



## A CLIENT CARE MODULE:

### PERINEAL & CATHETER CARE



...Developing top-notch caregivers, one inservice at a time.



We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

*A Client Care Module:*

## PERINEAL & CATHETER CARE

### Instructions for the Learner

***If you are studying the inservice on your own, please do the following:***

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask \_\_\_\_\_.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to \_\_\_\_\_ no later than \_\_\_\_\_. Show your Inservice Club Membership Card to \_\_\_\_\_ so that it can be initialed.
- Email In the Know at [feedback@knowingmore.com](mailto:feedback@knowingmore.com) with your comments and/or suggestions for improving this inservice.

**After finishing this inservice, you will be able to:**

*Describe the anatomy of the urinary system and identify key terms.*



*Identify three ways aging affects the urinary system.*



*Outline the procedure for providing excellent perineal care for both males and females.*



*Discuss urinary tract infections, how they occur, and how you can help prevent them.*



*Discuss urinary catheters, reasons for cathing, types of cath, and how to care for a client with a catheter.*

**THANK YOU!**



## Inside This Inservice:

<i>The Urinary System</i>	2
<i>Providing Peri-Care</i>	3
<i>The Aging Renal System</i>	4
<i>Understanding UTIs</i>	5
<i>Urinary Catheters</i>	6
<i>Caring for Catheters</i>	7
<i>Incontinent Clients</i>	8
<i>Bladder Retraining Techniques</i>	9
<i>Peri-Care Tips</i>	10
<i>Final Thoughts on Peri-Care</i>	11

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*A Client Care Module:*

## Perineal & Catheter Care

### THE IMPORTANCE OF PERINEAL CARE

Everyone's favorite topic . . . perineal care! As you know, the *perineum* is the area that spans from the genitals to the anus.

No other area of the body is more difficult to discuss but, when it comes to client care, it is worth talking about!

- The number one healthcare-associated infection is the urinary tract infection.
- Most healthcare-associated UTIs are the result of catheterization or incontinence and can be avoided by providing regular peri-care and cath-care using proper technique.

The perineal area is a dark, moist environment where bacteria love to live. The urethra, where urine comes out, provides the perfect route for bacteria to enter the bladder and cause an infection.

In this inservice, you will review the urinary system, how urinary tract infections occur, and how you can help prevent them.

You will also read about catheters (different types for different reasons) and the best way to care for a catheter.

As a CNA, you are entrusted to care for people in the most intimate way.

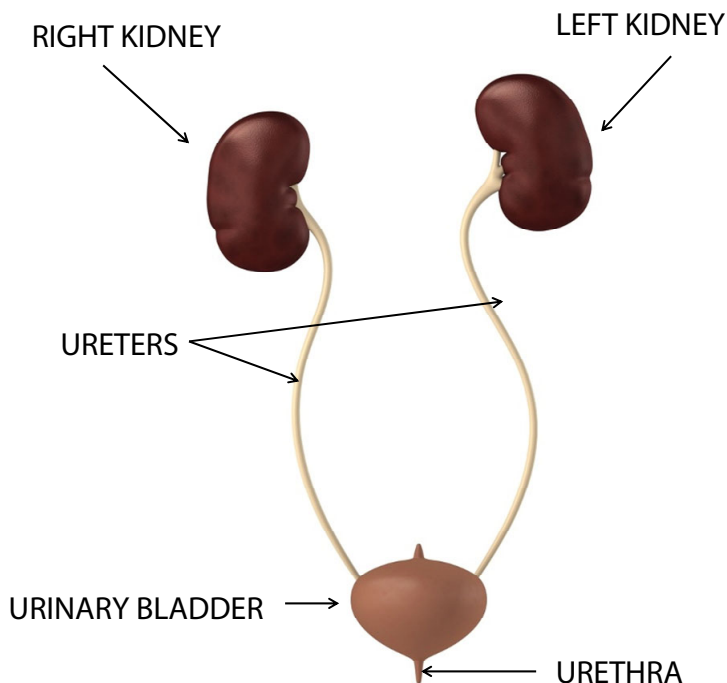
Consider this: You may have some clients who spent their whole lives guarding their perineal area as a private place only their mothers have seen. Now, as they are older, possibly ill, and unable to care for this area on their own, they have to rely on *you* to do this for them.

By providing discreet, thorough, and routine peri-care, you give your clients the gift of health while maintaining their dignity.





