

US012383364B2

(12) United States Patent Knapp et al.

(54) CATHETERIZATION PACKAGES AND METHODS THEREOF

(71) Applicant: C. R. Bard, Inc., Franklin Lakes, NJ (US)

(72) Inventors: Tracey E. Knapp, Snellville, GA (US);
Eric A. Rehm, Lawrenceville, GA
(US); Nick Austerman, Atlanta, GA
(US); Sarah Skelton, Atlanta, GA (US);
Caroline Bunn, Atlanta, GA (US);
Robert M. Hine, Covington, GA (US);
Brandt Davis, Milford, OH (US)

(73) Assignee: C. R. Bard, Inc., Franklin Lakes, NJ

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

This patent is subject to a terminal disclaimer.

(21) Appl. No.: 18/615,657

(22) Filed: Mar. 25, 2024

(65) **Prior Publication Data**

US 2024/0225771 A1 Jul. 11, 2024

Related U.S. Application Data

- (60) Continuation of application No. 17/982,288, filed on Nov. 7, 2022, now Pat. No. 11,937,955, which is a (Continued)
- (51) **Int. Cl.**A61B 50/30 (2016.01)

 A61B 50/33 (2016.01)

 (Continued)
- (52) **U.S. CI.**CPC *A61B 50/33* (2016.02); *A61M 25/002* (2013.01); *B29D 22/003* (2013.01); *B65B 5/02* (2013.01);

(Continued)

(10) Patent No.: US 12,383,364 B2

(45) **Date of Patent:** *Aug. 12, 2025

(58) Field of Classification Search

CPC ... A61B 50/33; A61B 50/30; A61B 2050/005; A61B 2050/3008; B65D 77/20; A61M 25/002; B65B 5/02; B65B 5/08 (Continued)

(56) References Cited

U.S. PATENT DOCUMENTS

935,419 A 9/1909 Smith 2,346,636 A 4/1944 Porter (Continued)

FOREIGN PATENT DOCUMENTS

CN 1511014 A 7/2004 CN 201823147 U 5/2011 (Continued)

OTHER PUBLICATIONS

"Arrow International, Inc. Introduces Maximal Barrier Precautions Tray", Press release. Jan. 11, 2006.

(Continued)

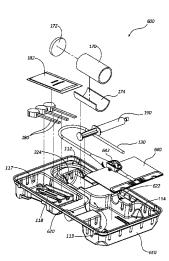
Primary Examiner — Steven A. Reynolds (74) Attorney, Agent, or Firm — Rutan & Tucker LLP

(57) ABSTRACT

An intermittent catheter package including a plurality of components and a catheterization tray configured to facilitate a catheterization procedure. The plurality of components include a urinary catheter fluidly connected to a urine-drainage bag and a sampling-port access device configured to fluidly connect to a urine-sampling port of the urinary catheter or the urine-drainage bag for aseptic collection of one or more urine samples.

The catheterization tray includes at least a first compartment, a second compartment, a third compartment, and a fourth compartment. The second compartment is connected to the third compartment Step-by-step surface instructions for performing the catheterization procedure are incorporated into the catheterization tray.

17 Claims, 8 Drawing Sheets



Related U.S. Application Data			4	,226,328	A	10/1980	Beddow	
					,256,225			Jackson
			No. 16/639,059, filed as ap-		,262,800			Nethercutt
			2019/028784 on Apr. 23, 2019,		,266,669			Watson
	now Pat. No.	. 11,490,9	983.		262,995			Gaba et al.
					,332,322			Jaeschke et al. Peterson
(60)	Provisional a	pplication	n No. 62/662,095, filed on Apr.		,366,901		1/1983	
` ′	24, 2018.	• •	•		268,130		3/1983	
	,				,458,705			Cawood
(51)	Int. Cl.				275,886			Sheward et al.
(01)	A61M 25/00		(2006.01)		276,462			Villarreal
	B29D 22/00		(2006.01)		277,508		2/1985	
	B65B 5/02		(2006.01)		,501,363			Isbey, Jr.
					,522,302			Paikoff
	B65B 5/08		(2006.01)		,523,679			Paikoff et al.
	B65D 77/20		(2006.01)		,530,349			Metzger Albon et al.
	A61B 50/00		(2016.01)		280,003			McLaughlin
(52)	U.S. Cl.				283,051			Fichera
	CPC	B651	B 5/08 (2013.01); B 65 D 77/20		,595,102			Cianci et al.
			1B 2050/005 (2016.02); A61B		287,760		1/1987	Discko, Jr.
	`		2050/3008 (2016.02)		,767,008			Warnecke et al.
(58)	Field of Cla	ccification	` '		,795,441		1/1989	
(36)			206/571		,811,847			Reif et al.
					,828,113			Friedland et al.
	See applicali	on me io	r complete search history.		,844,259 ,858,821			Glowczewskie, Jr. et al. Bickelhaupt
(50)		D 6	Ct. 1		,925,448			Bazaral
(56)		Referen	ces Cited		,928,830			Brewer
	II C	DATENT	DOCUMENTS		,944,427		7/1990	Yamada et al.
	U.S.	FAIENI	DOCUMENTS		310,896			Winjum
	2,659,485 A	11/1053	Duley et al.		,989,733		2/1991	
	2,874,707 A		Koppel		,007,535			Meseke et al.
	2,947,415 A	8/1960			,024,326			Sandel et al. Fischer
	3,107,786 A	10/1963	Adelman		,098,391			Pantages et al.
	3,137,387 A		Overment	5	,163,557	A		Sokolowski
	3,138,253 A		Harautuneian		,170,804			Glassman
	3,144,932 A		Zerbo, Jr.		,174,306			Marshall
	3,166,189 A 3,324,855 A		Disston Heimlich		334,973			Valentine et al.
	3,329,261 A		Serany, Jr. et al.		337,830			Coyne et al.
	3,345,988 A	10/1967			,242,398)343,687			Knoll et al. Houghton et al.
	3,379,339 A		Asenbauer		,306,239			Gurmarnik et al.
	3,485,352 A	12/1969			,318,543			Ross et al.
	D218,077 S	7/1970			,322,163		6/1994	
	3,542,019 A	11/1970			,339,955			Horan et al.
	3,580,475 A D222,312 S	3/19/1 10/1071	Mobley Kurtz et al.	$\bar{\Gamma}$	351,661	S	10/1994	
	3,642,123 A	2/1972			353,078			Davis et al.
	3,650,393 A		Reiss et al.		,384,103		1/1995	Miller Harrison
	3,726,281 A		Norton et al.		,392,918			Latulippe et al.
	3,762,399 A	10/1973			,449,071		9/1995	Levy
	3,770,119 A		Hultberg et al.	5	,525,314	A		Hurson
	3,802,555 A 3,851,649 A	12/1974	Grasty et al.		,586,163			Goldstein
	D234,404 S	2/1975			,590,778			Dutchik
	3,901,235 A		Patel et al.		380,272			Partika et al.
	D237,315 S		Nowakowski		0387,177 0387,559		12/1997	Williamson
	D237,317 S		Nowakowski		,704,914			Stocking et al.
	3,965,900 A		Boedecker		,752,234			Withers
	3,967,728 A		Gordon et al.		,779,053			Partika et al.
	3,976,195 A 3,978,983 A	8/1976	Brezette		,810,738			Thomas, II
	3.981.398 A		Boshoff		,931,303		8/1999	
	D242,654 S	12/1976			,941,241		8/1999	
	3,998,221 A	12/1976			,947,284		9/1999 9/1999	
	D243,798 S	3/1977	Swartz		,947,890			Diamond
	4,011,944 A		Cooley et al.		,004,136			Ehrenpreis
	4,053,280 A		Salisbury		,012,586		1/2000	
	4,085,845 A	4/1978			,068,121			McGlinch
	D248,871 S D249,362 S		Forsman et al. Forsman et al.		,090,075		7/2000	
	4,116,227 A		Eisenberg et al.		,121,165			Mackey et al.
	4,140,127 A		Cianci et al.		,142,152			Gawarecki
	4,149,635 A	4/1979	Stevens		,158,437		12/2000	
	4,153,160 A	5/1979			0437,941			Frattini
	4,160,505 A		Rauschenberger		0442,697			Hajianpour Frattini
	4,170,300 A	10/1979	FICK	L	0445,198	3	7/2001	rratum

