

居家病人存留導尿管護理指導【英文版】

Nursing Guidelines for In-Dwelling Urinary Catheter

壹、放置存留導尿管的目的？

因病人長時間無法自行排尿，需要放置導尿管，幫助尿液的排出。導尿管留置須執行導尿管的照護，以達預防泌尿道感染。

I. The Purpose

Urinary catheter is placed because the patient has difficulty draining the urine by him/herself. In-dwelling urinary catheter requires extra care and maintenance to prevent urinary track infection.

貳、準備用物

溫水、水壺、水、尿布或看護墊。

II. Prepare items

Lukewarm water, kettle, water, diaper or pad

參、存留導尿管護理方法

III. Nursing techniques for Urinary Catheter

一、洗手。

1. Wash hands.

二、將尿布或看護墊放在病人的臀部下。

2. Place the diaper or pad under the hip of patient.

三、一手拿水壺，由上往下慢慢將水倒在會陰部位置，進行尿道口清潔，清潔時要注意尿道口與尿管接觸的部位，女性要撥開陰唇，男性要撥開包皮。

3. Hold the kettle with one hand and slowly pour the water from top to the perineum area to clean the urethral orifice. Note for the area in contact with the urethral and catheter during the cleaning process. Be sure the clean inside the labia for female and foreskin for male.

四、女性尿管固定在大腿內側上 1/3 處，男性需固定於腹部或大腿上方。

4. Secure the catheter on the area 1/3 from the inner thigh for female and on the abdomen or upper thigh for male.

五、每天至少執行一次，分泌物多需增加清洗次數。

5. Execute at least once a day and increase the number of cleansing in case of increasing discharge.

肆、注意事項：

IV. Precautions:

一、導尿管是插入病人膀胱，以水球固定於膀胱，故管路應適當以膠布或棉繩固定於大腿或下腹部，避免拉扯造成尿道損傷發炎(如圖一)。

1. Urinary catheter is inserted into the bladder with a retention balloon that keeps the catheter in place in bladder. The catheter should be secured on the patient's thigh or lower abdomen with medical tape or cotton rope to prevent pulling that could lead to damage and irritation of the urethral opening (Fig.1).

二、為了避免感染及尿管阻塞，每日攝取水份需約 2500~3000c.c，或予補充維他命 C / 酸性果汁 (例：蔓越莓汁)。

2. To prevent infection or urethral obstruction, patients are recommended to consume around 2,500 c.c.-3,000 c.c. of water or take vitamin C or drink acidic juice such as cranberry juice.

三、尿管應避免受壓、扭曲，每日擠捏尿管數次以防阻塞(如圖二)。

3. Avoid compression and twisting to the catheter. Squeeze the catheter a few times every day to prevent blockage (Fig. 2).



圖一 Fig. 1



圖二 Fig. 2



四、尿袋積尿不可太多，每日至少倒尿 2~3 次，使尿量不超過尿袋的 1/2 ~2/3(如圖三)。

4. Do not wait until the collection bag is completely full. Empty the bag at least 2-3 times a day, keeping the amount of urine within 1/2 - 2/3 of the amount of collection bag (Fig. 3).



圖三 Fig. 3

五、尿袋要放置於低於膀胱的位置，以防尿液回流造成發炎，但嚴禁置於地面(如圖四)。

5. Keep the collection bag below the level of the patient's bladder to prevent back flow of urine and inflammation. Never keep the collection bag on the floor (Fig. 4).



圖四 Fig. 4

六、出血怎麼辦？

可能是新的尿管受刺激或不小心中拉扯到尿管，若少量即停止，則多給予水分；若大量出血則與居家護理師連絡或緊急送醫。

6. What if there is bleeding?

This could result from stimulation caused by inserting a new catheter or accidentally pulling the catheter. If it's only minor bleeding and it stops right away, supplement the patient with

water; if the bleeding is continuous or heavy, call the home care nurse or send the patient back to the hospital immediately.

七、滲尿怎麼辦？

可能是尿管阻塞或管子大小不符或拉扯成緊張或便秘，視情況予以處理再觀察滲尿情況，適時與居家護理師連絡。

7. What if the catheter is leaking?

This could result from catheter blockage, wrong catheter size, or tension or constipation caused by pulling of the catheter.

Manage the problem and continue observing the leaking.

Keep in touch with the home care nurse.

八、尿管若不慎滑出可暫時包尿布，觀察 6~8 小時是否有自解小便，再予居家護理師連絡，若仍無自解小便，上班時間安排居家護理師臨訪，非上班時間家屬自行協助就醫處理。

8. If the urinary catheter falls out, caregiver can replace the catheter with diaper temporarily. Check if the patient urinates by him/herself within the next 6-8 hours, and then contact the home care nurse. If the patient does not urinate by him/herself and it's during working hours, arrange a non-scheduled visit from home care nurse; if it's during non-working hours, family member has to send the patients to the hospital.

