BROCKTON AREA MULTI-SERVICES, INC.
MEDICAL PROCEDURE GUIDE

Subject: Suprapubic Tube; Catheter Change

Date Developed: 4/2010

PROCEDURE FOR: RN or LPN

PURPOSE: To maintain the routine care of the suprapubic tube in order to prevent an infection and to maintain patency of the tube. Recommend sterility to be maintained. When a nurse is monitoring or applying this procedure, a physician’s order must be obtained.

EQUIPMENT:

- Sterile catheterization tray
- Foley catheter
- Urinary drainage bag
- Sterile gloves (one pair)
- Non-sterile gloves (one pair)
- Sterile saline (30 cc vial)
- 2-10cc sterile syringes
- Normal saline (date)
- 2 sterile gauze sponges
- Tape
- Antimicrobial ointment (if ordered)
- Plastic bag

PROCEDURE:

1. Gather the equipment.
2. Identify individual and explain procedure.
3. Position patient on back and provide privacy.
4. Wash hands.
5. Put on non-sterile gloves.
6. Remove old suprapubic dressing.
7. Assess site for signs of drainage and inflammation.
8. Deflate balloon of suprapubic catheter with syringe. Withdraw number of cc's instilled.
9. Remove catheter and discard in appropriate container.
10. Remove non-sterile gloves, wash hands.
11. Put on sterile gloves.
12. Cleanse suprapubic area with sterile gauze pad moistened with equal amounts of water and normal sterile saline. Pat dry. Begin at site of stoma and cleanse outward with circular motion.
14. Wash hands.
15. Open catheterization tray with aseptic technique; open Foley catheter and place on sterile field. May maintain aseptic technique.
16. Place sterile drape over abdomen, leaving suprapubic site exposed.
17. Put on sterile gloves.
18. Prepare equipment as in Indwelling Catheterization Protocol.
19. Moisten cotton balls with antiseptic solution provided.
20. Cleanse stoma site. Begin at site of stoma and cleanse outward with a circular motion.
21. Lubricate Foley catheter two or three inches from the tip.
22. Insert catheter gently into stoma approximately three to four inches or until resistance is met. If undue resistance is met, stop procedure and notify physician.
23. Connect catheter to new drainage bag.
24. Cleanse site with normal saline, moisten sterile gauze pad to remove betadine. Pat dry.
25. Apply antimicrobial ointment to insertion site if ordered.
26. If indicated, cover site with sterile split sponges. Tape to abdomen.
27. Secure catheter to abdomen.
28. Dispose of equipment.
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29. Wash hands.

PRECAUTIONS: Monitor for signs and symptoms of UTI, sepsis, skin breakdown. If resistance is met while inserting suprapubic tube – STOP at once and notify physician immediately. May need to transfer to ER for re-insertion.

DOCUMENTATION:
Follow Skin Protocol as indicated. Document in Medical Note the following.
- Urine output
- Color
- Clarity
- Odor
- Any abnormal findings
- Skin integrity