



PROCEDURE CHECKLIST

Male urethral catheterisation

Aseptic insertion of an indwelling urethral catheter in a male patient to drain the bladder or monitor urine output.



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Patient reference	Date	Time	Completed by
Equipment ready		☐ Wait for the gel to take effect before inserting the catheter	
☐ Sterile catheterisation pack (drape, gallipot, gauze, tray)		During • Insertion	
☐ Two pairs of sterile gloves, apron		☐ Change the outer gloves if contaminated; keep the catheter in its inner wrapper to avoid touching it	
☐ Foley catheter of the appropriate size and length (male length)		☐ Hold the penis upright, roughly perpendicular to the body, with gentle traction	
☐ Sterile lidocaine lubricating gel (single-use syringe)		☐ Insert the catheter tip into the meatus and advance steadily	
☐ Sterile water in a pre-filled syringe for the balloon (volume as stated on the catheter)		☐ When resistance is felt at the external sphincter, lower the penis towards the legs and ask the patient to breathe slowly or cough	
☐ Sterile saline or sterile water for meatal cleaning		☐ Do not force the catheter against resistance Forcing can create a false passage. Stop and seek senior or urology help.	
☐ Closed drainage bag or urometer and catheter securing device		☐ Advance until urine flows, then advance further to the catheter bifurcation	
☐ Specimen pot		☐ Do not inflate the balloon until urine has drained and the catheter is inserted to the bifurcation	
☐ Chaperone		☐ Inflate the balloon slowly with the volume of sterile water stated on the catheter	
Before • Assessment and consent		☐ If the patient reports pain during inflation, stop, deflate the balloon and advance further before re-trying Pain suggests the balloon is in the urethra.	
☐ Confirm the indication and whether a catheter is truly needed		☐ Gently withdraw the catheter until the balloon rests against the bladder neck	
☐ Check the history for trauma, strictures, prostate surgery and anticoagulation		☐ Connect the closed drainage system	
☐ In pelvic trauma, examine for blood at the meatus and perineal haematoma If present, do not pass a urethral catheter; refer to urology (EMOD-CP-64).		☐ Reduce the foreskin to its normal position Leaving it retracted causes paraphimosis.	
☐ Explain the procedure and obtain consent; offer a chaperone		After • Securing and monitoring	
☐ Check for allergies to latex, lidocaine or chlorhexidine		☐ Secure the catheter to the thigh with a securing device and hang the bag below bladder level	
☐ Choose the smallest catheter that will drain effectively		☐ Record the residual volume drained in the first 10–15 minutes	
Before • Preparation		☐ Send a urine sample if indicated	
☐ Position the patient supine with legs slightly apart and expose the genitals, keeping the patient covered otherwise		☐ In chronic retention with a large residual, monitor for post-obstructive diuresis and haematuria	
☐ Perform hand hygiene and open the sterile pack using an aseptic non-touch technique		☐ Clean the area, dispose of sharps and waste, and restore the patient's dignity	
☐ Put on sterile gloves and arrange the equipment on the sterile field		After • Documentation	
☐ Place a sterile drape with the penis through the aperture		☐ Document indication, consent, catheter type, size, batch number, balloon volume, residual volume and any difficulty	
During • Cleaning and anaesthesia		☐ Record a plan for review and removal	
☐ Hold the penis with gauze in the non-dominant hand; this hand is now non-sterile			
☐ Retract the foreskin fully if present			
☐ Clean the glans and meatus with sterile saline or sterile water, from the meatus outwards			
☐ Instil the lidocaine gel slowly into the urethra			



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.
EM Orbit • Emergency medicine, in one orbit • proc-urethral-catheter • red rows are the steps that must not be missed