US 12,383,364 B2 Page 3

(56)	References Cited		8,628,549 B2		To et al.
11211	PATENIT	DOCUMENTS	8,631,935 B2 8,656,929 B2		Tomes et al. Miller et al.
0.5.1	AILIVI	DOCOMENTS	8,662,306 B2		Agrawal
D450,130 S	11/2001	Goldstein	8,678,190 B2	3/2014	Tomes et al.
D450,391 S		Hunt et al.	8,708,999 B2		Hong et al.
6,382,212 B1		Borchard	D704,856 S		Tomes et al.
6,405,863 B1		Dhindsa	D707,848 S 8,746,452 B2		Shigeno et al. Tomes et al.
6,412,639 B1	7/2002 9/2002		D708,347 S	7/2014	
6,454,097 B1 6,502,699 B1	1/2003		D708,759 S		Heyman et al.
D471,640 S		McMichael et al.	8,875,940 B2		Danchisin et al.
D471,641 S		McMichael et al.	D720,470 S	12/2014	
6,579,271 B1		Aruffo et al.	D720,471 S 9,084,593 B2		Angel et al. Yakel et al.
D480,816 S		McMichael et al. Franks-Farah et al.	D738,491 S		Foley et al.
6,640,976 B1 6,681,933 B1		Demsien et al.	9,162,781 B2	10/2015	
6,716,200 B2		Bracken et al.	9,186,217 B2	11/2015	
6,769,546 B2	8/2004		D751,726 S		Nishioka et al.
D495,491 S		Ramirez et al.	9,283,352 B2		Tomes et al.
D495,807 S		Agbodoe et al.	9,486,604 B2 9,522,001 B2		Murray et al. Bui et al.
6,793,078 B2 6,840,379 B2	9/2004	Franks-Farah et al.	9,522,753 B2		Tomes et al.
6,896,141 B2		McMichael et al.	9,693,756 B2		Tomes et al.
6,907,992 B2		McMichael et al.	9,744,333 B2		Terzibashian
6,910,581 B2		McMichael et al.	9,745,088 B2		Tomes et al.
6,915,901 B2		Feinberg et al.	9,795,761 B2 9,808,400 B2		Lockwood et al. Tomes et al.
6,926,708 B1 6,948,742 B2	8/2005 9/2005	Franks-Farah et al.	9,808,596 B2		Tomes et al.
6,959,808 B2		Discko, Jr.	9,872,969 B2		Conway et al.
6,991,096 B2		Gottlieb et al.	10,022,464 B2		Sarphati et al.
7,048,120 B2	5/2006		10,039,897 B2		Norris et al.
7,066,328 B2	6/2006		10,106,295 B2 10,251,812 B2		Lockwood Tomes et al.
7,100,771 B2 D530,920 S	10/2006	Massengale et al.	10,512,752 B2		Tomes et al.
7,131,965 B1		Thornbury et al.	10,639,120 B2		Turturro et al.
D547,064 S	7/2007		11,490,983 B2 *		Knapp B65B 5/08
D549,454 S	8/2007		11,738,171 B2 2002/0185406 A1	8/2023	Glithero et al. Massengale et al.
7,264,869 B2 7,278,987 B2	9/2007 10/2007	Tobita et al.	2002/0183400 A1 2003/0038475 A1	2/2003	
D557,047 S	12/2007		2003/0060761 A1		Evans et al.
D561,473 S		Phillips et al.	2003/0075474 A1		Moyer et al.
D563,673 S		Dretzka	2003/0159966 A1 2003/0159967 A1		McMichael et al. McMichael et al.
7,401,703 B2 7,410,053 B2		McMichael et al. Bowen et al.	2003/0159967 A1 2003/0159968 A1		McMichael et al.
7,410,033 B2 7,434,687 B2		Itou et al.	2003/0159969 A1		McMichael et al.
D579,662 S	11/2008		2003/0211627 A1		Koesterman et al.
7,491,176 B2	2/2009		2004/0004019 A1 2004/0055919 A1	1/2004	Busch Rowe et al.
7,494,487 B2	2/2009		2004/0060260 A1		Gottlieb et al.
D590,596 S D596,311 S	7/2009	Dretzka Antons	2004/0111072 A1		McKissick
7,624,869 B2	12/2009		2004/0161732 A1		Stump et al.
7,634,893 B2	12/2009	Gottlieb et al.	2004/0180822 A1		Grafton
D609,819 S		Tomes et al.	2004/0195145 A1 2004/0200754 A1	10/2004	Hagemeier
7,662,146 B2 D612,153 S	2/2010 3/2010		2004/0238391 A1	12/2004	
7,671,014 B2		Beals et al.	2005/0022822 A1		Santilli et al.
D613,418 S	4/2010	Ryan et al.	2005/0098470 A1		Davis et al.
D618,821 S	6/2010		2005/0101905 A1 2005/0101941 A1	5/2005	Hakky et al.
7,743,918 B2 7.785,312 B2		Itou et al. Thorne, Jr. et al.	2005/0236940 A1	10/2005	
D623,765 S		Tomes et al.	2005/0256453 A1	11/2005	Nagamatsu
D631,558 S		Harmston et al.	2005/0285385 A1		Bova et al.
D636,894 S		Tomes et al.	2006/0009742 A1 2006/0086634 A1	1/2006 4/2006	Solazzo
D638,137 S		Gross et al.	2006/0080634 A1 2006/0104857 A1		Pigott et al.
7,993,326 B2 D646,796 S	10/2011	Massengale et al. Walter	2006/0186010 A1		Warnack et al.
D650,912 S		Tomes et al.	2006/0205996 A1		Presthus et al.
8,128,595 B2		Walker et al.	2006/0224086 A1	10/2006	
8,177,064 B2		McCormick et al.	2006/0264822 A1 2006/0271019 A1		Nagamatsu Stoller et al.
D662,218 S 8,240,468 B2	6/2012 8/2012	Pittman Wilkinson et al.	2006/02/1019 A1 2006/0282045 A1		Wilkinson et al.
8,273,312 B2*		Porat B01L 3/502	2007/0026472 A1		Prokash et al.
		435/31	2007/0049806 A1	3/2007	Adams et al.
8,282,829 B2	10/2012		2007/0060908 A1		Webster et al.
8,448,786 B2		Tomes et al.	2007/0084742 A1		Miller et al.
D688,461 S 8,584,849 B2		Ambrefe, Jr. et al. McCaffrey	2007/0088330 A1 2007/0095699 A1	4/2007 5/2007	Frieze et al.
8,597,505 B2		Fulkerson et al.	2007/0142786 A1		Lampropoulos et al.
•					

US 12,383,364 B2 Page 4

(56) References Cited				216558 A1		Hughett et al.	
U.S.	PATENT D	I DOCUMENTS		231804 A1 232226 A1	8/2017	Miller et al. Loui et al.	
2007/0156000 41	5/2005 E			296282 A1 296283 A1		Turturro et al. Turturro et al.	
2007/0156099 A1 2007/0161971 A1	7/2007 Fo 7/2007 H			296284 A1		Turturro et al.	
2007/0197998 A1	8/2007 Ite			319183 A1		Tomes et al.	
2007/0225687 A1	9/2007 H			349305 A1 368302 A1		Tomes et al. Brooks et al.	
2007/0273258 A1 2007/0299431 A1	11/2007 Er 12/2007 Ia	rnst ikubowski et al.		001052 A1		Lockwood et al.	
2008/0045861 A1	2/2008 M	liller et al.		056030 A1*		Tomes	. A61B 50/30
2008/0058725 A1		cribner et al.)57196 A1)71043 A1		Tomes et al. Dacey et al.	
2008/0116106 A1 2008/0121553 A1	5/2008 La 5/2008 G	ampropoulos et al.		206933 A1		Healey et al.	
2008/0125722 A1	5/2008 H	ess et al.		221564 A1		Patel et al.	
2008/0172042 A1 2008/0221515 A1	7/2008 H 9/2008 N			263655 A1 151195 A1		Fjelland et al. Tomes et al.	
2008/0221313 A1 2008/0249482 A1	10/2008 E1	rez	2019/02	247137 A1	8/2019	Gallagher	
2008/0272023 A1		IcCormick et al.		353204 A1 360103 A1		Glithero et al. Knapp et al.	
2008/0283426 A1 2008/0283433 A1	11/2008 Pr 11/2008 Pr			883743 A1		Howell et al.	
2009/0026146 A1		arlisle et al.	2021/01	100978 A1	4/2021	Gohde	
2009/0076461 A1	3/2009 St			196922 A1 226310 A1		Hughett, Sr. Hughett, Sr.	
2009/0184026 A1 2009/0194453 A1		lassengale et al. horne, Jr. et al.		310795 A1		Hughett, Sr.	
2009/0208368 A1	8/2009 W	/aldrep et al.		390522 A1		Glithero et al.	
2009/0234346 A1		IcBride, Jr. et al.		108857 A1 198041 A1	4/2024 6/2024	Gohde Hughett, Sr.	
2009/0236259 A1 2010/0274205 A1	9/2009 H 10/2010 M			226502 A1		Chapman	
2010/0307941 A1	12/2010 To	omes et al.	2024/02	269427 A1	8/2024	Legaspi et al.	
2010/0307942 A1	12/2010 To			EODEIC	NI DATE	NIT DOCLIMENT	C
2010/0311026 A1 2011/0107494 A1	12/2010 To 5/2011 H			FOREIG	N PALE	NT DOCUMENT	8
2011/0120906 A1	5/2011 U	mholtz et al.	DE	2339	724 A1	2/1975	
2011/0155599 A1	6/2011 Ya		DE	102007003		12/2009	
2011/0203957 A1 2011/0232234 A1		oland et al. ockwood et al.	EP EP		561 A2 189 A1	11/2005 12/2006	
2011/0233079 A1	9/2011 M	lacinnes et al.	FR		274 A1	12/1999	
2011/0284410 A1	11/2011 Lo		FR		929 A1	2/2006	
2011/0290260 A1 2011/0290262 A1	12/2011 To 12/2011 To		GB JP	2365 S50149	342 A 175 A	2/2002 11/1975	
2011/0297147 A1	12/2011 Li	ick et al.	JР	2002136		5/2002	
2012/0145589 A1 2012/0150123 A1		facinnes et al. awrence et al.	JP JP	2005506		3/2005	
2012/0130123 A1 2012/0222686 A1		ockwood et al.	JР	2007229 2007319		9/2007 12/2007	
2012/0262039 A1		augbjerg et al.	JP	2010200	809 A	9/2010	
2012/0271161 A1 2012/0298114 A1	10/2012 Bi	uckberry andsman et al.	JP WO	2011520	578 A 5255 A1	7/2011 5/1991	
2013/0037440 A1	2/2013 D	anchisin et al.	wo		364 A1	3/1996	
2013/0042576 A1	2/2013 Sv		WO		942 A1	1/2002	
2013/0206623 A1 2013/0245496 A1	9/2013 Sp 9/2013 W	paargaren et al. Vells et al.	WO WO	2002083	078 A1	8/2002 10/2002	
2013/0269713 A1	10/2013 B	ui et al.	wo	2004005		1/2004	
2013/0277248 A1 2013/0277262 A1	10/2013 To 10/2013 N		WO	2005027		3/2005	
2014/0021087 A1	1/2014 A		WO WO	2007045	466 A1 943 A1	11/2006 4/2007	
2014/0039349 A1		loghe et al.	WO	2008033	873 A2	3/2008	
2014/0100551 A1 2014/0142465 A1	4/2014 H	olmstrom omes et al.	WO WO	2008139 2015057		11/2008 4/2015	
2014/0231287 A1	8/2014 To		wo	2017037		8/2017	
2014/0231288 A1	8/2014 To		WO	2018044	772 A1	3/2018	
2014/0262851 A1 2014/0263595 A1	9/2014 A 9/2014 Pa		WO WO	2018057 2018183		3/2018 10/2018	
2015/0048103 A1		anchisin et al.	wo	2018190		10/2018	
2015/0083627 A1	3/2015 G		WO	2019209		10/2019	
2015/0151017 A1 2015/0258304 A1	6/2015 Ti 9/2015 To		WO WO	2019246 2020235		12/2019 11/2020	
2015/0283354 A1	10/2015 O	lson et al.	WO	2021081	434 A1	4/2021	
2015/0335855 A1 2016/0166800 A1	11/2015 To 6/2016 To		WO	2022250		12/2022	
2016/0193444 A1		omes et al.	WO	2022265	999 A1	12/2022	
2016/0228676 A1*	8/2016 G	lithero A61M 25/002		OTI	TED DIT	BLICATIONS	
2016/0243332 A1	8/2016 Po 3/2017 Ra	ortela et al.		OH	ICK PU.	DLICALIONS	
2017/0056122 A1 2017/0056125 A1	3/2017 R3		"Uniting	the best of He	althcare" l	nttp://ghx.com/about	, last accessed
2017/0086746 A1	3/2017 O	fek et al.	2019.				
2017/0106165 A1	4/2017 H			,	atheter C	Care," Royal College	e of Nursing,
2017/0202699 A1 2017/0216557 A1	7/2017 Za 8/2017 Ka	anı et al. earns et al.	London (America		nfection C	Control. vol. 46 (201	8) SI6-67
							-,

(56)References Cited

OTHER PUBLICATIONS

Arrow, "Arrow Trauma Products" brochure, 2000.

AU 2014337176 filed Mar. 15, 2016 Examination Report dated Aug. 1, 2018.

