OSCE checklist for female catheterisation

An OSCE checklist for female catheterisation covers checking the indication and allergies, consent, a chaperone and privacy, aseptic technique, cleaning the urethral area, inserting the catheter until urine flows, inflating the balloon, connecting a closed drainage bag and recording the result.

OSCE checklist for female catheterisation: steps to practise

1. Check the indication and the catheter type and size in the notes. Clean your hands, introduce yourself and confirm the patient's name and date of birth against the wristband.
2. Explain the procedure, gain consent, and offer a chaperone. Ask about allergies, including latex, chlorhexidine and local anaesthetic gel. Close the curtains and keep her covered.
3. Collect a sterile catheter pack, the catheter, sterile gloves, the cleaning solution your policy uses, a single-use sterile lubricant or anaesthetic gel, a prefilled syringe of sterile water for the balloon, a drainage bag and a waterproof pad. Check the packaging and expiry dates.
4. Position her on her back with knees bent and apart, and place the pad. Clean your hands, put on an apron and clean gloves, and wash the perineum if needed. Remove gloves and clean your hands.
5. Open the pack with an aseptic non-touch technique and put on sterile gloves.
6. Separate the labia with the non-dominant hand and clean around the urethra from front to back, using each swab once. Keep the labia apart until the catheter is in.
7. Apply the lubricant or gel as your policy says. Insert the catheter gently until urine flows, then advance it a little further so the balloon is in the bladder. If it enters the vagina, leave it there as a marker and use a new sterile catheter.
8. Inflate the balloon with the volume of sterile water stated on the catheter. Stop and deflate if she has pain, and get help. Then withdraw gently until you feel resistance.
9. Connect the closed drainage bag, secure the catheter to the thigh, and hang the bag below bladder level and off the floor.
10. Dispose of waste, remove gloves and clean your hands. Record the indication, consent, date, catheter type, size, batch and expiry, balloon volume, residual urine and any problems. Report no urine, bleeding or pain.

What candidates commonly forget

- Not checking allergies, including latex and chlorhexidine
- Not offering a chaperone
- Contaminating the catheter after cleaning
- Inflating the balloon before urine flows
- Re-using a catheter that entered the vagina
- Placing the bag above the bladder or on the floor
- Not recording the size, batch and balloon volume

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy. Check which cleaning solution, lubricant and catheter type your own policy uses.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try Removing a urinary catheter after knee surgery. Back to the medical surgical nursing OSCE page: medical surgical nursing OSCE, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for female catheterisation?

Check the indication and allergies, gain consent, offer a chaperone, use aseptic technique, clean the urethral area front to back, insert until urine flows, inflate the balloon, connect a closed bag below the bladder and record.

What if I do not see urine?

Do not inflate the balloon. Check the position, wait and ask for help. Never force the catheter.

What if the catheter goes into the vagina?

Leave it in place as a marker, and insert a new sterile catheter into the urethra.

How do I reduce the risk of infection?

Use aseptic technique, clean hands, a closed drainage system, and remove the catheter as soon as it is not needed.

Sources

- NHS: urinary catheters
- NICE CG139: infection prevention and control

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.