# ANATOMY OF THE RENAL (URINARY) SYSTEM



The main function of the urinary system is to rid the body of waste. Fluids in the blood are filtered by the kidneys. Excess water and waste combine to make urine and are flushed out of the body.

## The pathway:

1. Urine is produced in the kidneys.
2. The ureters drain the urine from the kidneys to the bladder where it collects.
3. Urine collects in the bladder until the bladder is full enough to trigger the sensation to urinate.
4. Urine travels from the bladder, through the urethra, to the outside of the body.

## TERMS YOU SHOULD KNOW

- **URINARY BLADDER** - The hollow, muscular, balloon-shaped organ that stores urine until it is excreted.
- **URETHRA** - The canal that carries off the urine from the bladder to the outside of the body.
- **KIDNEYS** - A pair of bean-shaped organs, about 4½ inches long, that filter blood and concentrate wastes and water into urine for excretion.
- **NEPHRON** - The “functional unit” of the kidney, the nephron is a microscopic filter that removes waste from blood.
- **URETER** - A tube that carries urine from the kidney to the bladder.
- **URINE** - The yellow fluid that remains after the nephrons have cleaned the blood
- **UREA** - The main solid component that makes up urine.

## DID YOU KNOW?

- A problem with the kidneys can feel like a back injury!
- The kidneys are located toward the back of the body on each side of the spine.
- They are right about at the level of the twelfth rib.
- The left kidney is slightly higher than the right because the liver pushes the right kidney down.



# PROVIDING EXCELLENT PERI-CARE

## PERI-CARE FOR FEMALES

1. Prepare a basin of warm, clear water. If you are performing peri-care as part of a complete bed bath, *take the time to change the water* before you clean the perineal area.
2. Put on gloves. This protects you *and* the client.
3. Place a waterproof pad under the hips and buttocks and position the client on her back.
4. Wet a clean washcloth in the basin of clear water. Then, place soap on the washcloth, not in the basin. This will keep the basin water *clear* for rinsing.
5. Fold the washcloth in half, then in half again, making a square. Folding the washcloth into a square gives you four separate clean surfaces to work with.
6. Spread the labia majora, the outside folds, and wipe down the center, from front to back.
7. Turn the washcloth over and wipe each side of the perineal area, using a clean section of the washcloth for each wipe.
8. Once the perineal area is clean, set aside the dirty, soapy washcloth. Do not throw it in your clean water basin. There is no need to rinse it out. This will just contaminate your water.
9. Get a clean washcloth and wet it in the clean water. Rinse the perineal area with the same technique you used to wash—only one wipe per each section of washcloth.
10. Thoroughly dry the area using a blotting motion.
11. Now, have client turn on her side. Wash, rinse, and dry the anal area.



## PERI-CARE FOR MALES

The first five steps are the same for both men and women. Start with clean, clear water, a couple of clean washcloths and a towel for drying. Put on your gloves and place a waterproof pad under your client to protect the bed.

6. If your client is uncircumcised, retract the foreskin by sliding the skin gently toward the base of the penis.
7. Wash the penis in a circular motion, starting at the tip and working your way down. Use a different part of the wash cloth for each wipe.
8. Rinse with clean water, dry, and replace foreskin (if present).
9. Next, clean the scrotum and the groin (just below the scrotum).
10. Thoroughly dry the area using a blotting motion.
11. Now, have client turn on his side. Wash, rinse, and dry the anal area.

## IT'S JUST GOOD PRACTICE

- Excellent perineal care not only cleans and refreshes your client, it prevents infection!
- The perineal area should be cleaned EVERY DAY, whether the client gets a complete bath or not.
- It is important to use a clean area of the washcloth for each wipe because reusing the same area can **cause infection**.
  - As you wipe from front to back, the wash cloth picks up bacteria. If you wipe again with the contaminated section of the washcloth, you are dragging that bacteria to the urethra where it can enter the opening, migrate up to the bladder, and cause infection.
- Observe for redness, white discharge, pain, or foul odor. Report any of these abnormal observations to the nurse right away!

# EFFECTS OF AGE ON THE RENAL SYSTEM

Just as in other parts of the body, age has an effect on the urinary system.

## KIDNEY FUNCTION DECREASES:

- Half the nephrons (the functional unit of the kidneys) are lost between the ages of 40 and 70 years.
- Between the ages of 30 and 90, the size and weight of the kidneys decrease by as much as 30 percent.
- The kidneys usually remain functional at the decreased level unless they are stressed by another illness such as high blood pressure or diabetes.