Bardex I.C. Complete Care StateLock Device 350 ml Urine Meter Foley Tray with Bacteriostatic Collection System, Directions for Use; Dated 2006.

Bardex I.C. Infection Control 350 ml Urine Meter Foley Tray, Directions for Use; Dated 2006.

Bardex I.C. Infection Control Foley Tray, Directions for Use; Dated

C. R. Bard Urological Drainage, https://www.crbard.com/medical/ Professionals/Product-Concentrations/Urological-Drainage, last accessed

C.R. Bard, Inc; "A few important words about Catheter Care"; Dated 2001.

California Department of Public Health, "Catheter-Associated Urinary Tract Infection (CAUTI) Prevention" (2015).

CN 201480057141.5 filed Apr. 18, 2016 Office Action dated Dec. 4, 2018

Dept. of Health and Human Services, "Action Plan to Prevent Healthcare-Associated Infections." (2009).

Dobkin et al., "Myth and Measurement—The Case of Medical Bankruptcies," 378 New Eng. J. Med., 1076-78 (2018).

Ellen Elpern, et al., "Prevention of Catheter-Associated Urinary

Tract Infections in Adults," 36 Critical Care Nurse, 9 (2016). EP 14853869.7 filed Mar. 31, 2016 Extended European Search Report dated Aug. 4, 2017.

EP 14853869.7 filed Mar. 31, 2016 Office Action dated Mar. 13,

Foxman, B. "Epidemiology of Urinary Tract Infections: Incidence, Morbidity, and Economic Costs." The American Journal of Medicine, 113 Suppl 1A (2002).

Gould et al., "Catheter-associated Urinary Tract Infection (CAUTI) Toolkit," Centers for Disease Control and Prevention Devision of Healthcare Quality Promotion. (2009).

Gould et al., "Guideline for Prevention of Catheter Associated Urinary Tract Infections," Centers for Disease Control Healthcare Infection Control Practices Advisory Committee, (2009).

Greene, L. et al. "Guide to the Elimination of Catheter-Associated Urinary TractInfections (CAUTIs): Developing and Applying Facility-Based Prevention Interventions in Acute and Long-Term Care Settings," Association for Professionals in Infection Control and Epidemiology, (2008).

Jacobsen, S.M. et al., "Complicated Catheter-Associated UrinaryTract Infections Due to Escherichia coli and Proteus mirabilis", 21 Clinical Microbiology Reviews 1, 26-59 (Jan. 2008).

Jennifer A Meddings, "Implementing Strategies to Reduce Hospital-Acquired Catheter-Associated Urinary Tract Infection," Wound, Ostomy and Continence Nurses Society, www.catheterout.org, (Jun. 2010).

JP 2016-523921 filed Apr. 15, 2016 Office Action dated Jul. 11, 2018

Linda Kohn et al., eds., "To Err is Human: Building a Safer Health System," Institute of Medicine (US), (2000).

Lo, E. et al., "Strategies to Prevent Catheter-Associated Urinary Tract Infections in Acute Care Hospitals," Infection Control and Hospital Epidemiology. 29, S41-S50 (2008).

Madeo M. et al., "Reducing the risks associated with urinary catheters." Nursing Standard, vol. 23, No. 29, 47-55 (2009).

Male Catheter Insertion Video, Uploaded to YouTube on Feb. 7, 2008, Parts 1 and 2. https://www.youtube.com/watch?v=ISBAya 5clM (Last accessed Feb. 26, 2020).

Norman, Donald A., The Design of Everyday Things, 2002 ed. (Excerpt).

Ortega, R. et al. "Female Urethral Catheterization", N Engl J Med 2008; 358: e15. Apr. 3, 2008.

PCT/US14/60963 filed Oct. 16, 2014 International Search Report and Written Opinion dated Jan. 14, 2015.

PCT/US20/35371 filed May 29, 2020 International Search Report and Written Opinion dated Sep. 14, 2020.

PCT/US2017/027628 filed Apr. 14, 2017 International Search Report and Written Opinion dated Jul. 17, 2017.

PCT/US2018/025260 filed Mar. 29, 2018 International Search Report and Written Opinion dated Jun. 7, 2018.

PCT/US2019/038051 filed Jun. 19, 2019 International Prelliminary Report on Patentability dated Dec. 22, 2020.

PCT/US2019/038051 filed Jun. 19, 2019 International Search Report and Written Opinion dated Aug. 29, 2019.

PCT/US2022/029394 filed May 16, 2022 International Search Report and Written Opinion dated Sep. 21, 2022.

PCT/US2022/033271 filed Jun. 13, 2022 International Search Report and Written Opinion dated Oct. 13, 2022.

Raheem, "Application of Plastics and Paper as Food Packaging Materials" An Overview, 2017, Emirates Journal of Food and Agriculture, vol. 25, pp. 177-188 (Year: 2017).

Request for Inter partes Review of U.S. Pat. No. 8,631,935, filed Dec. 30, 2014.

Saint et al., "Catheter-Associated Urinary Tract Infection and the Medicare Rule Changes," Annals of Internal Medicine, Jun. 16,

Steultjens, M.P.M. et al., "Range of joint motion and disability in patients with osteoarthritis of the knee or hip," Rheumatology, Bristish Society for Rheumatology. (2000).

The Joint Commision on National Patient Safety, "2012 National Patient Safety Goals: Hospital accreditation Program." (2012).

Thomson et al. "Male Urethral Catheterization", N Engl J Med 2006; 354: e22. May 25, 2006.

Urological Drainage website, http://m.bardmedical.com/products/ urological-drainage/, last accessed 2019.

U.S. Appl. No. 15/029,613, filed Apr. 14, 2016 Final Office Action dated Apr. 10, 2019.

U.S. Appl. No. 15/029,613, filed Apr. 14, 2016 Non-Final Office Action dated Nov. 29, 2018.

U.S. Appl. No. 15/487,297, filed Apr. 13, 2017 Advisory Action dated Apr. 28, 2020.

U.S. Appl. No. 15/487,297, filed Apr. 13, 2017 Final Office Action dated Feb. 21, 2020.

U.S. Appl. No. 15/487,297, filed Apr. 13, 2017 Non-Final Office Action dated Apr. 5, 2019.

U.S. Appl. No. 15/487,297, filed Apr. 13, 2017 Notice of Allowance dated Oct. 2, 2020.

U.S. Appl. No. 15/487,297, filed Apr. 13, 2017 Restriction Requirement dated Jun. 11, 2020.

U.S. Appl. No. 15/487,297, filed Apr. 13, 2017 Restriction Requirement dated Nov. 29, 2018.

U.S. Appl. No. 16/497,770, filed Sep. 25, 2019 Advisory Action dated Dec. 12, 2022.

U.S. Appl. No. 16/497,770, filed Sep. 25, 2019 Advisory Action dated Jul. 27, 2023.

U.S. Appl. No. 16/497,770, filed Sep. 25, 2019 Final Office Action dated Jun. 7, 2023.

U.S. Appl. No. 16/497,770, filed Sep. 25, 2019 Final Office Action dated Sep. 23, 2022.

U.S. Appl. No. 16/497,770, filed Sep. 25, 2019 Non-Final Action dated Jan. 13, 2023.

U.S. Appl. No. 16/497,770, filed Sep. 25, 2019 Non-Final Office Action dated Jun. 1, 2022.

U.S. Appl. No. 16/497,770, filed Sep. 25, 2019 Notice of Allowance dated Sep. 22, 2023.

U.S. Appl. No. 16/639,059, filed Feb. 13, 2020 Non-Final Office Action dated Feb. 8, 2022.

U.S. Appl. No. 16/639,059, filed Feb. 13, 2020 Notice of Allowance dated Jul. 1, 2022

U.S. Appl. No. 16/639,059, filed Feb. 13, 2020 Restriction Requirement dated Oct. 13, 2021.

U.S. Appl. No. 16/943,902, filed Jul. 30, 2020 Notice of Allowance dated Apr. 5, 2023.

U.S. Appl. No. 16/943,902, filed Jul. 30, 2020 Restriction Requirement dated Nov. 1, 2022.

U.S. Appl. No. 17/058,067, filed Nov. 23, 2020 Non-Final Office Action dated Jul. 7, 2022.

(56) References Cited

OTHER PUBLICATIONS

U.S. Appl. No. 17/058,067, filed Nov. 23, 2020 Notice of Allowance dated Nov. 23, 2022.

U.S. Appl. No. 17/982,288, filed Nov. 7, 2022 Advisory Action dated Jul. 28, 2023.

U.S. Appl. No. 17/982,288, filed Nov. 7, 2022 Final Office Action dated Jun. 9, 2023.

U.S. Appl. No. 17/982,288, filed Nov. 7, 2022 Non-Final Office Action dated Aug. 28, 2023.

U.S. Appl. No. 17/982,288, filed Nov. 7, 2022 Non-Final Office Action dated Feb. 22, 2023.

U.S. Appl. No. 17/982,288, filed Nov. 7, 2022 Notice of Allowance dated Nov. 15, 2023.

U.S. Appl. No. 18/126,879, filed Mar. 27, 2023 Notice of Allowance dated Nov. 2, 2023.

U.S. Appl. No. $18/207,\!075,\, filed Jun. 7,\,2023$ Notice of Allowance dated Aug. 11, 2023.

U.S. Appl. No. 18/236,331, filed Aug. 21, 2023 Non-Final Office Action dated Mar. 5, 2024.

EP 24176270.7 filed May 16, 2024 Extended European Search Report dated Sep. 26, 2024.

