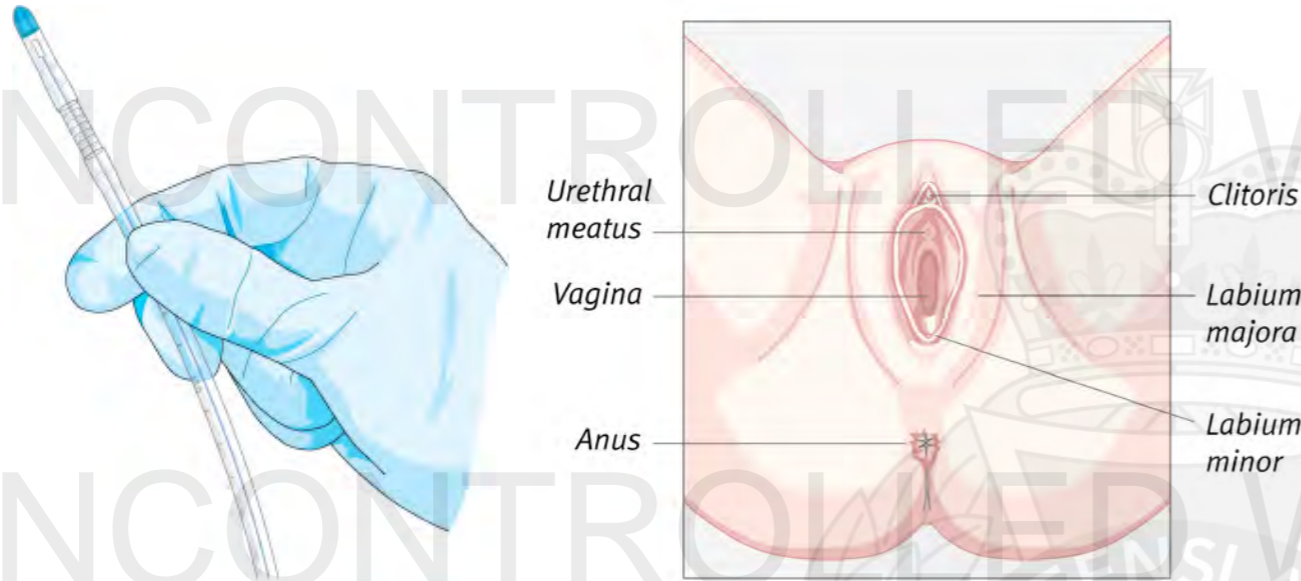
- a) Designate your non-dominant hand to be 'dirty', and dominant hand to be 'clean'.
- b) With your non-dominant hand, separate the patient's labia to expose the urethral meatus.
- c) Using the prepared swabs, swab the labia in the centre, far side, near side, and centre again – use a fresh swab for each movement and discard into waste. Always wipe downwards towards the anus.



- d) Gently insert the 2% lidocaine gel's syringe tip into the meatus and inject an appropriate amount of lubricant/anaesthetic. Wait 3–5 minutes for therapeutic effect before continuing.
- e) Place the Y-junction of the catheter into the kidney dish to ensure urine output is caught.

## Procedure – Indwelling urinary catheter insertion

- f) Using your dominant hand, insert the catheter tip into the urethral meatus until urine flows freely into the kidney dish.

