

**OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF NURSING
POLICY & PROCEDURE**

**NUMBER: 11704
VERSION: 1**

SUBJECT/TITLE: FEMALE EXTERNAL CATHETER FOR URINE OUTPUT MANAGEMENT

MD ORDER: YES [] NO [X]

POLICY: Use of a female external catheter should be implemented for urinary output management for adult female patients that are incontinent and meets indications for use.

PURPOSE: To outline the procedure for implementation and maintenance of a female external catheter.

DEPARTMENTS: NURSING: Registered nurses (RNs), Licensed vocational nurses (LVNs), Certified nursing attendants (CNAs).

DEFINITIONS: Female External Catheter: a non-invasive device used to manage urinary incontinence in adult female patients offering an alternative to indwelling Foley catheters for certain patients (see indication section below).

BACKGROUND INFORMATION: **Product Description:**
The wick, is a non-invasive, flexible, female external catheter, with cloth material on one side and silicone on the other. The upper portion of the device tucks between the labia and the bottom end tucks between the buttocks. The wick is changed every 12 hours or more frequently if soiled. It is designed to capture 95-100% of urine, regardless of flow rate, before it reaches clothing or bedding. It does not attach to the body and can be used lying down or seated. It is designed to connect to the wall vacuum suction tubing, with vacuum set at 40 mm Hg for optimal suctioning of urine.

Latex Precautions:

- The female external catheter contains dry natural rubber which may cause an allergic reaction in staff and patients who have a latex sensitivity.
- **The female external catheter should not be used with patients who are allergic to latex.**
- Staff who is allergic to latex should take appropriate precautions when handling the product.

Indications: Adult female patients who require/have:

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- Managing urinary incontinence.
- Post-surgical/post procedural short-term immobility.
- Prevention/healing of pressure injuries.
- Accurate urine output measurement/recording.
- Difficulty using a bedpan.
- Bedrest orders.
- Prevention of falls associated with toileting.
- Prevention of CAUTI.

Contraindications:

- Urinary retention.
- Vaginal bleeding.
- Patients who are uncooperative or agitated.
- Patients who get out of bed without supervision.
- Patients who have bowel incontinence with frequent stools without a fecal management system in place.
- Pre-existing skin breakdown/or contact dermatitis at the site.
- Do not use for Male patients.
- Do not use on patient while on a bed pan at the same time.

Precautions:

- Do not use if the patient is uncomfortable with the female external catheter.
- Never insert the female external catheter into the vagina, anal cavity or any other body cavity.
- Do not use barrier cream on the perineum. Barrier cream may impede suction. (Barrier cream is acceptable to use on the sacrum).
- Do not use with a diaper.
- Discontinue use if an allergic reaction occurs.

Equipment/Supplies:

- Clean Gloves
- Peri-care supplies
- Female external catheter
- Wall suction gauge
- Suction canister
- Suction tubing

PROCEDURE:

1. Review indications and contraindications to determine if the female external catheter is appropriate for the patient.
2. Explain procedure to patient/family.
3. Obtain equipment/supplies.

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4. Perform hand hygiene and don clean gloves and other personal protective equipment as applicable.
 - Refer to manufacturer's instructions for use for full detailed procedure for placement of female external catheter (see appendix A).
5. Set up suction:
 - a. Connect canister to wall suction and set to 40mmHg continuous suction. Connect suction tubing and verify that the suction is functioning.
 - b. Connect suction tubing to the female external catheter.
6. Peri-care and Placement:
 - a. Position patient for placement of female external catheter.
 - Patient can be positioned on back, side lying, frog legged, or lying on back with knees bent and thighs apart (lithotomy position).
 - b. Perform perineal care and assess skin integrity.
 - c. Separate legs, gluteus muscles, and labia. Palpate pubic bone as anatomical marker.
 - d. With soft gauze side facing patient, align distal end of the female external catheter at gluteal cleft.
 - e. Gently tuck soft gauze side between separated gluteus and labia.
 - f. Ensure that the top of the gauze is aligned with the pubic bone.
 - g. Slowly place legs back together once the female external catheter is positioned.
 - h. Remove gloves and perform hand hygiene.
7. Maintenance:
 - a. Replace the female external catheter at least every 12 hours or more frequently as needed.
 - It should be replaced immediately if soiled with feces or blood.
 - b. When changing the female external catheter, assess skin for compromise and perform perineal care prior to placement of a new female external catheter.
 - c. Ensure the female external catheter remains in the correct position after turning/repositioning the patient.
 - d. Properly placing the female external catheter snugly between the labia and gluteus holds the female external catheter in place for most patients. Mesh underwear may be useful for securing the female external catheter for some patients.
 - e. Assess device placement and patient's skin every 2 hours.

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- f. Change suction canister when $\frac{3}{4}$ full or at minimum every 24 hours.
 - g. Change suction tubing every 24 hours.
8. Removal:
- a. Explain procedure to the patient.
 - b. Perform hand hygiene and don clean gloves and other personal protective equipment as applicable.
 - c. Fully separate the legs, gluteus, and labia.
 - d. Gently pull the female external catheter directly outward.
 - e. Ensure suction is maintained while removing the female external catheter.
 - f. After use, this product may be a potential biohazard; dispose in red biohazard container.
 - g. Remove gloves and perform hand hygiene.
9. Document in the medical record:
- a. Placement/replacement of female external catheter.
 - b. Skin integrity per unit standard.
 - c. Intake and output
 - d. Patient turning/repositioning per unit standard.
 - e. Patient/family education.
 - f. Interdisciplinary plan of care (iPOC) applicable to patient's condition.

Troubleshooting

The female external catheters are capable of capturing 95-100% of urine. If a large amount of urine is escaping the female external catheter, the reason is typically due to:

- Improper placement
 - The wick must be snugly positioned between the labia with the bottom end between the buttocks.
 - Ensure that the top of the wick reaches just above the pubic bone.
- Wall-suction is not set correctly
 - Set the wall suction at 40mmHg. Higher settings are not necessary and not recommended.
 - Before connecting the wick, feel the end of the suction tubing to verify the presence of a mild vacuum.
- There is a vacuum leak
 - Ensure the lid is firmly on the canister.
 - Verify that the canister pour spout is tightly closed.
 - Check the tubing connection at the canister and the female external catheter. The connectors must be firmly pushed together.
- The vacuum canister is full

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- Replace the canister when $\frac{3}{4}$ full.
- The tubing is blocked
 - Ensure there are no kinks in the tubing

References: Bard. (2017). Instructions for use: PureWick® Female External Catheter. Healthcare Infection Control Practices Advisory Committee (HICPAC). (2009). Guideline for prevention of catheter-associated urinary tract infections. Retrieved from: http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf	
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