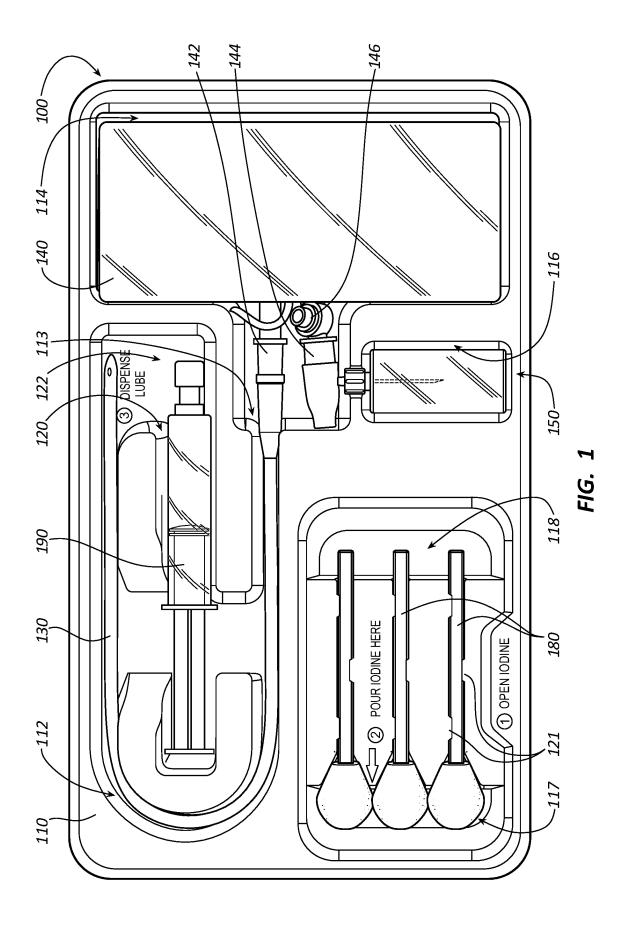
 $PCT/US2019/028784 \ filed \ Nov.\ 23,2020 \ Extended \ European \ Search \ Report \ dated \ May\ 31,\ 2021.$

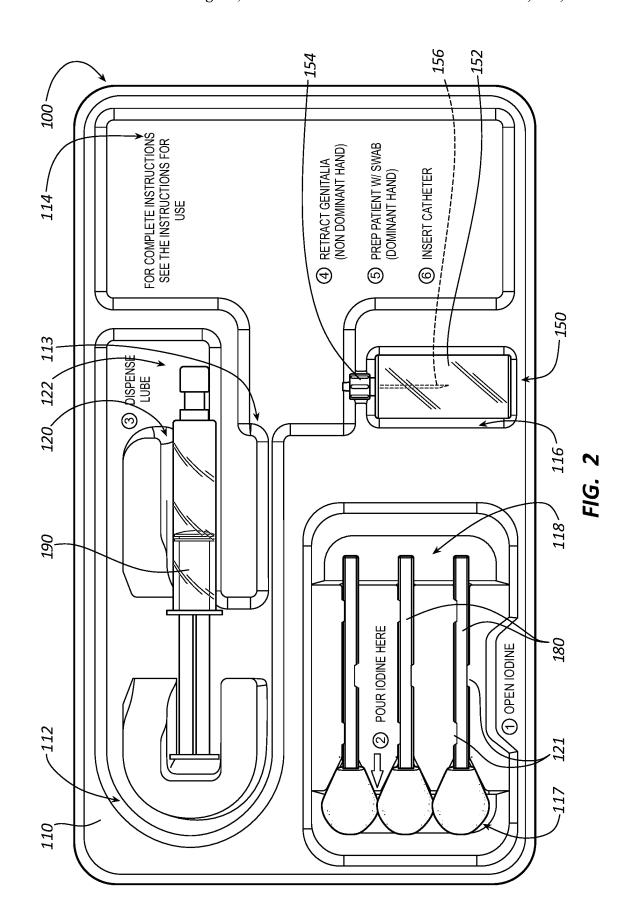
U.S. Appl. No. 18/236,331, filed Aug. 21,2023 Notice of Allowance dated Aug. 7,2024.

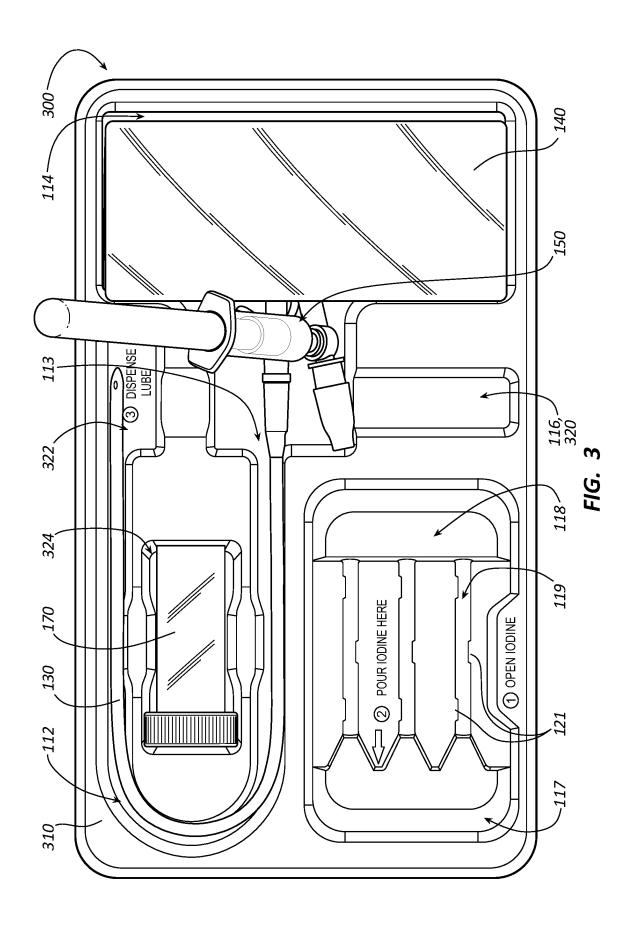
U.S. Appl. No. 18/536,972, filed Dec. 12, 2023 Non-Final Office Action dated Jul. 19, 2024.

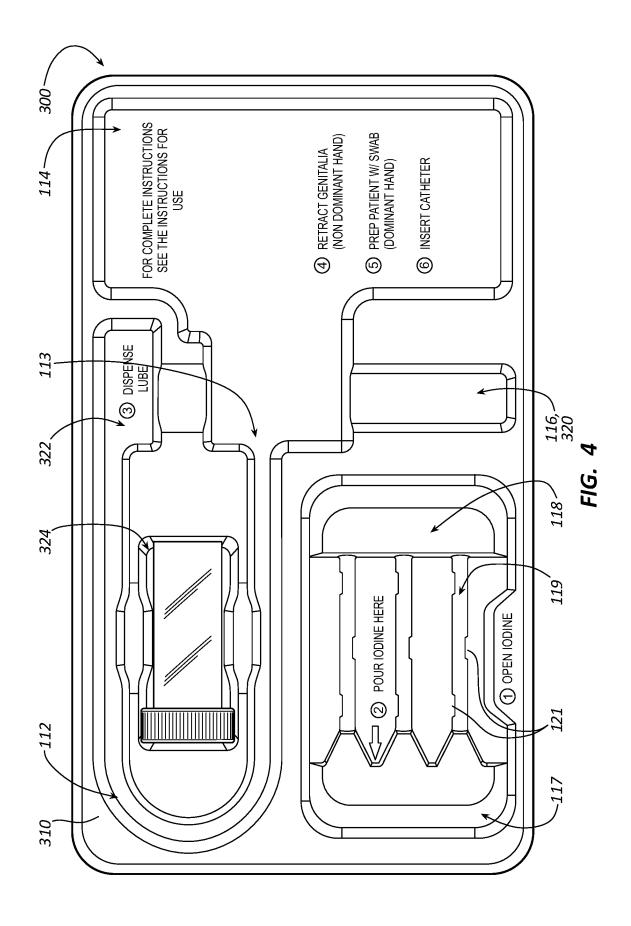
U.S. Appl. No. 18/593,701, filed Mar. 1, 2024 Notice of Allowance dated Oct. 29, 2024.

^{*} cited by examiner









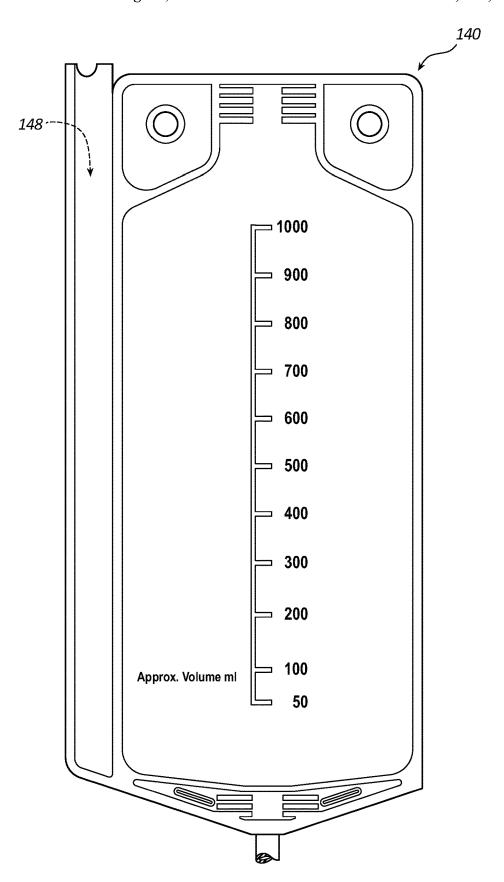


FIG. 5

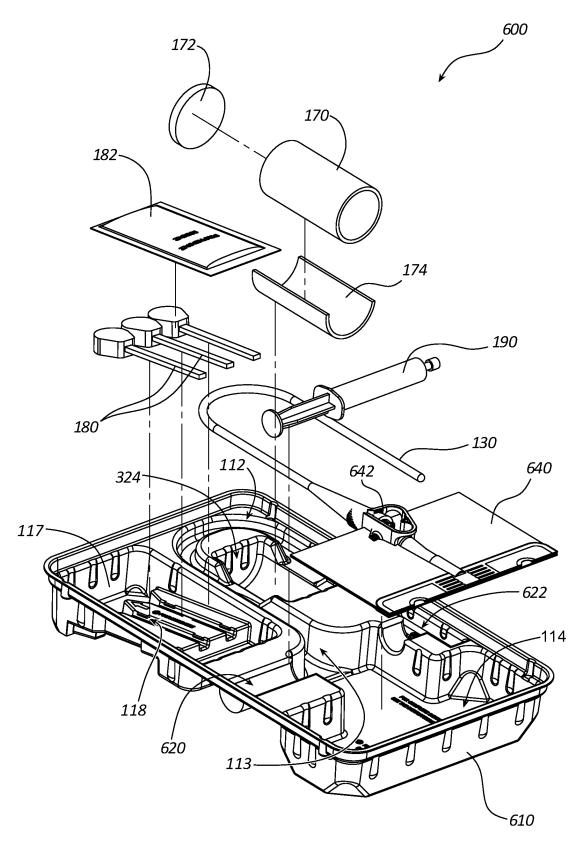
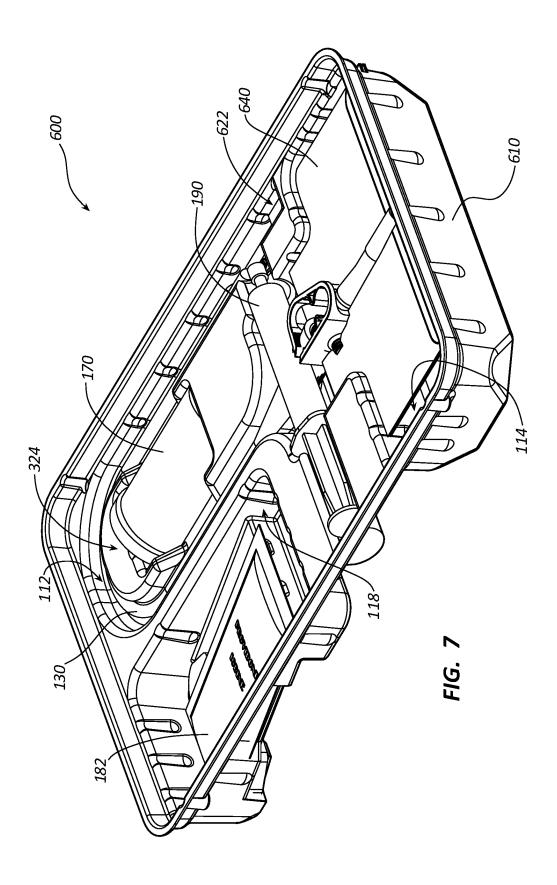
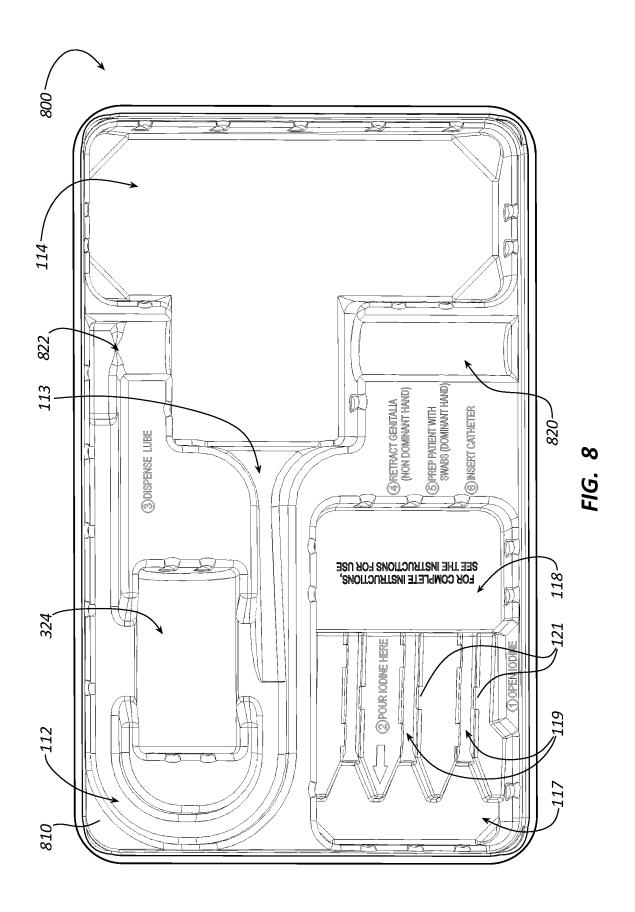