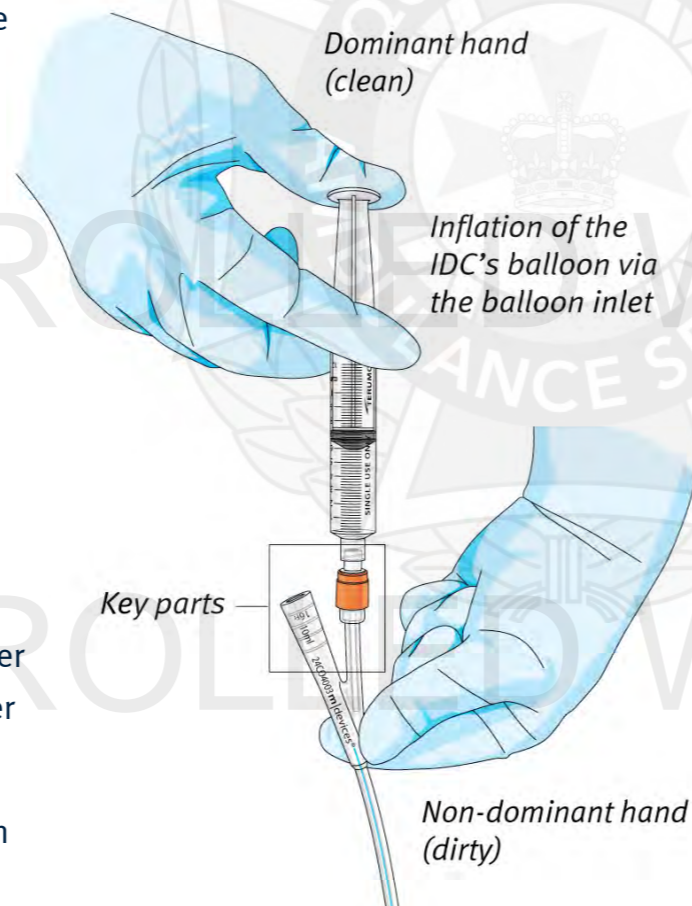


- g) When urine output commences, advance the catheter an additional 3 cm.

- h) Holding the WFI syringe in your dominant (clean) hand, inflate the IDC's balloon via the balloon inlet of the Y-junction, ensuring key parts remain untouched.

- i) Gently withdraw the catheter until the balloon is sitting in the correct position in the bladder and check placement is correct:

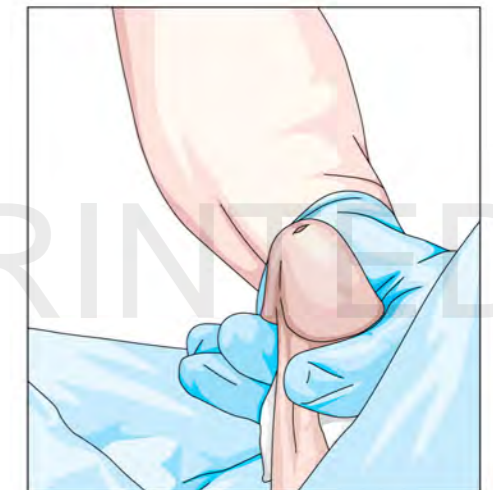
- Urine is freely passing from the catheter and ongoing drainage is occurring after the balloon is inflated.
- Absence of pain on inflation of balloon with WFI.



- j) If accidentally inserted into the vagina, leave it in position until another catheter is correctly placed.
- k) Inspect the urine colour and consistency in the kidney dish.
- l) Attach the urine bag, ensuring the valve is shut and the connection port remains aseptic during attachment.
- m) Prepare and attach the catheter stabilisation device; consider utilising previously placed stabilisation device.
- n) Secure the leg bag with supplied elastic straps on the thigh or below knee, ensuring the bag is secured comfortably.
- o) Remove the drape from the patient (tearing required).
- p) Assist the patient with the donning of appropriate clothing and assist the patient back into a position of comfort.
- q) Remove PPE and discard waste as appropriate.