## THE BLADDER AND URETHRA ARE ALSO AFFECTED BY AGE:

- In women, the decrease in estrogen that occurs with menopause causes the walls of the bladder and the urethra to become less elastic. And, the muscles that support the bladder begin to relax.
- This causes older women to be more likely to have bladder infections and urinary incontinence.
- In men, the prostate gland begins to enlarge. The prostate surrounds the urethra so, as it enlarges, it can *restrict* the flow of urine coming from the bladder.
- This can cause difficult or painful urination, as well as bladder infections.
- In both men and women, there may be a weakening of the urinary sphincter. (This is the muscle that helps you “hold it” when you feel the urge to go, but need to wait.) This weakness can lead to stress incontinence.
- There may also be a decrease in the amount of urine the bladder can hold, leading to frequency (going more often) and nocturia (going often at night).

## CONSTIPATION PLAYS A ROLE:

- A common complaint in the elderly is constipation. And, frequent or severe constipation can affect the urinary system.
- Stool that builds up in the rectum can put pressure on the urethra and possibly even obstruct flow, leading to painful urinary retention and bladder infections.



# WHAT excites YOU?

## DID YOU KNOW:

- Hundreds of years ago, Native Americans used cranberries to treat bladder infections. Now research indicates that really does work!
- Yogurt with live active cultures can help prevent yeast infections caused by antibiotic usage.

What other natural remedies have you heard about?

Ask your clients and family members about home remedies they grew up hearing about or using.

Write down the interesting remedies you learn about and share them with your co-workers and supervisor!

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# UNDERSTANDING THE URINARY TRACT INFECTION

## WHAT IS A URINARY TRACT INFECTION?

A urinary tract infection, or UTI, develops when bacteria invade the urinary tract and multiply.

Harmful bacteria usually enter the urinary tract through the urethra because this area is open to the outside of the body. The result is redness, swelling, pain, discharge, and possibly a foul, "fishy" odor.

If a UTI is not treated promptly, the bacteria can move up to the kidneys and cause a more serious kidney infection.

## WHO IS AT RISK?

- Women tend to get UTIs more easily than men do. The urethra in females is *shorter*, making it easier for bacteria to reach the bladder.
- People with diabetes may be more likely to get UTIs because their bodies are unable to fight off the bacteria like they should.
- A male client with an enlarged prostate gland may have blocked urine flow, which can cause a UTI.
- Anyone with an indwelling catheter is at high risk of developing a UTI.

## COMMON SYMPTOMS OF UTI INCLUDE:

- Urgency - An urgent need to urinate, often with only a few drops of urine to pass.
- Pain - A burning feeling during urination, or lower abdominal pain.
- Abnormal Urine - Cloudy or blood-tinged urine, or urine with a strong odor.
- If the infection has spread to the kidneys, your client may have a fever, nausea, vomiting, and complain of pain in the lower back.
- You may also notice behavioral changes in your elderly clients. Sometimes this is the only indication that something is wrong. A UTI can cause agitation, confusion, and restlessness.



## HOW IS A UTI TREATED?

- Common, uncomplicated UTIs usually respond well to oral antibiotics.
- Some clients with more serious infections, or recurrent infections, may need IV antibiotics.
- Doctors may also prescribe pain medication if the pain and discomfort become severe.



## HOW YOU CAN HELP:

- It's much easier to prevent a UTI than it is to treat it.
- Providing excellent perineal care is one of the most important things you can do to help prevent urinary tract infections.
- Clients on antibiotics may develop upset stomach, diarrhea, and even a yeast infection as a side effect of the antibiotic.
- Be sure your client drinks plenty of fluids, including cranberry juice.
- Be prepared for more frequent trips to the bathroom!
- Yogurt with live active cultures can help prevent diarrhea and yeast infections.



# UNDERSTANDING URINARY CATHETERS

## WHO GETS CATHED?

There are several reasons a client may have a catheter. Some common reasons include:

- **Urinary retention** where the client is unable to empty the bladder.
- **Surgical procedures** that may limit movement for a period of time.
- **Accurate monitoring** of input and output.
- **Enlarged Prostate** which impedes urinary output.

Because of the documented risk for infection, healthcare providers are moving toward a more conservative approach to catheterizing. It is often used as a last resort, and only when absolutely necessary.