FIG. 6





CATHETERIZATION PACKAGES AND METHODS THEREOF

PRIORITY

This application is a continuation of U.S. patent application Ser. No. 17/982,288, filed Nov. 7, 2022, now U.S. Pat. No. 11,937,955, which is a division of U.S. patent application Ser. No. 16/639,059, filed Feb. 13, 2020, now U.S. Pat. No. 11,490,983, which is a U.S. national stage application from International Application No. PCT/US2019/028784, filed Apr. 23, 2019, which claims the benefit of priority to U.S. Provisional Patent Application No. 62/662,095, filed Apr. 24, 2018, each of which is incorporated by reference in 15 its entirety into this application.

BACKGROUND

Catheters suitable for draining a patient's bladder include 20 indwelling catheters. Indwelling catheters include Foley catheters, which are typically indicated for surgical and medical patients that require, at least temporarily, assisted bladder voiding. Common indications include acute or least temporarily limit a patient's movement, a need for accurate monitoring of fluid input and urine output such as in an intensive care unit ("ICU"), benign prostatic hyperplasia, incontinence, or the effects of various surgical interventions involving the bladder or the prostate.

A standard Foley catheter design includes a balloon disposed at the distal end of the catheter to anchor the catheter in the bladder. The catheter includes at least one lumen to drain urine from the bladder and at least one lumen to inflate the balloon (e.g., with sterile water). The proximal 35 end of the Foley catheter includes at least two ports in communication with the two lumens, a first port that is connected to the drainage lumen and has an interface with fittings for drainage and sampling, and a second port that is connected to the inflation lumen with a valve to ensure the 40 inflation fluid remains within the lumen and balloon once filled. A tip of the standard Foley catheter extends beyond the sides of the balloon into the bladder and includes one or more apertures or "eyes" to drain fluids and debris from the bladder. This standard design has not changed in approxi- 45 mately 100 years, although catheters with various additions (e.g., mechanical anchors, etc.) and improvements have been proposed and investigated.

Catheters suitable for draining a patient's bladder also include intermittent catheters. A typical intermittent catheter 50 differs from an indwelling catheter primarily in that the intermittent catheter does not have a retention balloon or an associated inflation lumen.

Rather, the intermittent catheter is typically a singlelumen device, with a plurality of drainage eyes at the distal 55 end and a funnel at the proximal end. Intermittent catheterization is often performed in individuals with malfunctioning urinary systems (e.g., suffering from strictures and traumas), as well as disabled individuals (e.g., para- or quadriplegics) unable to voluntarily urinate. Such individu- 60 als will often self-catheterize with an intermittent catheter several times daily.

Intermittent catheters are generally catheters or tubes having a rounded, atraumatic distal tip that is inserted into the bladder of a patient. A molded funnel is typically 65 connected to the proximal end that remains outside the body of the patient or user. The distal tip may include slots or

2

openings on the shaft to facilitate drainage of urine therefrom once the tip is positioned inside the bladder.

Suitable non-limiting examples of urinary catheters, trays, insertion devices, and the like can be found in, for example, U.S. Pat. Nos. 8,328,792, 8,998,882, 10,758,705, and 10,905,848, the disclosures of which are incorporated herein by reference in their entirety.

Research suggests there is variation in all aspects of urine sampling including where the urine sample is taken from a collection system, how the urine-sampling area is cleaned, what device is used to take the urine sample, and how the urine sample is transferred to the lab. Nursing decision makers believe such variation and improper urine-sampling technique leads to an increased risk of contamination and, therefore, false-positive catheter-associated urinary tract infections ("CAUTIs"). Up to 70% of urine cultures reflect false-positive results leading to inaccurate CAUTI diagnoses and inappropriate antibiotic treatments, as well as artificially undermining the time and resources hospitals have dedicated toward reducing the risk of CAUTI by other means. This problem presents an ongoing challenge to those seeking to reduce CAUTI rates.

Disclosed herein are catheterization packages and methchronic urinary retention, medical procedures that may at 25 ods thereof to facilitate catheterization and urine sampling in an effort to reduce CAUTIs and false-positive results leading to inaccurate CAUTI diagnoses.

SUMMARY

Disclosed herein is a catheterization package including, in some embodiments, catheterization-package components and a catheterization tray configured to facilitate a catheterization procedure. The catheterization-package components include a urinary catheter, a urine-drainage bag fluidly connected to the urinary catheter, and a sampling-port access device. The sampling-port access device is configured to fluidly connect to a urine-sampling port of the urinary catheter or the urine-drainage bag for aseptic collection of one or more urine samples. The catheterization tray includes a number of compartments configured to hold the catheterization-package components. A first compartment of the catheterization tray is configured to hold the urinary catheter. A second compartment of the catheterization tray is connected to the first compartment by an intercompartment connection. The second compartment is configured to hold the urine-drainage bag. A third compartment of the catheterization tray is configured to hold the sampling-port access device. Step-by-step instructions are incorporated into the catheterization tray to facilitate the catheterization procedure.

In some embodiments, the urine-drainage bag includes an inlet port and an outlet port. The outlet port includes the urine-sampling port integrated therein for the aseptic collection of the one or more urine samples with the samplingport access device.

In some embodiments, the sampling-port access device includes a barrel, a tip at an end of the barrel, and a hollow needle coaxial with the barrel. The tip of the barrel is configured to fluidly connect the sampling-port access device to the urine-sampling port of the urinary catheter or the urine-drainage bag. The needle is fluidly connected to the tip of the barrel, but a tip of the needle is directed away from the tip of the barrel.

In some embodiments, the catheterization components further include one or more septum-stoppered test tubes configured for use with the sampling-port access device.

Each test tube of the one or more test tubes has an internal pressure less than atmospheric pressure. Each test tube is independently configured to include therein a formulation for urinalysis, a formulation for microbiological analysis, or no additives or preservatives.

In some embodiments, the catheterization components further include one or more swabsticks, a package of an antiseptic skin cleanser, or a package of the one or more swabsticks in the antiseptic skin cleanser.

In some embodiments, the catheterization tray further 10 includes an isolated fourth compartment. The fourth compartment is configured to hold the one or more swabsticks, the package of the antiseptic skin cleanser, or the package of the one or more swabsticks in the antiseptic skin cleanser.

In some embodiments, the fourth compartment includes a 15 well and one or more channels with snap-in tabs configured to hold the one or more swabsticks respectively therein. The one or more channels are angled with respect to a top or a bottom of the catheterization tray such that one or more swab heads respectively of the one or more swabsticks are 20 disposed in the well when snapped-in to the one or more channels.

In some embodiments, the catheterization components further include a container containing a lubricant configured for lubricating the urinary catheter in accordance with the 25 catheterization procedure.

In some embodiments, the catheterization tray further includes a fifth compartment at least partially surrounded by the first compartment. The fifth compartment is configured to a hold the container containing the lubricant. The fifth 30 compartment is also configured to a hold the lubricant dispensed therefrom.

In some embodiments, the catheterization components further include a specimen container configured for at least clean collection of one or more urine samples from the 35 urine-drainage bag.

In some embodiments, the catheterization tray further includes a fifth compartment at least partially surrounded by the first compartment. The fifth compartment is configured to a hold the specimen container.

In some embodiments, the catheterization components further include a pair of examination gloves and an underpad.

In some embodiments, the catheterization package further includes packaging for the catheterization package. The 45 packaging includes a piece of paper or paperboard, central supply room ("CSR") wrap, and an outer packaging of the catheterization package. The piece of paper or paperboard is configured to cover the catheterization tray and the catheterization components therein. The CSR wrap is configured 50 to preserve a sterile state of the contents of the catheterization package while the CSR wrap is wrapped around the catheterization tray and the catheterization components therein. The outer packaging is configured to prevent a loss of contents of the catheterization package from a point of 55 assembling the catheterization package to a point of using the catheterization package. The outer packaging is also configured to prevent contamination of the contents of the catheterization package from a point of ethylene-oxide sterilization of the catheterization package to the point of using 60 the catheterization package.

