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Suprapubic Catheter Care

Patient name: _____

Admission: _____

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I. The client/caregiver can define a suprapubic catheter.

- A. It is a tubing surgically inserted into the bladder directly through the lower abdomen.
- B. It is performed to divert the flow of urine from the urethra.

II. The client/caregiver can demonstrate care of insertion site or stoma.

- A. With new stoma site, cleanse with Betadine solution, and apply sterile drain dressing (slit in one side of dressing) as ordered.
- B. Any crusting or exudates around stoma may be cleaned with cotton-tip applicator and hydrogen peroxide and carefully rinsed with water.
- C. A healed stoma may be cleansed with mild soap and water daily.
- D. A suprapubic catheter may be taped to the abdomen if necessary.
- E. If the catheter accidentally drops out, cover with clean gauze, and secure with tape. Notify physician or nurse promptly.

III. The client/caregiver can perform care of catheter bags and catheter tubing.

- A. Maintain good drainage by checking frequently for kinks or loops in the tubing.
- B. Secure catheter tubing to leg to prevent pulling or tension on catheter.
- C. Change anchoring sites by alternating sites daily. Use the inner thighs for women and the upper thighs for men.
- D. Keep drainage bag below level of the bladder at all times to prevent infection.
- E. Empty bag at least every 8 hours or when drainage bag is just over half full.
- F. If catheter and tubing are disconnected, wipe the end of both with antiseptic solution before reconnecting them.

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G. Drainage bags may be reused after careful cleansing.

- 1. Rinse inside of bag with soapy water and then rinse with clear water.
- 2. Fill the bag with one part vinegar to four parts water, and soak for 30 minutes.
- 3. Empty bag, and let it air dry.
- 4. Store bag in clean, dust-free place.

IV. The client/caregiver can demonstrate how to empty a drainage bag.

- A. Free the drain tip from holder on drainage bag. Loosen the clamp and drain urine.
- B. Let the urine drain into the toilet or measuring container while being careful not to let the tip touch anything.
- C. Reclamp the tube and clean tip before replacing in holder.

V. The client/caregiver can demonstrate how and when to use a leg drainage bag.

- A. Leg collection bags are usually used during the day.
- B. They usually only hold about 500 ml of urine.
- C. The leg bag is attached to the leg with straps. Use cloth or Velcro straps to avoid possible irritation from rubber straps.
- D. Keep a drainage valve or cap secured at the bottom opening of the bag.
- E. Use the same precautions when changing or draining the leg bag as when using the large drainage bag.

VI. The client/caregiver can discuss general measures to prevent problems while using a urinary catheter.

- A. Monitor and record urine output for amount and color of urine.
- B. Stress increased intake of clear fluids (10 to 15 glasses per day). Unless prohibited by physician, try drinking cranberry, plum, and prune juices along with water, as they help increase the acidity and prevent infection.

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- C. Keep intake of caffeine and alcohol to limited amount.
- D. Showering and bathing may be done as ordered by physician.
- E. Review signs, symptoms, or problems to report promptly, such as
 - Lack of urine output longer than 4 hours
 - Persistent leakage around catheter
 - Pain, swelling, or tenderness around catheter
 - Break in the catheter or if catheter falls out
 - Fever or chills
- F. Latex-free catheter may be needed if client has latex allergy.

VII. The client/caregiver is aware of possible complications.

- A. Urinary-tract infection: cloudy urine, foul odor, fever, or pain in bladder area.

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- B. Blocked catheter: lack of urine draining into catheter and firm, distended abdomen.

RESOURCES

Medical supply companies

Visiting nurse

REFERENCES

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