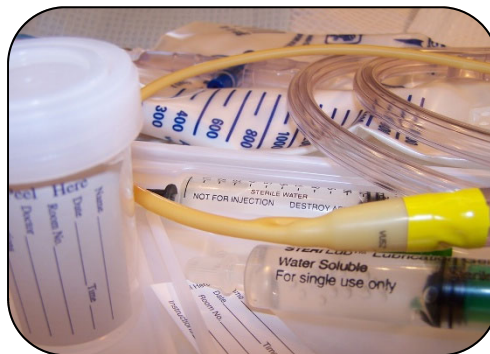
- Urinary incontinence alone is *never* a reason to catheterize someone. While a catheter may be convenient for the staff, the risk of infection, and the damage it can cause, far outweigh the benefits.

## TYPES OF CATHETERS

- **Indwelling Catheters** - Indwelling catheters are those that stay in place for a certain length of time. The Foley Catheter is an example of an indwelling catheter.

Indwelling catheters consist of a flexible tube that is inserted into the urethra. The tube extends up into the bladder. A small balloon on the tip is inflated to keep the tube in place.

The tubing drains urine from the bladder into a bag where it can be measured and observed for abnormalities on a regular basis.



- **Straight Catheters** - Straight caths, also known as "In and Out" catheters are used for temporary relief from urinary retention.

The tube is inserted through the urethra into the bladder. Urine is drained, measured, and observed; then the tube is removed.

There is less risk of infection with straight catheters, but the risk is not completely removed. Sterile technique is very important to ensure that no bacteria are introduced into the urinary system during catheterization.

Some clients may be used to cathing themselves this way if they have had a chronic problem.

A straight catheter may also be used to obtain a sterile urine specimen for laboratory tests.

- **Condom Catheters** - A condom catheter is a temporary, non-invasive catheter for men only.

The condom cath is a condom that is placed over the penis and secured in place with adhesive. The condom is attached to tubing which drains the urine into a bag.

Condom catheters carry the least risk of infection and may be used as a solution for urinary incontinence in the male client who does not have any other problems, such as urinary retention or enlarged prostate.

## A BIT OF HISTORY

- The word "catheter" is Greek. It means to *let* or *send down*.
- Catheterization has been used to relieve urinary problems for thousands of years.
- Many materials have been used to form the tube of the

catheter including straw, rolled up palm leaves, and long, thin dried leaves of gold, silver, copper, brass or even lead! Ouch!



## CARING FOR CATHETERS

Caring for a client with an indwelling catheter requires a few key tasks on the part of the CNA. These tasks include:

- **EMPTYING THE BAG** - The urinary drainage bag should be emptied at least once on every shift. It should always be emptied before becoming more than 3/4 full.

If the bag is allowed to become too full, urine could back up in the tubing and drain back into the bladder.

It's best to make a habit of draining the bag either at the beginning or end of your shift. That way, you can accurately report the output over the duration of your work day.

- **MEASURING THE OUTPUT** - You are looking for a minimum of 30ml of output per hour. So, a typical client should put out at least 240 ml of urine on a typical eight hour shift.

Remember 30 ml per hour is a minimum. That means it may be more and that's okay . . . but it should NOT be LESS!

If you notice you client is putting out less than 30ml per hour, check the tubing for kinks. Make sure the client is not laying on the tubing and cutting off the flow. If no visible obstructions are found, notify the nurse immediately!

- **ASSESSING THE URINE** - As you empty the bag and measure the output, you can make a few important assessments.

Note the color of the urine. Is it clear, straw, yellow, amber, red, or brown?

Also assess the clarity. Notice if the urine is clear or cloudy. Is there sediment, or small particles, floating in it?

And finally, notice the odor. Is it normal, strong, or foul smelling?

**Report Your Findings** - Once you empty the bag, measure the output, and assess the urine, document your findings per your employer's protocol.

If any of your findings are abnormal, report verbally to the nurse right away in addition to your documentation.

- **POSITIONING** - The drainage bag should always remain *below* the level of the bladder. This is particularly important to pay attention to when the client is ambulating or being transferred.

If the bag is raised above the level of the bladder, the urine will backflow into the bladder. This can be painful and can cause infection.

The tubing should be secured to the upper thigh with either a leg strap or tape to keep it from being tugged or pulled out of the bladder.