Disclosed herein is a catheterization package including, in some embodiments, catheterization-package components and a molded catheterization tray configured to facilitate a catheterization procedure. The catheterization-package 65 components include a urinary catheter, a urine-drainage bag fluidly connected to the urinary catheter, a sampling-port

4

access device configured to fluidly connect to a urinesampling port integrated in an outlet port of the urinedrainage bag for aseptic collection of one or more urine samples, one or more swabsticks configured for use with an antiseptic skin cleanser, and a container containing a lubricant configured for lubricating the urinary catheter. The catheterization tray includes a number of compartments configured to hold the catheterization-package components. A urinary-catheter compartment of the catheterization tray is configured to hold the urinary catheter. A urine-drainage-bag compartment of the catheterization tray is connected to the urinary-catheter compartment by an intercompartment connection. The urine-drainage-bag compartment is configured to hold the urine-drainage bag. A sampling-port-accessdevice compartment of the catheterization tray is configured to hold the sampling-port access device. An isolated skincleansing compartment is configured to hold the one or more swabsticks. A catheter-lubrication compartment is substantially surrounded by the urinary-catheter compartment. The catheter-lubrication compartment is configured to a hold the container containing the lubricant. The catheter-lubrication compartment is also configured to hold the lubricant dispensed from the container containing the lubricant. Stepby-step instructions to facilitate the catheterization procedure are embossed on the catheterization tray, printed on the catheterization tray, or embossed on the catheterization tray and printed on the catheterization tray. At least some of the step-by-step instructions for the catheterization procedure are revealed as the catheterization-package components are removed from the catheterization tray.

Also disclosed herein is a method for manufacturing a catheterization package including molding a catheterization tray configured to facilitate a catheterization procedure; incorporating step-by-step instructions into the catheterization tray for the catheterization procedure; and placing catheterization-package components in the catheterization tray. The molding includes molding a urinary-catheter compartment; molding a urine-drainage-bag compartment connected to the urinary-catheter compartment with an inter-40 compartment connection; and molding a sampling-portaccess-device compartment. Placing the catheterizationpackage components in the catheterization tray includes placing a urinary catheter in the urinary-catheter compartment; placing a urine-drainage bag in the urine-drainage-bag compartment; and placing a sampling-port access device in the sampling-port-access-device compartment, wherein the sampling-port access device is configured to fluidly connect to a urine-sampling port of the urinary catheter or the urine-drainage bag for aseptic collection of one or more urine samples. The urine-drainage bag is fluidly connected to the urinary catheter such that when placing the urinary catheter and the urine-drainage bag respectively in the urinary-catheter compartment and the urine-drainage-bag compartment, the urinary catheter is placed across the intercompartment connection.

In some embodiments, placing the catheterization-package components in the catheterization tray further includes placing one or more septum-stoppered test tubes configured for use with the sampling-port access device either over or under the urine-drainage bag in the urine-drainage-bag compartment.

In some embodiments, molding the catheterization tray further includes molding an isolated skin-cleansing compartment.

In some embodiments, placing the catheterization-package components in the catheterization tray further includes placing one or more swabsticks in the skin-cleansing com-

partment, a package of an antiseptic skin cleanser in the skin-cleansing compartment, or a package of the one or more swabsticks in the antiseptic skin cleanser in the skincleansing compartment.

In some embodiments, molding the catheterization tray further includes molding a catheter-lubrication compartment at least partially surrounded by the urinary-catheter compartment.

In some embodiments, placing the catheterization-package components in the catheterization tray further includes placing a container containing a lubricant in the catheter-lubrication compartment.

In some embodiments, placing the catheterization-package components in the catheterization tray further includes placing a pair of examination gloves either in or over one or more of the compartments of the catheterization tray; and folding an underpad and placing the underpad over the pair of examination gloves.

In some embodiments, the method further includes placing a piece of paper or paperboard over the catheterization tray including the catheterization components therein to form a paper- or paperboard-covered catheterization tray; wrapping CSR wrap around the paper- or paperboard-covered catheterization tray to form a CSR-wrapped catheterization tray;

placing the CSR-wrapped catheterization tray in an outer packaging to form the catheterization package; and sterilizing the catheterization package by way of ethylene-oxide sterilization.

These and other features of the concepts provided herein will become more apparent to those of skill in the art in view of the accompanying drawings and following description, which disclose particular embodiments of such concepts in greater detail.

BRIEF DESCRIPTION OF DRAWINGS

FIG. 1 illustrates at least a portion of a first catheterization package in accordance with some embodiments.

FIG. 2 illustrates some catheterization components removed from a catheterization tray of the first catheterization package in accordance with some embodiments.

FIG. 3 illustrates at least a portion of a second catheterization package in accordance with some embodiments.

FIG. 4 illustrates some catheterization components removed from a catheterization tray of the second catheterization package in accordance with some embodiments.

FIG. 5 illustrates at least a portion of a urine-drainage bag in accordance with some embodiments.

FIG. 6 illustrates an exploded view of a third catheterization package in accordance with some embodiments.

FIG. 7 illustrates at least a portion of the third catheterization package in accordance with some embodiments.

FIG. 8 illustrates at least a portion of a fourth catheter- 55 ization package in accordance with some embodiments.

DESCRIPTION

Before some particular embodiments are disclosed in 60 greater detail, it should be understood that the particular embodiments disclosed herein do not limit the scope of the concepts provided herein. It should also be understood that a particular embodiment disclosed herein can have features that can be readily separated from the particular embodiment 65 and optionally combined with or substituted for features of any of a number of other embodiments disclosed herein.

6

Regarding terms used herein, it should also be understood the terms are for the purpose of describing some particular embodiments, and the terms do not limit the scope of the concepts provided herein. Ordinal numbers (e.g., first, second, third, etc.) are generally used to distinguish or identify different features or steps in a group of features or steps, and do not supply a serial or numerical limitation. For example, "first," "second," and "third" features or steps need not necessarily appear in that order, and the particular embodiments including such features or steps need not necessarily be limited to the three features or steps. Labels such as "left," "right," "top," "bottom," "front," "back," and the like are used for convenience and are not intended to imply, for example, any particular fixed location, orientation, or direction. Instead, such labels are used to reflect, for example, relative location, orientation, or directions. Singular forms of "a," "an," and "the" include plural references unless the context clearly dictates otherwise.

With respect to "proximal," a "proximal portion" or a "proximal end portion" of, for example, a catheter disclosed herein includes a portion of the catheter intended to be near a clinician when the catheter is used on a patient. Likewise, a "proximal length" of, for example, the catheter includes a length of the catheter intended to be near the clinician when the catheter is used on the patient. A "proximal end" of, for example, the catheter includes an end of the catheter intended to be near the clinician when the catheter is used on the patient. The proximal portion, the proximal end portion, or the proximal length of the catheter can include the proximal end of the catheter; however, the proximal portion, the proximal end portion, or the proximal length of the catheter need not include the proximal end of the catheter. That is, unless context suggests otherwise, the proximal portion, the proximal end portion, or the proximal length of the catheter is not a terminal portion or terminal length of the

With respect to "distal," a "distal portion" or a "distal end portion" of, for example, a catheter disclosed herein includes a portion of the catheter intended to be near or in a patient when the catheter is used on the patient. Likewise, a "distal length" of, for example, the catheter includes a length of the catheter intended to be near or in the patient when the catheter is used on the patient. A "distal end" of, for example, the catheter includes an end of the catheter intended to be near or in the patient when the catheter is used on the patient. The distal portion, the distal end portion, or the distal length of the catheter can include the distal end of the catheter; however, the distal portion, the distal end portion, or the distal length of the catheter need not include the distal end of the catheter. That is, unless context suggests otherwise, the distal portion, the distal end portion, or the distal length of the catheter is not a terminal portion or terminal length of the catheter.

Unless defined otherwise, all technical and scientific terms used herein have the same meaning as commonly understood by those of ordinary skill in the art.

Disclosed herein are catheterization packages and methods thereof to facilitate catheterization and urine sampling in an effort to reduce CAUTIs and false-positive results leading to inaccurate CAUTI diagnoses.

Catheterization Packages

FIG. 1 illustrates at least a portion of a first catheterization package 100 in accordance with some embodiments. FIG. 2 illustrates some catheterization components removed from a catheterization tray 110 of the first catheterization package

100 in accordance with some embodiments. FIG. 3 illustrates at least a portion of a second catheterization package 300 in accordance with some embodiments. FIG. 4 illustrates some catheterization components removed from a catheterization tray 310 of the second catheterization package 300 in accordance with some embodiments. FIG. 6 illustrates an exploded view of a third catheterization package 600 in accordance with some embodiments. FIG. 7 illustrates at least a portion of the third catheterization package 600 in accordance with some embodiments. FIG. 8 illustrates at least a portion of a fourth catheterization package 800 in accordance with some embodiments.

As shown, the catheterization package 100, 300, 600, or 800 includes the catheterization tray 110, 310, 610, or 810 and the catheterization components set forth below, both of 15 which are configured to facilitate a catheterization procedure. The catheterization package 100, 300, 600, or 800 is configured to facilitate the catheterization procedure by way of the catheterization components included in the catheterization package 100, 300, 600, or 800 how the catheterization components are arranged in the catheterization tray 110, 310, 610, or 810, and step-by-step instructions incorporated into the catheterization tray 110, 310, 610, or 810.

Beginning with the catheterization tray 110, 310, 610, or 810 the catheterization trayl10, 310, 610, or 810 includes a 25 number of compartments configured to hold the catheterization components as set forth below.

A urinary-catheter compartment 112 of the catheterization tray 110, 310, 610, or 810 is configured to hold a urinary catheter.

A urine-drainage-bag compartment 114 of the catheterization tray 110, 310, 610, or 810 is connected to the urinary-catheter compartment 112 by an intercompartment connection 113. The urine-drainage-bag compartment 114 is configured to hold at least a urine-drainage bag.

A sampling-port-access-device compartment 116 of the catheterization tray 110 or 310 is configured to hold a sampling-port access device. Alternatively, the samplingport-access-device compartment 116 of the catheterization tray 310 is a catheter-lubrication compartment 320 config- 40 ured to a hold a container containing lubricant. The catheterization tray 610 or 810 includes a catheter-lubrication compartment 620 or 820 configured to a hold a container containing lubricant instead of a separate sampling-portaccess-device compartment. The catheter-lubrication com- 45 partment 320, 620, or 820 is also configured to hold the lubricant dispensed from the container containing the lubricant in a well 322, 622, or 822 shared with the urinarycatheter compartment 112. Due to a lack of a sampling-portaccess-device compartment in some embodiments of the 50 catheterization tray 310, 610, or 810, the urine-drainage-bag compartment 114 doubles as the sampling-port-access-device compartment for the catheterization tray 310, 610, or **810** when a sampling-port access device is included in the catheterization packages 300, 600, and 800.

A skin-cleansing compartment 118 of the catheterization tray 110, 310, 610, or 810 is isolated from other compartments of the catheterization tray 110, 310, 610, or 810, which can be important in maintaining a sterile field about at least the urinary-catheter compartment 112. The skin-cleansing compartment 118 is configured to hold one or more swabsticks configured for skin cleansing with an antiseptic skin cleanser, a package of the antiseptic skin cleanser, or a package of the one or more swabsticks in the antiseptic skin cleanser. The skin-cleansing compartment 65 118 includes a well 117 and one or more channels 119 with snap-in tabs 121 configured to hold the one or more swab-

8

sticks respectively therein. The one or more channels 119 are angled with respect to a top or a bottom of the catheterization tray 110, 310, 610, or 810 such that one or more swab heads respectively of the one or more swabsticks are disposed in the well 117 when one or more stick members respectively of the one or more swabsticks are snapped-in to the one or more channels 119. The one or more stick members angle upwardly when snapped-in to the one or more channels 119 such that the one or more stick members can be grabbed and the one or more swabsticks respectively removed from the one or more channels 119. The well 117 is configured to hold the antiseptic skin cleanser therein. When the one or more swab heads are disposed in the well 117 including the antiseptic skin cleanser, the antiseptic skin cleanser saturates the one or more swab heads for antiseptic skin cleansing with the one or more swabsticks, respectively.

