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REGULAR FEATURE

Ujuzi (Practical Pearl/Perle Pratique)



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Ujuzi means skills in Swahili and is intended to be a regular feature for colleagues to share practical interventions, innovations and novelties that have proved useful in the management of patients in the prehospital environment or Emergency Centre. You can let Ujuzi know about your practical ideas by emailing practicalpearl@afjem.com.

The use of nasogastric tubes as urethral catheters in children

It can often be a challenge to obtain an appropriate sized Foley's catheter for infants in the paediatric emergency centre or neonatal intensive care units when the size 8 French Foley's catheter is too large. As a result weight monitoring of diapers often end up as a proxy to estimate urine output. One way to overcome this challenge is to use a small sized nasogastric tube or feeding tube; a size 4–8 will often be appropriate for catheterization [1].

Procedure

First remember that this procedure should be done with an aseptic technique. Therefore ensure that the feeding tubes came from a sterile package. Properly lubricate the feeding tube with lidocaine gel and insert the feeding tube just as you would a Foley's catheter. Tape the feeding tube to the groin of the infant about 3 cm from the urethra and secure it further with another tape on the thigh. Connect the urine bag to the distal end of the feeding tube (you may have to cut the distal end of the feeding tube and insert the end through the connector of the urine bag and tape it securely).

The feeding tube will drain urine in the same way as Foley's catheter.

Pitfall

There is a chance of dislodgment of the catheter by a very active infant since no balloon is inflated to keep it in place at the bladder neck. However, it is fairly easy to re-insert another feeding tube. Document clearly in the notes that a feeding tube was used for catheterization and ensure that nursing staff is aware.

Conflict of interest

The authors declare no conflict of interest.

Reference

 Nazarko L. Intermittent self catheterisation: past, present and future. Br J Community Nurs 2012;17(9), 408,410-12.

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