THE STUDY VAULT

Clinical Chaos

Suprapubic Catheter Care

SKILL SNAPSHOT

Purpose
- Maintains the suprapubic insertion site, skin integrity, catheter patency, and closed urinary drainage.

When to use
- Routine site care, dressing change, visible soil/drainage, leakage, or assessment of an established suprapubic catheter.

Supplies needed
- Gloves; soap/water or ordered cleanser; gauze/dressing if ordered; securement; drainage container; sterile supplies for fresh site per policy.

PREP + PATIENT SETUP
- Verify catheter type, insertion date, tract maturity, care/dressing order, and change restrictions.
- Assess site, abdomen, urine, output, pain, leakage, securement, and drainage system.

VAULT TIP
- Treat dislodgement as time-sensitive, especially before the tract is mature.

STEP-BY-STEP
1. Hand hygiene; identify patient; apply gloves and place clean pad beneath tubing.
2. Inspect stoma for redness, warmth, swelling, drainage, bleeding, granulation, odor, leakage, and catheter movement.
3. Stabilize catheter at skin. Remove old dressing gently if present and note drainage.
4. For a new/unhealed site, use sterile technique and ordered solution. For a healed site, cleanse per facility/order.
5. Clean from insertion site outward in circles or strokes using a fresh gauze area each pass.
6. Remove crusts gently without pulling catheter. Clean under external fixation device if accessible.
7. Rinse if needed and pat site completely dry.
8. Rotate catheter only if manufacturer/provider specifically directs and tract is mature; otherwise do not manipulate.
9. Apply split gauze or prescribed dressing only if ordered/needed; avoid cutting gauze and avoid bulky pressure.
10. Secure catheter/tubing to abdomen or thigh without tension, kinks, or pressure at stoma.
11. Keep bag below bladder, off floor, and maintain closed unobstructed drainage.
12. Reassess urine flow and comfort. Report absent output, bladder distention, increasing leakage, fever, purulence, severe pain, or dislodgement.

SAFETY REMINDERS
- A fresh suprapubic tract can close quickly if catheter dislodges—urgent action is required.
- Do not reinsert or irrigate without order/training.
- Maintain closed drainage.
- Do not rotate/manipulate unless specifically directed.

COMMON MISTAKES
- Pulling during cleaning.
- Routine unapproved rotation.
- Bag above bladder.
- Delaying response to dislodgement.

DOCUMENTATION
- Site/stoma and dressing.
- Catheter/securement and urine flow.
- Urine amount/character and leakage.
- Care performed and patient tolerance.
- Complications, teaching, notifications.