



## OSCE Checklist: Male Catheterisation

<b>Gather equipment</b>		
1	Clean the top of a procedure trolley using an appropriate disinfectant wipe	
2	Collect the equipment required for the procedure and place it within reach on the clean trolley	
3	Check the expiry date on the catheter, sterile water, normal saline and lidocaine gel	
4	Ensure a clinical waste bin is placed nearby	
<b>Introduction</b>		
5	Wash your hands using alcohol gel. If your hands are visibly soiled, wash them with soap and water.	
6	Don PPE if appropriate	
7	Introduce yourself to the patient including your name and role	
8	Confirm the patient's name and date of birth	
9	Briefly explain what the procedure will involve using patient-friendly language	
10	Explain the need for a chaperone	
11	Gain consent to proceed with catheterisation	
12	Check if the patient has any allergies	
13	Ask the patient if they have any pain before continuing with the clinical procedure	
14	Explain to the patient that they'll need to remove their underwear and lie on the clinical examination couch, covering themselves with the sheet provided	
<b>Equipment preparation</b>		
15	Setup up the sterile field by first removing the outer packaging from the catheter pack and then opening the catheter pack from the corners without touching the inner surface of the field. Make sure to keep the catheter packaging as you'll need to transfer the sticky label containing the details of the catheter into the patient's notes	
16	Using aseptic non-touch technique (ANTT) empty the catheter, lidocaine gel syringe, sterile water syringe and sterile gloves onto the field	
17	Pour the 0.9% sodium chloride solution over the cotton balls which should already be located within the gallipot of the catheter pack	
<b>Positioning the patient</b>		
18	With the patient lying supine, ensure the bed is at an appropriate height for you to comfortably carry out the procedure	
19	Wash your hands again and don a pair of sterile gloves	
20	Ask your chaperone to remove the sheet covering the patient's genitals to allow you to maintain sterility	
21	Place a sterile absorbent pad underneath the patient's genital region, ensuring you maintain sterility	

## Cleaning the penis

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| 22 | Hold the penis with your non-dominant hand using some sterile gauze and ensure the patient's foreskin is retracted (if present)   |  |
| 23 | With your dominant hand pick up a cotton ball and use a single stroke moving away from the urethral meatus to clean an area of the glans. Dispose of the first cotton ball into the clinical waste bin and continue to repeat this process with a new cotton ball each time until all areas of the glans have been cleaned. |  |
| 24 | Discard your used gloves, wash your hands again and don a new pair of sterile gloves  |  |
| 25 | Place the sterile drape over the patient's penis, positioned such that the penis remains visible through the central aperture of the drape. Some drapes come with a hole already present for this purpose, whereas others will require you to create one.   |  |
| 26 | Place the sterile urine collection bowl below the penis but on top of the sterile drape   |  |

## Inserting the anaesthetic

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| 27 | Hold the penis vertically with your non-dominant hand using a piece of sterile gauze   |  |
| 28 | Warn the patient that the anaesthetic gel might initially sting, but then should quickly cause things to become numb   |  |
| 29 | With your dominant hand place the nozzle of the syringe of anaesthetic gel into the urethral meatus  |  |
| 30 | Empty the entire 10mls of anaesthetic gel into the urethra at a slow but steady pace   |  |
| 31 | Continue to hold to the penis in the vertical position to ensure the gel remains within the urethra and allow 3 to 5 minutes for the lidocaine gel to reach its maximum effect |  |

## Inserting the catheter

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| 32 | Pick up the catheter which should be on your sterile field in its wrapper  |  |
| 33 | Remove the tear-away portion of the wrapper near the catheter tip, making sure not to touch the catheter   |  |
| 34 | Hold the penis again using sterile gauze with your non-dominant 'dirty hand'   |  |
| 35 | Warn the patient you are about to insert the catheter  |  |
| 36 | Insert the exposed catheter tip into the urethral meatus using your dominant 'clean hand'  |  |
| 37 | Advance the catheter slowly whilst gradually removing more of the wrapper to expose more of the catheter   |  |
| 38 | You should continue to advance the catheter until it is fully inserted into the penis  |  |
| 39 | Once the catheter is fully inserted, inflate the catheter balloon with the 10ml syringe of sterile water to secure it within the bladder                                       |  |
| 40 | Once the balloon is fully inflated, remove the syringe and gently withdraw the catheter until resistance is noted, confirming the catheter is held securely within the bladder |  |
| 41 | Attach the catheter bag tubing to the end of the catheter securely   |  |
| 42 | Position the catheter bag below the level of the patient to facilitate effective drainage of urine   |  |
| 43 | Replace the patient's retracted foreskin (if present) as failure to do so can result in the development of paraphimosis  |  |
| 44 | Clean away any urine spillage or excess lubricating gel and cover the patient with the sheet   |  |

45	Dispose of your equipment into a clinical waste bin	
46	Provide the patient with privacy to get dressed	
<b>To complete the procedure...</b>		
47	Explain to the patient that the procedure is now complete and that they should seek review if the catheter becomes painful or they feel unwell	
48	Dispose of PPE appropriately and wash your hands	
49	Ask the nursing staff to monitor the patient's urine output and to contact you if they have any concerns	
50	Document the details of the procedure in the patient's notes and affix the sticky label from the catheter packaging beside your notes	

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