A catheter-lubrication compartment 120 of the catheterization tray 110 is at least partially to substantially surrounded by the urinary-catheter compartment 112. The catheter-lubrication compartment 120 is configured to a hold a container containing lubricant. The catheter-lubrication compartment 120 is also configured to hold the lubricant dispensed from the container containing the lubricant in a well 122 shared with the urinary-catheter compartment 112.

A specimen-container compartment 324 of the catheterization tray 310, 610, or 810 is also at least partially to substantially surrounded by the urinary-catheter compartment 112. The specimen-container compartment 324 is configured to a hold a specimen container. Because of the specimen-container compartment 324 in the catheterization tray 310, 610, or 810, the urinary-catheter compartment 112 doubles as the catheter-lubrication compartment for the catheterization tray 310, 610, or 810, which includes the well 322, 622, or 822 configured to hold the lubricant; however, the well 322, 622, or 822 is diminished in size compared to the well 122 of the catheterization tray 110.

The step-by-step instructions incorporated into the catheterization tray 110, 310, 610, or 810 for the catheterization procedure can be incorporated into any of the compartments of the catheterization tray 110, 310, 610, or 810, adjacent any of the compartments of the catheterization tray 110, 310, 610, or 810, or a combination thereof as best shown in FIGS. 2, 4, and 8. For example, a first step of the step-by-step instructions is directed to opening a container or package of an antiseptic skin cleanser such as a povidone-iodine solution, which first step is incorporated into the catheterization tray 110, 310, 610, or 810 adjacent the skin-cleansing compartment 118. A second step of the step-by-step instructions is directed to pouring the antiseptic skin cleanser in the well 117 of the skin-cleansing compartment 118, which second step is incorporated into the skin-cleansing compartment 118. A third step of the step-by-step instructions is directed to dispensing a lubricant in the well 122, 322, 622, or 822, which third step is incorporated into the well 122 of 55 the catheter-lubrication compartment 120 of the catheterization tray 110, the well 322 or 622 of the urinary-catheter compartment 112 of the catheterization tray 310 or 610, or adjacent the well 822 of the urinary-catheter compartment 112 of the catheterization tray 810. A fourth step of the step-by-step instructions is directed to retracting genitalia of a patient, a fifth step of the step-by-step instructions is directed to preparing the patient with a swabstick saturated with the antiseptic skin cleanser, and a sixth step of the step-by-step instructions is directed to inserting a urinary catheter in the patient. Each step of the fourth step, the fifth step, and the sixth step of the step-by-step instructions is incorporated into the urine-drainage-bag compartment 114

g

of the catheterization tray 110, 310, or 610; however, due to the relatively smaller size of the urine-drainage-bag compartment 114 of the catheterization tray 810, each step of the fourth step, the fifth step, and the sixth step of the step-by-step instructions is incorporated between the skin-cleansing compartment 118 and the catheter-lubrication compartment 820 of the catheterization tray 810 for greater visibility.

As shown between FIGS. 1 and 2 or FIGS. 3 and 4, at least some of the step-by-step instructions for the catheterization procedure are revealed as the catheterization components are removed from the catheterization tray 110 or 310. While not shown, at least some of the step-by-step instructions for the catheterization procedure are also revealed as the catheterization components are removed from the catheterization tray 610 or 810. Revealing the 15 instructions for the catheterization procedure in this way reduces procedural information to that imminently or immediately needed, which, in turn, reduces potential for informational overload, thereby simplifying the catheterization procedure.

While the catheterization trays 110, 310, 610, and 810 of FIGS. 1-4, 6, 7, and 8 are particular to some catheterizationpackage embodiments, other embodiments can include a different combination of compartments configured to hold a different combination of catheterization components, fewer 25 compartments configured to hold fewer catheterization components, or more compartments configured to hold more catheterization components. For example, a catheterization tray having more compartments than the catheterization tray 310 can include all three of the sampling-port-access-device 30 compartment 116, the catheter-lubrication compartment 320, and the specimen-container compartment 324. Such a configuration can include the catheterization tray 310 with the catheter-lubrication compartment 320 and the urinedrainage-bag compartment 114 shown in FIG. 3 but with an 35 additional compartment (not shown) corresponding to the sampling-port-access-device compartment 116 between the catheter-lubrication compartment 320 and the urine-drainage-bag compartment 114.

The catheterization tray 110, 310, 610, or 810 can be 40 formed by way of, for example, injection molding, whereby each of the compartments are simultaneously formed in the catheterization tray 110, 310, 610, or 810; however, the catheterization tray 110, 310, 610, or 810 is not limited to being formed by injection molding or even molding itself. If 45 molding is used to form the catheterization tray 110, 310, 610, or 810, the step-by-step instructions can also be simultaneously formed in or on catheterization tray 110, 310, 610, or 810 as embossed step-by-step instructions. The step-bystep instructions can also be printed on the catheterization 50 tray 110, 310, 610, or 810, either in the absence of the embossed step-by-step instructions or over the embossed step-by-step instructions to improve a contrast of the stepby-step instructions with respect to the catheterization tray 110, 310, 610, or 810.

Adverting to the catheterization components for which the catheterization tray 110, 310, 610, or 610 is configured, the catheterization components can include, but are not limited to a urinary catheter 130, a urine-drainage bag 140 or 640, a sampling-port access device 150, one or more septumstoppered test tubes 160, a specimen container 170, one or more swabsticks 180, a container containing a lubricant 190, or a combination thereof as set forth below.

The urinary catheter 130 can be an indwelling catheter such as a Foley catheter or an intermittent catheter as shown, 65 description for each of which is set forth above. The urinary catheter 130 is optionally already fluidly connected to the

10

urine-drainage bag 140 or 640 in the catheterization package 100, 300, 600, or 800, which simplifies the catheterization procedure and reduces risk of inadvertently contaminating the urinary catheter 130 such as by connecting the urinary catheter 130 to the urine-drainage bag 140 or 640.

FIG. 5 illustrates at least a portion of the urine-drainage bag 140 in accordance with some embodiments.

The urine-drainage bag 140 includes an inlet port 142 and an outlet port 144. The outlet port 144 includes a urine-sampling port 146 integrated therein for aseptic collection of one or more urine samples with the sampling-port access device 150. As shown in FIG. 5, the urine-drainage bag 140 also includes an optional channel 148 configured to receive an intermittent catheter such as the urinary catheter 130 following use thereof for disposing the intermittent catheter with the urine-drainage bag 140.

The urine-drainage bag 640 is different than the urine-drainage bag 140 with respect to at least the arrangement of the urine-sampling port, which is integrated in the inlet port of the urine-drainage bag 640 instead of the outlet port like the urine-drainage bag 140. In addition, a tubing clamp 642 is integrated with the urine-drainage bag 640 such that the tubing clamp 642 is configured to clamp the inlet port between the urine-sampling port and a bag portion of the urine-drainage bag 640, thereby preventing any urine already present in the urine-drainage bag 640 from being sampled through the urine-sampling port. Such a configuration for the urine-drainage bag 640 ensures urine samples from the urine-sampling port are fresh from the urinary catheter 130.

The sampling-port access device 150 is configured to fluidly connect to a urine-sampling port of the urinary catheter 130 (e.g., a urine-sampling port of a Foley catheter) or the urine-sampling port 146 of the urine-drainage bag 140 for the aseptic collection of one or more urine samples. The sampling-port access device 150 includes a barrel 152, a tip 154 at an end of the barrel 152, and a hollow needle 156 coaxial with the barrel 152. The tip 154 of the barrel 152 is configured to fluidly connect the sampling-port access device 150 to the urine-sampling port of the urinary catheter or the urine-sampling port 146 of the urine-drainage bag 140. (See FIG. 3 for the sampling-port access device 150 fluidly connected to the urine-sampling port 146 of the urine-drainage bag 140.) The needle 156 is fluidly connected to the tip 154 of the barrel 152, but a tip of the needle 156 is directed away from the tip 154 of the barrel 152

The one or more septum-stoppered test tubes 160 are configured for use with the sampling-port access device 150. Each test tube of the one or more test tubes 160 has an internal pressure less than atmospheric pressure such that urine from the urine-sampling port of the urinary catheter 130 or the urine-sampling port 146 of the urine-drainage bag 140 aspirates into the test tube when certain conditions are met. For example, urine aspirates into the test tube when the urine drainage bag 140 is at least partially filled with urine, the tip 154 of the sampling-port access device 150 is fluidly connected to the urine-sampling port 146 of the urinedrainage bag 140, and a septum stopper of the test tube is punctured by the needle 156 of the sampling-port access device 150. Each test tube is independently configured to include therein a formulation for urinalysis, a formulation for microbiological analysis, or no additives or preserva-

The specimen container 170 is configured for at least clean collection of one or more urine samples from the urine-drainage bag 140 or 640 such as through the outlet port 144 of the urine-drainage bag 140, thereby providing an

alternative to the aseptic collection of the one or more urine samples as wanted or needed. As shown in at least FIG. 6, the specimen container 170 includes a cap 172 configured to seal a urine sample in the specimen container 170. A label 174 is optionally included in the catheterization package 100, 300, 600, or 800 for labeling the specimen container 170 in accordance with any urine sample therein. The clean collection of the one or more urine samples makes use of the outlet port 144 of the urinary-drainage bag 140 and the specimen container 170 to reduce the transfer of microorganisms from health care personnel and the environment to the one or more urine samples. However, the aseptic collection of the one or more urine samples requires use of the sampling port of the urinary catheter or the sampling port 146 of the urine-drainage bag 140, the sampling-port access 15 device 150, and the one or more test tubes 160 to not only reduce but prevent the transfer of microorganisms from health care personnel and the environment to the one or more urine samples.

The one or more swabsticks 180 are configured for skin cleansing with an antiseptic skin cleanser. The one or more swabsticks 180 are optionally already snapped-in to the one or more channels 119 of the skin-cleansing compartment 118 by the respective one or more stick members in the catheterization package 100, 300, 600, or 800. While only shown 25 in FIGS. 6 and 7, the catheterization package 100, 300, 600, or 800 can include a package of an antiseptic skin cleanser 182, the antiseptic skin cleanser being, for example, a povidone-iodine solution for pouring in the well 117 of the skin-cleansing compartment 118 to saturate one or more 30 swab heads respectively of the one or more swabsticks 180 for the skin cleansing. Alternatively, the one or more swabsticks 180 are packaged in the package of the antiseptic skin cleanser 182.

