

Family Education Sheet

Caring for your child with an indwelling urinary catheter



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This family education sheet explains what it means for your child to have an indwelling urinary catheter. It describes how you can help prevent them from getting a catheter-associated urinary tract infection while they're in the hospital.

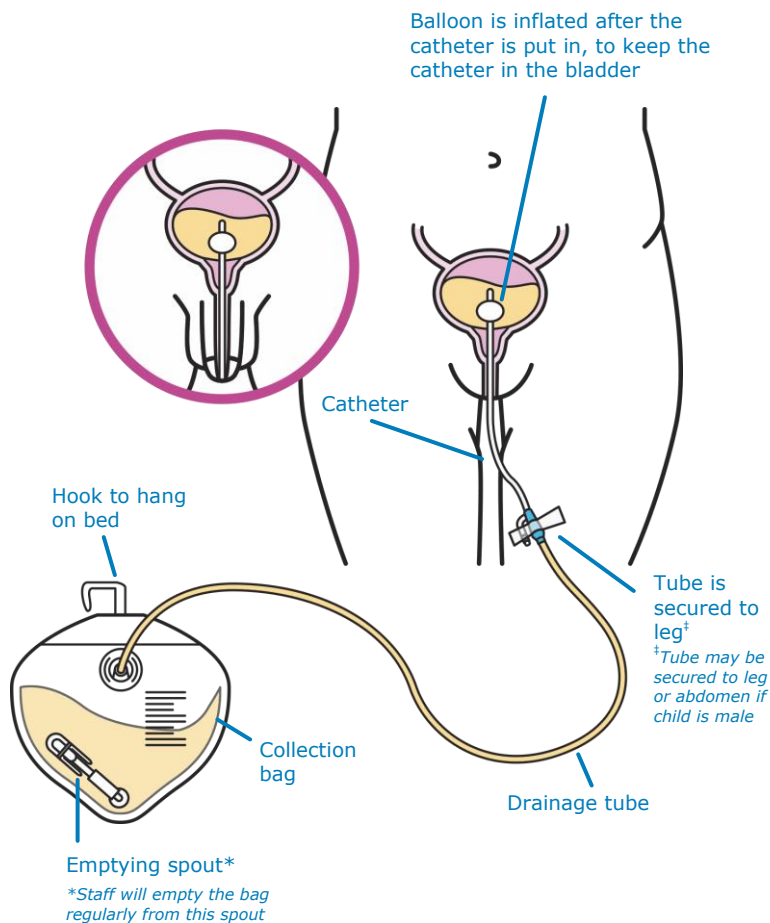
Key points

- You can help keep your child from getting an infection.
- Everyone in your child's room should have very clean hands.
- Ask the care team if the catheter can come out.

What is an indwelling urinary catheter?

- Your child has a catheter that drains urine (pee) from their bladder.
- A urinary catheter is a soft, thin, flexible tube that stays in your child's bladder.
- The tube continually drains urine into a bag.

How does the catheter work?



Is the catheter painful for my child?

Your child might feel like they need to pee while they have the catheter in, but it shouldn't hurt.

Should I move or touch the catheter?

You and your child shouldn't handle the catheter itself. It's OK to reposition the drainage tube or collection bag if you have clean hands.

What are the risks of having a catheter?

The catheter starts out germ-free. But the chance of biofilm (germs) forming goes up the longer the catheter is in place. The risk also goes up if the bag is lifted higher than the level of your child's bladder because there could be a backflow of urine. It's important not to put the bag on your child's bed or next to them.

How can I help lower the risk of my child getting a bladder infection?

1. Make sure everyone cleans their hands.

The most important way to keep the catheter clean is if everyone washes their hands or uses hand sanitizer before and after touching the drainage tube or collection bag. Here are some areas many people miss:

When washing with soap and water:



Scrub for at least 20 seconds, covering all surfaces of your hands.



To dry: Use a clean towel or paper towel.

When using hand sanitizer:

Rub sanitizer on every part of your hand until it's all gone, and your hands are dry – about 20 seconds.



To dry: Wait! Don't wipe extra off your hands. Let them dry.

Speak up! Don't be shy to ask anyone in contact with your child to wash their hands before and after touching the drainage tube or collection bag.

2. Make sure the catheter is positioned the right way.
 - Tubing should be secured to your child's leg (leg or abdomen if your child is male) so it isn't pulling or tugging and is draining easily.
 - The tubing should be clear of twists or bends so urine flows through.
 - The bag should stay below the level of your child's bladder. It shouldn't touch the floor or rest on the bed.
3. Have the catheter taken out as soon as it's not needed.

What can help the catheter come out as soon as possible?

Regularly ask your child's nurse and care team about whether or not your child still needs the catheter. You can also ask during morning rounds.

Be sure to ask about removing the catheter if:

- Your child is peeing around the catheter
- Your child is having frequent or large loose stools (poop), since this increases the risk of a urinary tract infection. Ask if your child can use clean intermittent catheterization instead. This is the same as an indwelling catheter but without a balloon and it doesn't stay in place.

If your child isn't peeing as usual once the catheter is taken out, ask the care team to consider intermittent straight catheterization instead of reinserting an indwelling urinary catheter. This:

- Lowers the risk of infection
- Helps keep your child's bladder functioning on its own

Tell the care team if you see anything that worries you.

- Physical symptoms, like:
 - Fever
 - Nausea/throwing up
 - Belly pain/extra fullness
 - Changes on your child's skin, like irritation
- Changes in the catheter bag, like:
 - Filling up more slowly than usual
 - Changes in the color of the urine

Remember, our care team is here to answer your questions! For example, ask about the color of urine (pee) that's normal for your child.