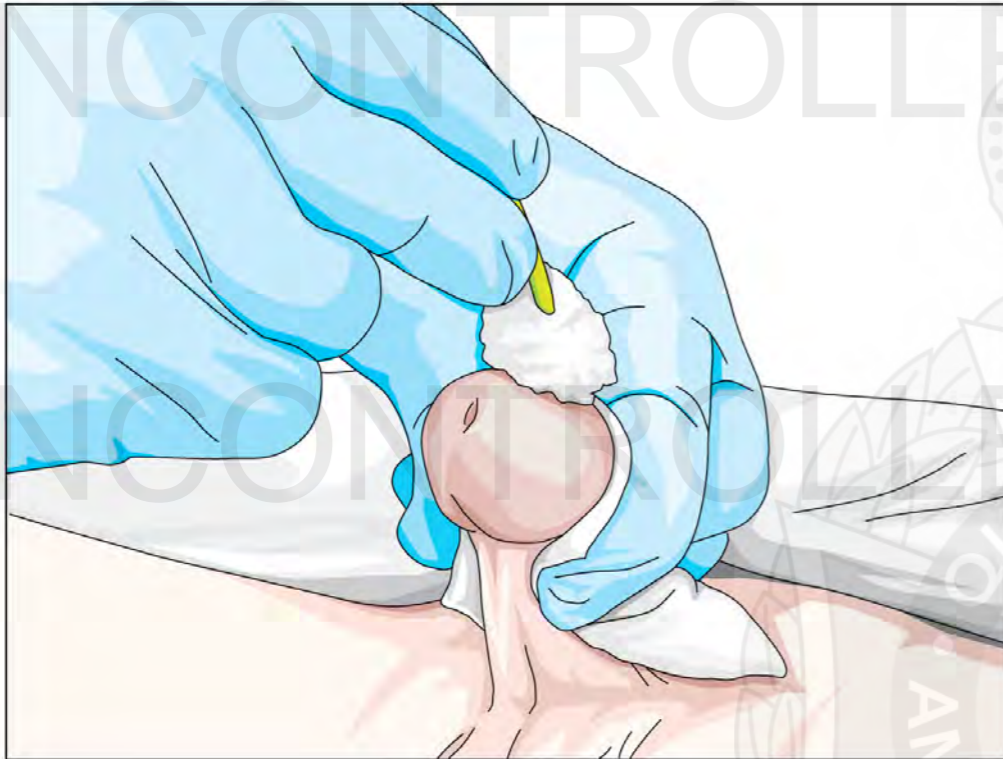
### Patients with male genitalia

- a) Designate your non-dominant hand to be 'dirty', and your dominant hand to be 'clean'.
- b) With your non-dominant hand, hold the patient's penis at a 90 degree angle to the body.
- c) If uncircumcised, gently retract the foreskin to expose the glans.



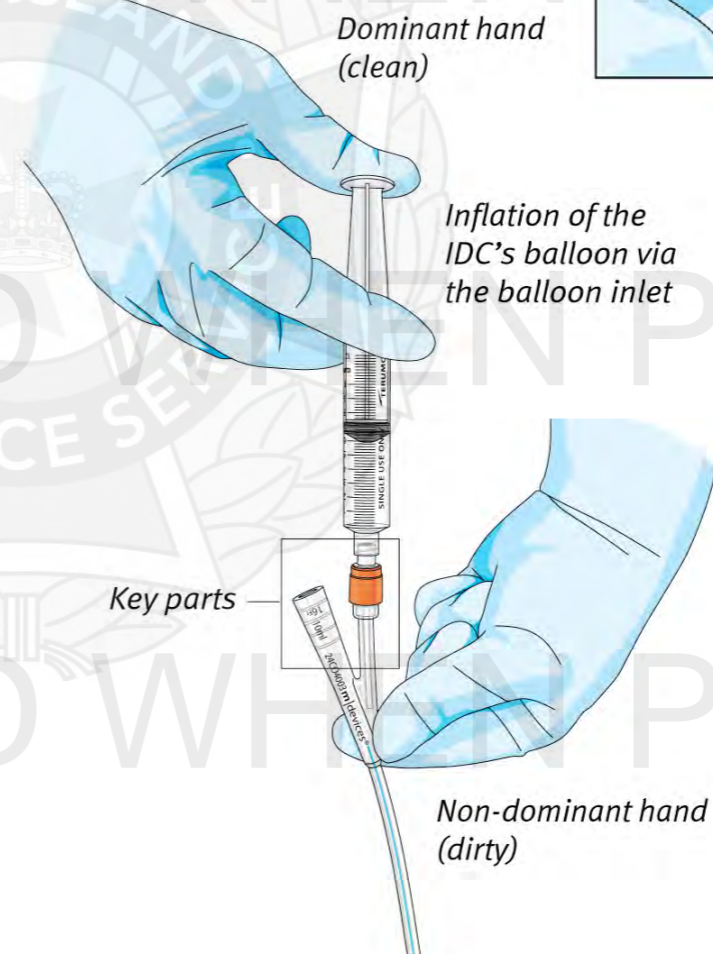
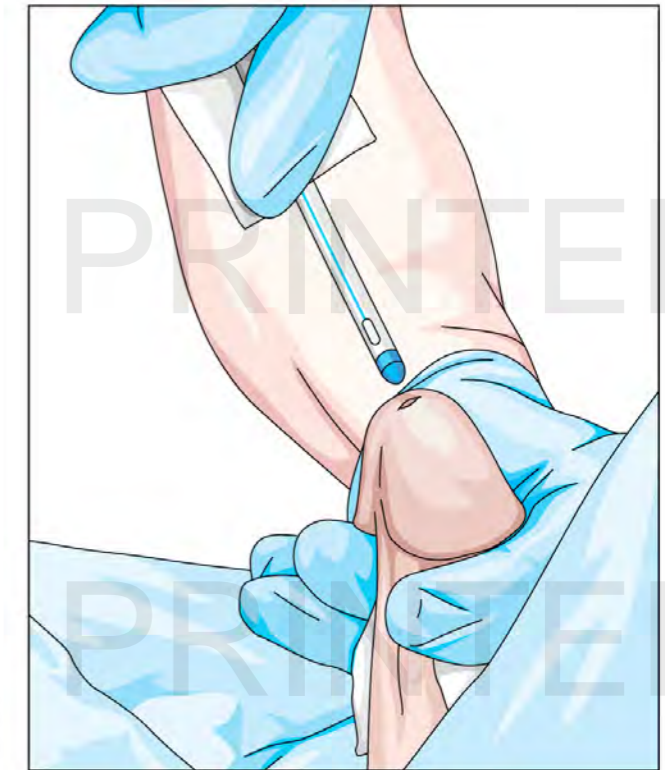
## Procedure – Indwelling urinary catheter insertion

