

SKILLS CHECKLIST: CONTINUOUS BLADDER IRRIGATION (CYSTOCLYSIS)

NAME: _____ **UNIT:** _____ **DATE:** _____

1=Cannot Perform Skill Independently 2=Requires Some Assistance to Perform Skill	3=Can Perform Skill Independently N/A=Not Applicable				**Evaluator must initial every line	
	1	2	3	N/A	**Evaluator's Initials	COMMENTS
1. Avoid distractions and interruptions when preparing and administering the irrigation solution.						
2. Verify the practitioner's order in the patient's medical record.						
3. Gather the prescribed irrigation solution and supplies.						
4. Compare the label on the irrigation solution with the order in the patient's medical record.						
5. Check the patient's medical record for allergies or contraindications to the prescribed irrigation solution. If an allergy or a contraindication exists, don't administer the solution; instead, notify the practitioner.						
6. Check the expiration date on the irrigation solution. If the solution is expired, obtain a new supply of the irrigation solution.						
7. Inspect the irrigation solution visually for particles, discoloration, or other loss of integrity; don't administer the solution if its integrity has been compromised.						
8. Perform hand hygiene.						
9. Confirm the patient's identity using at least two patient identifiers.						
10. Assemble all equipment at the patient's bedside.						
11. Provide privacy.						
12. Explain the procedure to the patient.						
13. If the patient is receiving the irrigation solution for the first time, teach about potential adverse reactions and address any other concerns related to the solution.						
14. Insert the spike of the tubing into the container of irrigating solution.						
15. Squeeze the drip chamber on the spike of the tubing.						
16. Open the flow clamp and prime the tubing.						
17. Hang the bag of irrigation solution on the IV pole.						
18. Perform hand hygiene.						
19. Put on gloves and if needed, a gown and goggles.						
20. Clean the opening to the inflow lumen of the urinary catheter with the antiseptic pad and allow it to dry.						
21. Insert the distal end of the tubing securely into the inflow lumen of the urinary catheter. Trace the tubing from the patient to its point of origin.						
22. Secure the urinary catheter properly.						
23. Ensure that the urinary catheter's outflow lumen is attached securely to the drainage bag tubing.						

24. Open the flow clamp under the bag of irrigation solution and set the drip rate as ordered.						
25. Don't allow the irrigation solution bag to empty completely before replacing it.						
26. Always keep the drainage bag below the level of the bladder. Don't place the drainage bag on the floor.						
27. Maintain the urinary catheter and drainage bag tubing free from kinking.						
28. Empty the drainage bag regularly, using a separate collection container for each patient. Use sterile technique, avoid splashing and prevent contact of the drainage spigot with the nonsterile collecting container.						
29. Measure the outflow volume accurately. It should equal or allowing for urine production, exceed the inflow volume slightly. If the inflow volume exceeds the outflow volume postoperatively, suspect bladder rupture at the suture lines or renal damage and notify the practitioner immediately.						
30. Assess the outflow drainage for changes in appearance and for blood clots, especially if continuous bladder irrigation is being performed postoperatively to control bleeding. If the drainage is bright red, the irrigation solution usually should be infused rapidly (with the flow clamp wide open) until the drainage clears. Notify the practitioner immediately if you suspect hemorrhage. If the drainage is clear, the solution is usually given at a rate of 40 to 60 drops per minute. The practitioner typically specifies the rate for irrigation solutions containing an antibiotic.						
31. Monitor vital signs as often as required by the patient's condition, increasing the frequency if the patient becomes unstable.						
32. Monitor urine output, assess the patient for abdominal pain, and palpate for bladder distention as indicated. Notify the practitioner of abnormal findings.						
33. Check the inflow and outflow tubing periodically for kinks						
34. Remove and discard your gloves and any other personal protective equipment worn.						
35. Perform hand hygiene.						
36. Document the procedures on ALTERA						

OVERALL REVIEW

☐ Outstanding
☐ Satisfactory
☐ Needs Improvement
☐ Unsatisfactory

ACTIONS RECOMMENDED

☐ Schedule makeup of procedure
☐ Review procedure policy before makeup
☐ further demonstration of skill by supervisor
☐ In-service/Continued Education required

Comments:

Print Staff Name: _____

Print Evaluator's Name: _____

Staff Signature: _____

Evaluator Signature: _____

Evaluation/Validation Methods: ☐ Verbal ☐ Demonstration/Observation ☐ Practical Exercise ☐ Interactive Class