伍、如何執行存留導尿管膀胱訓練：

V. How to perform bladder training on patients with in-dwelling urinary catheter

一、需經醫護人員同意才可開始做膀胱訓練。

1. Do not perform bladder training without the paramedic's consent.

二、在無禁忌下，訓練期需每小時攝取水份至少 100c.c，包含開水、果汁、湯、水果等。

2. Under no specific restrictions, intake at least 100 c.c. of

liquids such as water, juice, soup, and fruits during training.

三、選定訓練的時間，以管夾或橡皮筋夾住尿管，使膀胱達到蓄尿目的。

3. Set the time for training. Clamp the catheter using a catheter clamp or rubber band to let the bladder fill.

四、第一天由早上 8 點到晚上 8 點，每綁 2 小時放開 10~15 分鐘（若適應良好則繼續進行）。

4. On the first day, starting from 8am to 8pm, clamp the catheter for 2 hours at a time and loosen the clam for 10-15 minutes. (If the patient is doing well then continue the training.)

五、第二天，每 3 小時放開 10~15 分鐘（若適應良好則繼續進行）。

5. On the second day, clamp the catheter for 3 hours and loosen it for 10-15 minutes at a time. (If the patient is doing well then continue the training.)

六、第三天起，每 4 小時放開 10~15 分鐘（若適應良好則繼續進行）。

6. Starting from the third day, clamp the catheter for 4 hours and loosen it for 10-15 minutes at a time. (If the patient is doing well then continue the training.)

七、每次鬆開尿管時，應紀錄時間、尿量及病患有無尿意感。

7. Time, the amount of urine, and whether the patient feel an urge to urinate should all be kept in record when loosening the catheter every time.

八、若未達預定時間即感尿脹，則予開放尿管引流，並重新計時。

8. If the patient feels an urge to urinate before the designated time, loosen the catheter to drain the urine and reset the time.

九、觀察尿量是否減少、顏色變深、尿液混濁、有沉澱物及病人不適等反應，請與居家護理師連絡。

9. Observe the reactions such as decreased amount of urine, change in urine color, cloudy urine, urine sediment, or any

discomfort from the patient. If there is any of the above reactions, please notify the home care nurse.

陸、諮詢服務電話

(02)89667000 轉 2812 (居家護理)

(02)89669000 (預約掛號專線)

VI. Consulting service line

(02) 89667000 #2812 (Department of Home Care)

(02) 89669000 (Special line for appointment)

柒、參考資料

財團法人醫院評鑑暨醫療品質策進會(2017年12月)·侵入性醫療感染管制作業建議·取得網址

<http://www.jct.org.tw/FrontStage/page.aspx?ID=E9A8D435-51EA-42D5-ABBE-CDF673A56CB5&PID=C02C3BBF-A95F-445D-A914-D5F242FFDAA9>

亞東紀念醫院導尿管置放護理標準(W15000-01-049)。

VII. References

Joint Commission of Taiwan (December 2017). Suggestions on the Control of Invasive Medical Infections, retrieved from

<http://www.jct.org.tw/FrontStage/page.aspx?ID=E9A8D435-51EA-42D5-ABBE-CDF673A56CB5&PID=C02C3BBF-A95F-445D-A914-D5F242FFDAA9>

Nursing Standard for Catheter Placement in Far Eastern Memorial Hospital (W15000-01-049).

捌、複習一下

問題 1：() 為了避免感染及尿管阻塞，每日攝取水份需約 2500～3000c.c，或予補充維他命 C / 酸性果汁(例：蔓越莓汁)。

問題 2：() 尿袋只要放低於膀胱的位置，以防尿液回流造成發炎，若碰到地面是沒關係的。

問題 3：() 尿量若減少、顏色變深、尿液混濁、有沉澱物及病人不適、等，需反應給醫師或護理師。

正確答案

問題 1: O 問題 2: X 問題 3: O

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VIII. Quick Quiz

- Q1:() To prevent infection or urethral obstruction, patients are advised to consume around 2,500 c.c.-3,000 c.c. of water or take vitamin C or drink acidic juice such as cranberry juice.
- Q2:() Keep the urinary drainage bag below the level of the patient's bladder to prevent back flow of urine and inflammation. It doesn't matter if it touches the ground.
- Q3:() If the urine volume is decreased, the color turns darker, the urine is cloudy, there is sediment and the patient is not well, it should be reported to the doctor or nurse.

Correct answer: Q1: True; Q2: False; Q3: True

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