- d) Using your dominant hand, pick up the forceps and clean the penis with the prepared swabs from the tip in a circular motion outwards. Use a fresh swab for each wipe and discard into waste.



- e) Keeping at a 90 degree angle, gently insert the tip of the lidocaine gel 2% syringe into the urethral opening of the penis and inject an appropriate amount of lubricant/anaesthetic.
- f) Hold the penis upright for 3–5 minutes so that the anaesthetic does not flow out, before continuing.
- g) Place the Y-junction of the catheter into the kidney dish to ensure urine output is caught.

- h) Using your dominant hand, gently insert the catheter's tip into the urethral meatus.
- i) When slight resistance is felt, lower the penis and continue insertion until the bifurcation (Y-junction) of the catheter reaches the urethral meatus.
- j) Confirm urine flow.



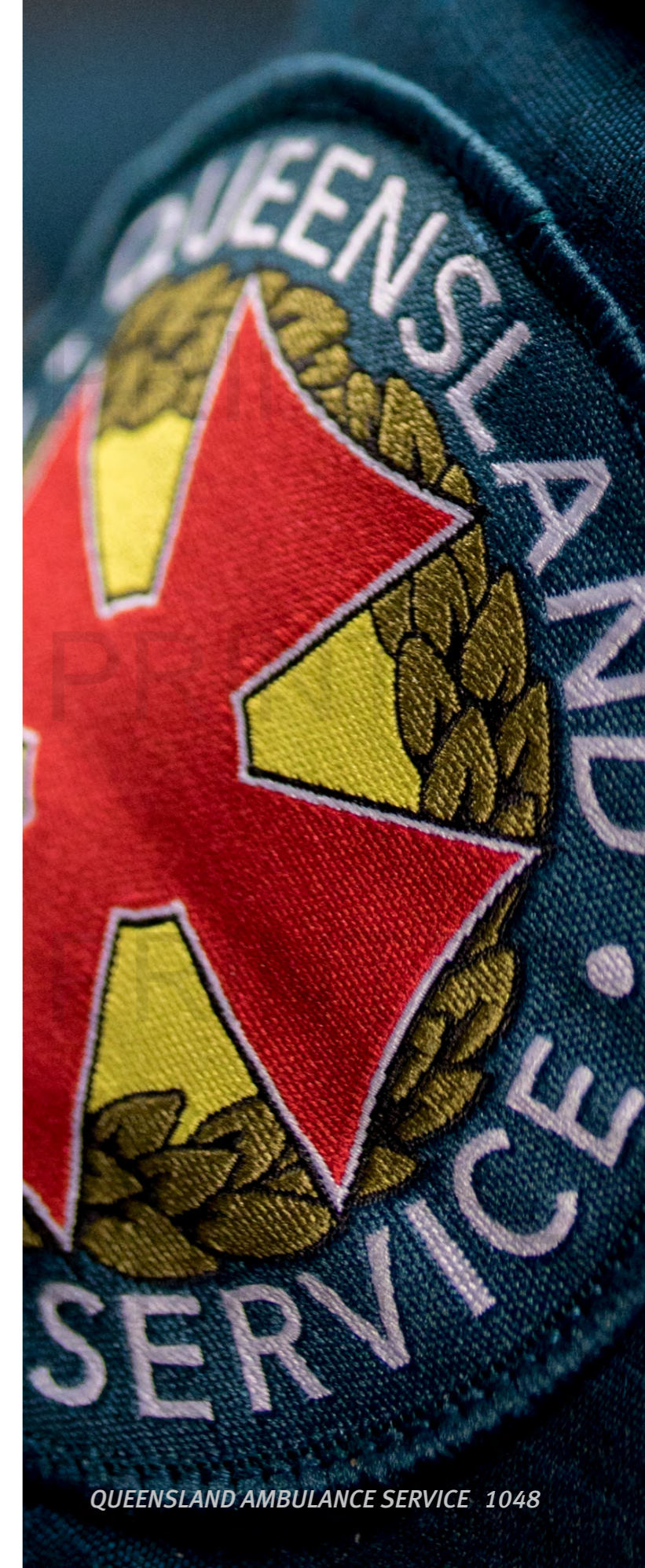
- k) Holding the WFI syringe in your dominant (clean) hand, inflate the IDC's balloon via the balloon inlet of the Y-junction, ensuring key parts remain untouched.

