OSCE checklist for male catheterisation

An OSCE checklist for male catheterisation covers checking the indication and allergies, consent, a chaperone and privacy, aseptic technique, cleaning the glans, instilling gel, inserting the catheter until urine flows and then to the hub, inflating the balloon, replacing the foreskin and recording the result.

OSCE checklist for male 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 him covered.
3. Collect a sterile catheter pack, the catheter, sterile gloves, the cleaning solution your policy uses, a prescribed or policy-approved single-use lubricating gel, a prefilled syringe of sterile water for the balloon, a drainage bag and a waterproof pad. Check packaging and expiry dates.
4. Position him on his back with legs slightly apart and the pad below. Clean your hands, open the pack with an aseptic non-touch technique and put on sterile gloves.
5. Retract the foreskin if present, hold the penis with a sterile swab in the non-dominant hand and clean the glans and urethral opening as your policy says.
6. Instil the gel slowly into the urethra and wait for the time stated by the manufacturer.
7. Hold the penis upright and insert the catheter gently. If you feel resistance, ask him to breathe slowly or cough gently and keep steady pressure. Never force it.
8. When urine flows, advance the catheter almost to the hub so the balloon is well inside the bladder.
9. Inflate the balloon with the volume of sterile water stated on the catheter. Stop and deflate if he has pain, and get help. Withdraw gently until you feel resistance, and replace the foreskin to prevent paraphimosis.
10. Connect the closed drainage bag below bladder level, secure the catheter to the thigh, dispose of waste, remove gloves and clean your hands. Record the indication, consent, catheter details, batch and expiry, balloon volume, residual urine and any difficulty. Report no urine, bleeding or pain.

What candidates commonly forget

- Not checking allergies, including latex, chlorhexidine and anaesthetic gel
- Not offering a chaperone
- Forcing the catheter when there is resistance
- Inflating the balloon before urine drains or before advancing to the hub
- Forgetting to replace the foreskin
- Not recording the catheter details

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, gel 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 A catheter review in residential care. 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 male catheterisation?

Check the indication and allergies, gain consent, offer a chaperone, use aseptic technique, clean the glans, instil gel and wait, insert until urine flows then advance almost to the hub, inflate the balloon, replace the foreskin, connect and secure the bag and record.

Why advance the catheter further after urine flows?

Urine can flow while the balloon is still in the urethra. Inflating it there can cause serious injury, so advance almost to the hub first.

Why replace the foreskin?

Leaving it retracted can cause swelling that traps it behind the glans, called paraphimosis, which is painful and needs urgent care.

What if there is resistance?

Stop, do not force, and ask for help. Forcing can damage the urethra.

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.