**Preamble:**

1. **Urinary catheterization** is a basic skill for Registered Nurses (RN) and Licensed Practical Nurses (LPN). It is an advanced skill for Care Team Assistant (CTA's) who must be certified in the advanced skill and perform only in approved settings.

**POLICY**

1. **Insertion of a curved tip (Coude Catheter/Tiemann) urinary catheter** may be performed by Health Care Provider's (HCPs) who are deemed competent to do so as follows:
   - **RN's-** Competency is determined by review of Practice Guideline and demo of the skill to the Clinical Nurse Educator (CNE) or delegate using the Proficiency Checklist (Appendix A)
   - **LPN's working in Rehab only** who have received additional education from the Clinical Nurse Educator (CNE), review of Practice Guideline and demo of the skill to the Clinical Nurse Educator (CNE) or delegate using the Proficiency Checklist (Appendix A)
   - **CTAs working in Urology Clinic only** who have received additional education from Urology Physician and/or Clinical Nurse Educator (CNE).
1.1. Specialty catheters like the curved tip ones require a special technique for insertion and are only to be attempted by those with training and experience.

2. An authorized prescriber’s order is required for the initial insertion of a curved tip catheter – including size and type.

   **Exception:** When an authorized prescriber’s order for catheterization is written for a patient in the Urology Clinic, the type of catheter selection is at the discretion of the Registered Nurse, or the LPN/CTA in collaboration with the RN.

3. If patients status changes, a new order is required to ensure use of a curved tip is still appropriate vs. another option (i.e. Urology consult).

**DEFINITION**

**Curved Tip (Coude/Tiemann) catheter:** A catheter that has a slightly curved and tapered tip with up to three drainage holes. This type of catheter is particularly useful in individuals with a narrow urethral passage or prostatic obstruction. The angled tip gives directional stability, and the tip is slightly more rigid than a standard type to allow easier insertion through obstructed areas.

**GUIDING PRINCIPLES**

1. When unable to catheterize with a standard indwelling or straight catheter, a curved tip catheter can be successful in 90% of difficult catheterizations (10% of the clientele will remain a difficult catheterization requiring a Urology consult).

2. Insertion of a curved tip catheter can be less traumatic thus decreasing chances of injury in the urinary tract.

3. When catheterization with a standard Foley is unsuccessful, difficult, or painful, insertion of a curved tip catheter may be appropriate.

**PRACTICE GUIDELINES**

**Indications**

1. A curved tip catheter may be considered if any of the following are documented in the health record:

   1.1. The catheter cannot pass the sphincter in neurogenic patients.
   1.2. There is a history of enlarged prostate or prostate surgery.
   1.3. There is a recessed urethra in the vagina.
   1.4. There is a history of bladder neck contracture or with a bladder neck stricture.
1.5. There is a recent history of traumatic removal of Foley with the balloon intact.

1.6. There is a previous urethral trauma.

**Assessment and Interventions**

2. Reassess the choice of equipment, catheter size, catheterization technique and lubrication in case of difficult insertion.

3. Assess for the following:

3.1. If the catheter cannot pass the sphincter due to the patient’s dyssynergia or anxiety:

   3.1.1. Advise the patient to take some deep breaths or use a different position (sitting or standing or lying).

   3.1.2. Hold the catheter against the sphincter; the sphincter will often relax allowing the catheter to pass after a short while.

   3.1.3. If the problem only occurs when the bladder is full, catheterize at a shorter interval to help prevent this from happening (i.e. catheterize after 3 hours instead of 4).

3.2. If resistance is felt at the external sphincter, increase the traction on the penis to a 90 degree angle and apply a steady, *gentle* pressure on the catheter. Ask the patient to strain gently as if passing urine.

3.3. If a small lumen catheter kinks in the urethra use a slightly larger size.

3.4. Patient’s bowel function as constipation may put pressure on the drainage lumen.

3.5. The need for xylocaine/lidocaine jelly prior to insertion. (Obtain authorized prescriber’s order). See manufacturer’s guidelines for instructions.

**Insertion**

4. Examine the type of curved tip catheter brand being used. Note what orientation tool is used by that brand to ensure that upon insertion the catheter tip is up.

4.1. *Curved tip indwelling catheters* - On some brands look for a thin line imbedded within the Coude; this is the balloon lumen and is on the same side as the upward tip. Keep this line up, and the tip will be up. (As required, rotate the foley within the urethra to maintain position).