## Procedure – Indwelling urinary catheter insertion

- l) Gently withdraw the catheter until the balloon is sitting in the correct position; check placement is correct:
  - Urine is freely passing from the catheter and ongoing drainage is occurring after the balloon is inflated.
  - Absence of pain on inflation of the balloon with WFI.
- m) If uncircumcised, reposition the foreskin.
- n) Inspect the urine colour and consistency in the kidney dish.
- o) Prepare and attach the catheter stabilisation device, consider utilising previously placed stabilisation device.
- p) Secure the leg bag with supplied elastic straps on the thigh or below the knee, ensuring the bag is secured comfortably.
- q) Remove the drape from the patient (tearing required).
- r) Assist the patient with the donning of appropriate clothing and assist the patient back into a position of comfort.
- s) Remove PPE and discard waste as appropriate.

### Minimum eARF documentation requirements:

Insertion	Removal
<ul style="list-style-type: none"><li>• Date and time of insertion</li><li>• Catheter batch number</li><li>• Aseptic technique used</li><li>• Sterile gloves worn during procedure</li><li>• Catheter size</li><li>• Balloon volume</li><li>• Total urine drained on insertion</li><li>• Issues identified during IDC insertion (e.g., pain, bleeding, obstruction)</li><li>• Evidence of infection</li><li>• Colour and consistency of urine</li><li>• Follow-up requirements</li></ul>	<ul style="list-style-type: none"><li>• Date and time of removal</li><li>• Reason for removal</li><li>• Issues identified during IDC removal (i.e., pain, bleeding, obstruction)</li><li>• Evidence of infection</li><li>• Follow-up requirements</li></ul>



## Additional information

- Clinicians must contact the Senior Medical Clinical Consultant (SMCC) via the *QAS Clinical Consultation and Advice Line* before commencing any IDC insertion or removal.
- The QAS supplies only 100% silicone (latex free) IDCs.
- Hand hygiene and use of sterile gloves is mandatory.
- Eye protection, gown and surgical mask must be worn by all clinicians. The potential of fluid exposure during this procedure is **HIGH**.
- The QAS supplies 4 sizes of double lumen M/devices® IDCs, the smallest size appropriate to the clinical indication should be selected:

Gauge (Fr)	Length (cm)	Colour	Balloon capacity (mL)	Common uses
12	45	White	10	Female
14	45	Green	10	Female/Males
16	45	Orange	10	Males
18	45	Red	10	Males

- Do not test the IDC's balloon prior to insertion as this may distort the balloon and cause pain and/or tissue damage during catheter insertion and removal.
- The risk of CAUTI is **HIGH** with this procedure:
  - The closed drainage system must only be broken/interrupted when clinically justified.
  - Urinary drainage bags must be positioned below the level of the bladder and must not be in contact with the floor.
  - The drainage bag must be emptied regularly to prevent backflow.

- Always use aseptic technique. If the environment for the procedure is not conducive to achieving aseptic technique, consider if transport to hospital to undertake procedure in clean environment is more appropriate.
- Should contamination of equipment occur, or sterile field is compromised, discard all equipment and start the procedure again.
- Provide the patient/carer with a copy of the *QAS Indwelling Urinary Catheter Care Advice* sheet. Explain the fact sheet information and answer any questions asked by the patient/carer.

## REMOVAL PROCEDURE

1. Apply required infection control measures.
2. Ensure patient privacy and dignity.
3. If clinically appropriate, ensure that the need for IDC removal is discussed with, and agreed upon by the patient.
4. Position/posture the patient appropriately and consider placing a bluey under patient's hips.
5. Don a mask, protective eyewear and plastic apron.
6. Release any fixation devices that may be insitu.
7. Empty the patient's catheter bag to prevent spillage of urine, checking urine colour and consistency
8. Don fresh non-sterile gloves.
9. Passively remove WFI from the catheter's balloon using the manufacturer's recommendation indicated on the Y-junction (e.g., 10 mL), ensuring no traction is applied to the plunger. Leave the syringe attached to the port during catheter removal.
10. Ask the patient to take a deep breath and gently withdraw the catheter on exhale, using gentle traction.
11. Inspect the catheter for any signs of damage.
12. Dispose of equipment appropriately.