

SUPRAPUBIC CATHETER CHANGE

Equipment

Catheter pack

1 sterile urinary catheter appropriately sized and recommended for supra pubic use (a female or male length catheter can be used)

Catheter strap or disposal catheter fixation device

Sterile drainage bag and or catheter valve

Disposable gloves

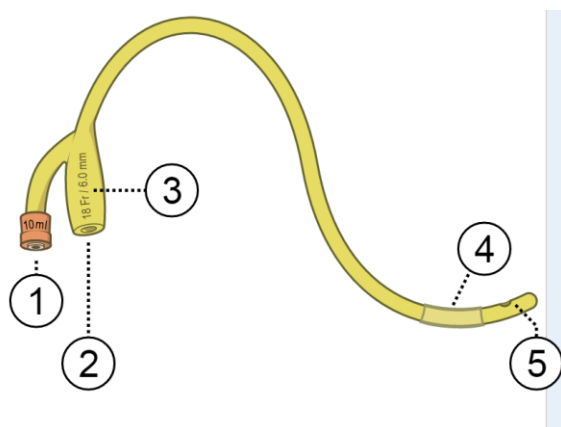
Blue disposable sheet

Split drainage sponge (if required)

Procedure

Once the catheter has been removed a new catheter must be inserted immediately. This is particularly relevant for those that experience bladder or abdominal spasm. The removal of the catheter occurs with the non-dominant hand (non sterile hand) the new catheter is immediately inserted with the dominant hand (sterile hand). The dominant hand and non-dominant hand should not be interchanged.

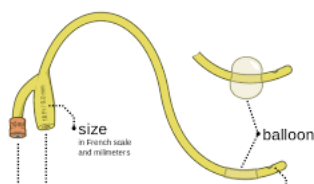
- 1) Gather equipment. Determine the size of the catheter required (shown at number 3 below) and how many millilitres its balloon holds (shown at number 1 below):



- 2) Explain procedure to the patient
- 3) Assist patient into supine position
- 4) Wash hands and don disposable gloves.
- 5) Open catheter pack without contaminating sterile items. Protect all items from contamination.
- 6) Open catheter onto sterile field.
- 7) If required open sterile catheter valve onto sterile field.
- 8) Open sterile disposable drainage bag leaving drainage bag cap in place.
- 9) Expose supra pubic site, remove dressing if necessary.
- 10) Empty urine drainage bag.

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- 11) Remove or undo catheter strapping.
- 12) Using 1 x 10mL syringe deflate the catheter balloon.
- 13) Remove disposable gloves.
- 14) Wash hands.
- 15) Put on sterile gloves.
- 16) Arrange equipment on sterile field, remove covering from catheter, open sterile water and normal saline into separate compartments of the catheter pack tray, apply lubricant to tip of sterile catheter and draw up recommended instillation volume as per catheter package.
- 17) Check balloon for patency by injecting the port with sterile water. Balloon should inflate:



- 18) Soak sufficient gauze with normal saline to clean SPC site.
- 19) Place drape onto client immediately beneath the SPC site, leave sufficient room to clean the around the SPC site.
- 20) Clean around the SPC site with pre-soaked gauze in a clockwise direction using new gauze for each wipe with non-dominant hand.
- 21) Look at the catheter insitu and assess how much of the catheter is inserted through the SPC site.
- 22) Place the catheter tray or kidney dish onto the drape.
- 23) With non-dominant hand rotate the catheter insitu, then remove and discard the catheter.
- 24) Immediately with dominant hand insert new catheter to the depth and angle of previous catheter, generally about 10cm although this can vary dependant on the abdominal girth of the client, ensuring the outflow end of the catheter is in the catheter tray or kidney dish (Do not insert the catheter so far that it is in the urethra).
- 25) If urine drains, continue to insert the catheter another 2-3cms to ensure the balloon is inflated within the bladder. Inflate the balloon in accordance with product recommendations. Gently pull back on the catheter until resistance is felt throughout this procedure observe the client for signs of discomfort.

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- 26) If urine is not draining wait for this to occur.
- 27) Flick the protective cap off the drainage bag and connect sterile drainage bag (apply leg drainage bag straps as per manufactures instructions) or connect catheter valve ensuring valve is in the off position.
- 28) Apply catheter strap or disposable catheter fixation device.
- 29) Apply leg drainage bag straps as per manufacturer's instructions.
- 30) Apply split drainage sponge to SPC site if required. If gauze is used do not cut it but rather wrap around the catheter (to protect possible migration of fibres).
- 31) Remove gloves and wash hands.
- 32) Document catheter type, amount of water used in balloon and any incidences e.g. autonomic dysreflexia, difficulty removing catheter, bleeding site.

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