4.2. *Curved tip straight catheters* - These have no lines. Keep the catheter as straight as possible. As required, rotate the catheter slightly in order to ease insertion.

4.3. There may be a small knob at the drainage end of the catheter. This knob is another orientation tool. Note if the knob side is tip is up or down as this varies with the brand used.
5. Perform the procedure as for standard catheter insertion except **keep tip of curved tip catheter up.** Refer to the current reference texts as per References and Related Documents for insertion of a catheter.

6. Gently advance the curved tip catheter into the urethra using a large amount of water-soluble lubricant. Maintain the catheter in the 12 o’clock position during passage (curved tip pointing up).

7. Insert the curved tip as per normal catheterizations, until urine return is obtained, then insert 2-3 inches more.

   7.1. With a curved tip catheter, to ensure proper position, let go of the catheter. If the catheter slides out, the proper position has not been obtained, even though there is urine return. The exception to this rule is if the patient is bearing down and pushing it out.

   7.2. If any doubts about position do **NOT** inflate the balloon. Attempt insertion again.

8. If doubts about proper placement persist, if there is ongoing resistance, or if bleeding occurs, stop and call the authorized prescriber. (The LPN/CTA notifies the RN who in turn notifies the authorized prescriber.)

9. When proper position is identified, inflate the balloon, anchor the catheter as per normal catheter insertions, and document following appropriate documentation standards.

**REFERENCES**

European Association of Urology Nurses (EAUN) 2012 Evidence-based Guidelines for Best Practice in Urological Health Care. Catheterisation Indwelling catheters in adults; urethral and suprapubic.


Potter, Patricia A., Perry Anne, G.,(2010), Canadian Fundamentals of Nursing


Coude Tip Catheter Insertion- Straight & Indwelling 2009 Riverview Health Centre in Winnipeg

Coude Catheter Insertion 2007 Sarasota Memorial Hospital


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RELATED DOCUMENTS

Policies
CC 02-008  LPN Skills
CC 02-009  Care Team Assistant (CTA) Skills (formerly Patient Support Workers)

Appendices
Appendix A  – Proficiency Checklist

* * *
**Title:** Insertion of Curved Tip Catheter  
**Staff name:** _____________________

Prior to inserting a curved tip catheter the nurse must read the Practice Guideline for insertion of a curved tip catheter, Perry and Potter (Insertion of a Urinary Catheter), as well as be able to articulate why a curved tip catheter is appropriate in the given client.

<table>
<thead>
<tr>
<th>Action</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Verify Physicians order and review health history</td>
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<tr>
<td>Confirms patient identification/allergies</td>
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<td>Assess patient status – last void, review of intake and output, assessment of bladder</td>
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<td>Explain the procedure to the patient</td>
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<td>Wash hands and ensure patient privacy</td>
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<tr>
<td>Position patient in a supine position</td>
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<td>Don non-sterile gloves and prepare equipment using aseptic technique</td>
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<tr>
<td>Instill Zylocaine lubricant into urethra if ordered by Physician</td>
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<td>Apply sterile gloves and prepare sterile field</td>
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<td>Lubricate catheter 5 to 7 inches</td>
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<td>Apply sterile drape over perineum</td>
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<td>With your non-dominant hand hold the patients penis 90 degrees to the patients body</td>
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<tr>
<td>With the dominant hand cleanse penis in a circular motion from urethral meatus down to base of glans. Repeat x 3 using a clean cotton ball each time.</td>
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<tr>
<td>Visually inspect curved tip for orientation cues. Hold end of catheter loosely coiled in palm of non-dominant hand</td>
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<tr>
<td>Place distal end of catheter in urine tray receptacle. Maintain sterile technique.</td>
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<td>Insert the catheter tip into the meatus with the curve facing upward</td>
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<td>Advance catheter to the hub (males) or until urine flows out catheter. If resistance felt refer to difficult insertion tip section of protocol</td>
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<td>Lower penis and inflate balloon, pull gently to determine placement</td>
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<td>Attach to drainage system and secure tubing to thigh</td>
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<td>Dispose of equipment, wash hands</td>
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<tr>
<td>Documentation</td>
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Certified By: ____________________________  
Date: ____________________________