The tubing should be coiled loosely, without kinks, and placed toward the foot of the bed where the client cannot lay on it and obstruct flow.

- **CLEANING** - Peri-care for the client with a catheter is the same as routine peri-care of other clients with one added step—cleaning the tubing.

To clean the catheter tubing, hold the tubing firmly at the point of insertion with one hand. With your other hand, clean at least *the first four inches* of the tubing with a soapy washcloth.

Use a clean area of the wash cloth for each swipe of the tubing, and move in only one direction (away from the body). Rinse with clean water in the same manner. Dry the tubing and the perineal area completely.





# BLADDER RETRAINING

Sometimes incontinence is a temporary symptom of an illness or injury and can be reversed. If bladder retraining is ordered, follow the plan outlined for your client.

Usually, bladder retraining consists of taking the client to the bathroom at regular intervals and keeping an accurate ongoing record of bowel and bladder patterns.

## KEGEL EXERCISES

- Kegel exercises help strengthen the muscles that help you "hold" urine when the bladder becomes full.
- The best way to teach a client how to do kegel exercises is to have them try to stop the urine mid-stream. Explain that the muscle contraction needed to stop the urine is the actual exercise. Then, ask the client to try to do that same muscle contraction while just sitting and watching TV, or standing in the kitchen.
- Ask your supervisor if you need more information on kegel exercises.

## REGULAR TRIPS TO THE BATHROOM

- Have your client start the day with a trip to the bathroom. Most people have to urinate as soon as they wake up in the morning.
- Write down the time of the first morning urine and make a note of whether the client was able to make it through the night and stay dry.
- Set a timer for one hour from the first morning urine. Take the client to the bathroom when the timer goes off, *even if there is no urge to urinate*. Make a note if urine was produced.
- Again, set the timer for one hour. Take the client to the bathroom every hour for a few days.
- After a few days of going every hour, you should notice a pattern. You can cut back on the trips to the bathroom to every two or three hours, depending on your client's particular pattern.



## SOME PRACTICAL BLADDER RETRAINING TIPS

- Always encourage your client to completely empty the bladder with each trip to the bathroom.
- Provide privacy. Knowing someone is watching or listening makes urination difficult, if not impossible!
- Encourage clients to drink plenty of fluids. Withholding fluids may mean fewer trips to the bathroom, but it will not solve the problem of incontinence.
- If your client has difficulty getting urine started, run the water. Leaning forward and/or placing pressure on the bladder may also help.
- Remember: just because your client is learning to use the toilet independently does not mean you should stop helping with perineal care.
- Always assess perineal hygiene and assess skin for breakdown.
- Never rush your client, show frustration or anger. Incontinence is embarrassing and frustrating enough. Your patience and support is all that is needed.
- Never punish, yell, or mock a client for having an "accident." Treat the problem very matter-of-factly. Clean up the mess and reassure your client that it is nothing to be ashamed or embarrassed about.
- Since your client will be spending a LOT of time in the bathroom, create a clean and relaxing environment. Clean the room on a regular basis to eliminate odors. Put out hand soaps and towels. Make sure the lighting is good.
  - Take time to review the successes of the day and praise your client's efforts at bladder retraining.

## FACTS & TIPS ON PERINEAL CARE

### INTERESTING FACTS

- In women, the *perineum* goes from the vagina to the anus. In men, it is the area from the scrotum to the anus.
- Physicians often describe the perineal muscles as “diamond shaped,” made up of two *triangles*, the urinary-genital triangle in the front and the anal triangle in the back.
- The pelvic muscles (called the “pelvic floor”) play an important role in movement, balance, and good body posture.



- Weak pelvic floor muscles can result in incontinence, prolapsed organs, poor posture, back problems, and imbalance.

### DID YOU KNOW?

- **On average, skin is only 1/20 of an inch thick. Yet, it contains nerves, blood vessels, hair follicles, glands, and sensory receptors.**
- **The average human being has about 300 million skin cells.**
- **Skin is constantly renewing itself, from the bottom layer up.**
- **A new layer of skin replaces the old layer approximately every 27 days, so each of us gets about 1,000 new outer layers of skin during our lives.**
- **Humans shed thousands of skin particles every hour. Throughout a lifetime, most people lose about 50 pounds of skin!**