The container containing the lubricant 190 can be a 35 syringe of a lubricating jelly configured to facilitate lubricating the urinary catheter 130 in the well 122 of the catheter-lubrication compartment 120 of the catheterization tray 110 or the well 322, 622, or 822 of the urinary-catheter compartment 112 of the catheterization tray 310, 610, or 810 40 in accordance with the catheterization procedure.

While not shown, the catheterization components for which the catheterization tray 110, 310, 610, or 810 is configured can further include, but are not limited to, one or more pairs of examination gloves and an underpad. The one 45 or more pairs of gloves and the underpad are configured for use during the catheterization procedure such as during the skin cleansing with the antiseptic skin cleanser, lubricating the urinary catheter 130 with the lubricant in the container containing the lubricant 190, insertion of the urinary catheter 50 130 in the patient, or the like. The one or more pairs of gloves can be disposed in or over any of the compartments of the catheterization tray 110, 310, 610, or 810. The underpad can be folded and placed under the one or more pair of gloves, between the one or more pair of gloves, or 55 over the one or more pairs of gloves.

While not shown, the catheterization package 100, 300, 600, or 800 further includes packaging for the catheterization package 100, 300, 600, or 800. The packaging includes a piece of paper or paperboard, CSR wrap, and an outer 60 packaging of the catheterization package 100, 300, 600, or 800.

The piece of paper or paperboard is configured to cover the catheterization tray 110, 310, 610, or 810 and the catheterization components therein. FIGS. 1-4, 6, and 7 65 illustrate a lip around the catheterization tray 110, 310, 610, or 810, upon which lip the piece of paper or paperboard is

12

configured to sit. Optionally, the piece of paper or paperboard includes product information or additional instructions to the step-by-step instructions printed thereon.

The CSR wrap is configured to preserve a sterile state of at least the catheterization components of the catheterization package 100, 300, 600, or 800 while the CSR wrap is wrapped around the catheterization tray 110, 310, 610, or 810 and the catheterization components therein.

The outer packaging is configured to prevent a loss of contents of the catheterization package 100, 300, 600, or 800 from a point of assembling the catheterization package 100, 300, 600, or 800 to a point of using the catheterization package 100, 300, 600, or 800. The outer packaging is also configured to prevent contamination of the contents of the catheterization package 100, 300, 600, or 800 from a point of ethylene-oxide sterilization of the catheterization package 100, 300, 600, or 800 to the point of using the catheterization package 100, 300, 600, or 800.

Methods

A method for manufacturing the catheterization package 100, 300, 600, or 800 includes molding the catheterization tray 110, 310, 610, or 810; incorporating the step-by-step instructions into the catheterization tray 110, 310, 610, or 810 for the catheterization procedure; and placing the catheterization components in the catheterization tray 110, 310, 610, or 810. The molding includes molding the urinarycatheter compartment 112; molding the urine-drainage-bag compartment 114 connected to the urinary-catheter compartment 112 with the intercompartment connection 113; and, for at least the catheterization tray 110 and some embodiments of the catheterization tray 310, molding the samplingport-access-device compartment 116. Placing the catheterization components in the catheterization tray 110, 310, 610, or 810 includes placing the urinary catheter 130 in the urinary-catheter compartment 112; placing the urine-drainage bag 140 in the urine-drainage-bag compartment 114; and placing the sampling-port access device 150 in the sampling-port-access-device compartment 116 if such a compartment exists. Otherwise, the sampling-port access device 150 can be placed in the urine-drainage-bag compartment 114 as needed. The urinary catheter 130 is fluidly connected to the urine-drainage bag 140 such that when placing the urinary catheter 130 and the urine-drainage bag 140 respectively in the urinary-catheter compartment 112 and the urine-drainage-bag compartment 114, the urinary catheter 130 is placed across the intercompartment connection 113.

Placing the catheterization components in the catheterization tray 110, 310, 610, or 810 can further include placing the one or more septum-stoppered test tubes 160 for use with the sampling-port access device 150 either over or under the urine-drainage bag 140 in the urine-drainage-bag compartment 114.

Molding the catheterization tray 110, 310, 610, or 810 can further include molding the isolated skin-cleansing compartment 118

Placing the catheterization components in the catheterization tray 110, 310, 610, or 810 can further include placing the one or more swabsticks 180 in the skin-cleansing compartment 118, a package of an antiseptic skin cleanser 182 in the skin-cleansing compartment 118, or a package of the one or more swabsticks 180 in the antiseptic skin cleanser in the skin-cleansing compartment 118.

Molding the catheterization tray 110, 310, 610, or 810 can further include molding the catheter-lubrication compartment 120 at least partially surrounded by the urinary-

catheter compartment 112 or the catheter-lubrication compartment 320, 620, or 820 between the skin-cleansing compartment 118 and the urine-drainage-bag compartment

Placing the catheterization components in the catheterization tray 110, 310, 610, or 810 can further include placing the container containing the lubricant 190 in the catheterlubrication compartment 120, 320, 620, or 820.

Placing the catheterization components in the catheterization tray 110, 310, 610, or 810 can further include placing the one or more pairs of examination gloves either in or over one or more of the compartments of the catheterization tray 110, 310, 610, or 810; and folding the underpad and placing the underpad over the one or more pairs of examination 15 gloves.

The method can further include placing a piece of paper or paperboard over the catheterization tray 110, 310, 610, or 810 including the catheterization components therein to wrapping CSR wrap around the paper- or paperboardcovered catheterization tray to form a CSR-wrapped catheterization tray; placing the CSR-wrapped catheterization tray in an outer packaging to form the catheterization package 100, 300, or 600; and sterilizing the catheterization 25 package 100, 300, 600, or 800 by way of ethylene-oxide sterilization.

While some particular embodiments have been disclosed herein, and while the particular embodiments have been disclosed in some detail, it is not the intention for the particular embodiments to limit the scope of the concepts provided herein. Additional adaptations and/or modifications can appear to those of ordinary skill in the art, and, in broader aspects, these adaptations and/or modifications are encompassed as well. Accordingly, departures may be made 35 from the particular embodiments disclosed herein without departing from the scope of the concepts provided herein.

What is claimed is:

1. A method of performing a catheterization procedure, 40 comprising:

opening an intermittent catheter package, the intermittent catheter package comprising:

- a lubricant container including a lubricant disposed therein:
- a urinary catheter coupled to a urine-drainage bag; and a catheterization tray including surface instructions for performing the catheterization procedure, the catheterization tray comprising:
 - container;
 - a second compartment accommodating the urinary catheter, the second compartment wrapped around the first compartment; and
 - a third compartment accommodating the urine-drain- 55 age bag, the third compartment connected to the second compartment; and

acting according to the surface instructions for performing the catheterization procedure in an order corresponding to the surface instructions.

2. The method according to claim 1, wherein the catheterization tray comprises an isolated fifth compartment designed to accommodate a plurality of swabsticks, the isolated fifth compartment comprising a plurality of channels with snap-in tabs configured to hold the plurality of 65 swabsticks respectively therein, and wherein the plurality of channels are angled with respect to a top or a bottom of the

14

catheterization tray, the method further comprising removing one or more of the plurality of swabsticks from the plurality of channels.

- 3. The method according to claim 2, wherein the isolated fifth compartment includes a well, wherein each of the plurality of swabsticks includes a swab head, wherein each swab head is disposed in the well, and wherein acting according to the surface instructions comprises opening an iodine package and pouring it into the well to contact each
- 4. The method according to claim 3, further comprising cleansing an insertion area with one or more of the plurality of swabsticks prior to insertion of the urinary catheter.
- 5. The method according to claim 1, wherein the first compartment is sized to accommodate a specimen container, the method further comprising collecting a urine sample from the urine-drainage bag.
- 6. The method according to claim 1, wherein the interform a paper- or paperboard-covered catheterization tray; 20 mittent catheter package further comprises a pair of examination gloves and an underpad, the method further comprising donning the examination gloves and positioning the underpad prior to acting according to the surface instructions.
 - 7. The method according to claim 1, wherein the intermittent catheter package further comprises paperboard covering the catheterization tray, the method further comprising removing the paperboard from the catheterization tray to reveal the first compartment, the second compartment, the third compartment, and a fourth compartment.
 - 8. The method according to claim 7, wherein the intermittent catheter package further comprises central supply room ("CSR") wrap around the catheterization tray and the paperboard, the method further comprising removing the CSR wrap to reveal the catheterization tray and the paper-
 - 9. The method according to claim 8, wherein the intermittent catheter package further comprises an outer packaging enclosing the catheterization tray, the paperboard, and the CSR wrap, the method further comprising opening the outer packaging and removing the catheterization tray, the paperboard, and the CSR wrap.
 - 10. The method according to claim 1, wherein the first compartment comprises an area designed to receive lubricant, and wherein acting according to the surface instructions comprises removing the lubricant container from the first compartment and dispensing lube in the area designed to receive lubricant.
 - 11. The method according to claim 1, wherein the surface a first compartment accommodating the lubricant 50 instructions include directions under the urine-drainage bag, the method further comprising removing the urine-drainage bag from the third compartment of the catheterization tray to reveal the directions, wherein acting according to the surface instructions includes following the directions.
 - 12. The method according to claim 11, wherein the directions include:

retract genitalia (non-dominant hand); prep patient w/swab (dominant hand); and insert catheter.

- 13. The method according to claim 1, wherein the surface instructions include a directive to consult the surface instructions for use in order to see complete instructions for performing the catheterization procedure.
- 14. The method according to claim 1, further comprising a sampling-port access device, wherein the catheterization tray further comprises a fourth compartment accommodating the sampling-port access device, the method further

comprising fluidly connecting the sampling-port access device to a urine-sampling port of the urinary catheter or the urine-drainage bag.

- 15. The method according to claim 14, wherein the urine-drainage bag includes an inlet port and an outlet port, 5 the outlet port including an integrated urine-sampling port, the method further comprising collecting a urine sample with the sampling-port access device via the integrated urine-sampling port.
- 16. The method according to claim 15, wherein the 10 sampling-port access device includes a barrel, a tip at an end of the barrel configured to fluidly connect the sampling-port access device to the urine-sampling port of the urine-drainage bag, and a hollow needle coaxial with the barrel, the hollow needle fluidly connected to, but directed away 15 from, the tip of the barrel, the method further comprising connecting the tip of the barrel to the sampling-port access device.
- 17. The method according to claim 16, wherein the intermittent catheter package further comprises one or more 20 test tubes configured for use with the sampling-port access device, each of the one or more test tubes having an internal pressure less than atmospheric pressure, wherein each of the one or more test tubes includes a formulation for urinalysis, a formulation for microbiological analysis, or no additives 25 or preservatives, the method further comprising coupling the one or more test tubes to the sampling-port access device.

* * * * *