### HELPFUL TIPS

#### **Remember the number one rule of perineal care...always go from *clean to dirty!***

- Remember to maintain the client’s dignity at all times. Cover the client as much as possible. Pull the curtain around the client’s bed and/or shut the door to the room before beginning perineal care.
- If your client is in a hospital or adjustable bed, remember to raise it to a good working level for you.
- Putting warm water on the perineal area may trigger the need to urinate, so offer your client a bedpan/urinal or assist him or her to the bathroom before starting.
- Remember that the perineal area is more sensitive to temperature than the rest of the body. You may want to use water that is slightly cooler than regular bath water.
- Raising the hips with a towel or padded bedpan may help you visualize the area better.
- Be very gentle when washing the delicate perineal area. (If your client is elderly, his or her skin is more fragile than a younger person’s.)
- Be sure to rinse any soap off the skin thoroughly. If soap is left on the perineum, it can be extremely irritating.
- Be sure to leave the client in a comfortable position after perineal care is complete.



## FINAL THOUGHTS ON PERINEAL CARE

- No one enjoys caring for other people's perineal area. And your clients don't enjoy having to rely on you to do it, either. But, this very personal care is a critical element in the overall health of your client.
- Keeping the perineal area clean and dry eliminates the risk of infection, skin breakdown, and pressure injuries. It also alleviates the discomfort and embarrassment that comes from unpleasant odors and wetness.
- Make perineal care your habit. Every client needs perineal care *everyday*. And, incontinent clients need it after every urination or bowel movement.
- Use of incontinence products like pads or briefs work to keep bedding and clothing clean. But, they also keep urine and stool in constant contact with the skin. Over time, this can damage the skin. It's important to continuously monitor your incontinent client and keep the skin clean and dry.

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***"The length of a film should be directly related to the endurance of the human bladder."  
~ Alfred Hitchcock***

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- Be sensitive to your incontinent client's feelings. Never show anger or impatience at having to clean up a messy bed or change a dirty gown. No one wants to urinate or stool uncontrollably. It's embarrassing. Your judgment will not help.
- Never punish a client for having an "accident."

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***"I don't need you to remind me of my age. I have a bladder to do that for me."  
~ Stephen Fry***

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- Remain patient and positive during bladder retraining. It can take up to six weeks to regain full control.



**GET OUT!**  
*Think outside the box!*

*Working with clients in the home often requires coming up with creative solutions to common problems.*

### THE PROBLEM:

- You are assigned to care for a client with mild but progressive dementia who is having trouble remembering to go to the bathroom on her own.
- She has moments when she can express the need to urinate or have a bowel movement, but can also go hours without asking for help—until she eventually has an accident.

### WHAT YOU KNOW:

- This client lives with her daughter and son-in-law. Someone is usually at home with her.
- The daughter is growing tired and stressed from cleaning up the "accidents" and asks for your advice.

### GET CREATIVE:

- Think of **three creative solutions** you could try to help your client and her daughter through this difficult situation.

### TALK ABOUT IT:

- Share your ideas with your co-workers and supervisor and find out how they would solve the problem.



*A Client Care Module:*  
**Perineal & Catheter Care**

EMPLOYEE NAME  
 (Please print):

\_\_\_\_\_

DATE: \_\_\_\_\_

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

\_\_\_\_\_

**Inservice Credit:**

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

***File completed test in employee's personnel file.***

***Are you "in the know" about perineal and catheter care? Circle the best choice. Then check your answers with your supervisor!***

- 1. True or False**  
The number one healthcare-associated infection is the UTI.
- 2. True or False**  
The main function of the renal system is to rid the body of waste.
- 3. True or False**  
When providing perineal care, you should wash the anal area first to avoid dragging germs to the cleaner areas.
- 4. True or False**  
Cleaning the perineal area every day is not necessary; it only causes irritation.
- 5. Harmful bacteria that cause urinary tract infections usually enter the body through the:**
  - A. Ureter.
  - B. Vagina.
  - C. Urethra.
  - D. A break in the skin.
- 6. True or False**  
Age has no effect on the urinary system.
- 7. A client with a UTI may have all the following symptoms, EXCEPT:**
  - A. Back and abdominal pain.
  - B. Urgency.
  - C. Excessive thirst.
  - D. Agitation and confusion.
- 8. True or False**  
Urinary incontinence is a good reason to catheterize someone.
- 9. True or False**  
The minimum amount of urine output that is considered acceptable is 30 ml/hr.
- 10. True or False**  
Catheter tubing should always be kept above the level of the bladder.

