Adult Protocol
Supra Pubic Catheter Change
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Policy reference: Continence

Introduction

Supra pubic catheter change is the removal of the existing indwelling urinary catheter and recatheterisation with a new sterile indwelling catheter, usually of the same length, material and charriere size. It is accomplished via the established tract through the abdominal wall down and into the dome of the urinary bladder. This is most commonly performed for the purpose of draining urine.

This protocol includes catheter selection, removal, insertion and management.

1. Clinical condition/situation

<table>
<thead>
<tr>
<th>Clinical condition/situation</th>
<th>Supra pubic catheter change may be appropriate in all areas in NHS Lothian. (2012 RCN) Catheter care (see section 10, page 27).</th>
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</thead>
<tbody>
<tr>
<td>Eligibility criteria</td>
<td>Adults who have been medically assessed as appropriate for supra pubic catheterisation and recatheterisation.</td>
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<tr>
<td>Exclusion criteria</td>
<td>Following full consultation with the patient, informal carers (if appropriate), nursing and medical staff, it is felt that catheterisation would be inappropriate. (2012 RCN) Catheter care (see section 10, page 28). Children under 16 years of age.</td>
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<tr>
<td>Consent process</td>
<td>Informed consent must be obtained and formally documented in nursing notes before undertaking assessment and management of care (NHS Lothian 2014).</td>
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<tr>
<td>Actions following refusal/</td>
<td>Refusal to accept recommended treatment plans should be clearly documented in the health records and discussed with clinical team. Consider the consequences of non-consent.</td>
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<tr>
<td>non adherence</td>
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Comments:
## 2. Criteria for staff participation in the protocol

| Required professional qualifications | All registered nurses.  
| - | A registered nurse can delegate aspects of catheter care to patients and informal carers as appropriate (NHS Lothian 2012).  
| | Formal carers and student nurses will demonstrate competence to their employing authority before participating in care of named patients (RCN 2012). |

| Knowledge and skills | Registered nurses must at all times act within The Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2015).  
| | The safe and precise administration of medicines (NMC 2010) and safe use of medicines policy and procedures (NHS Lothian 2014).  
| | Registered nurses will have knowledge of:  
| | - relevant anatomy and physiology of the male and female urinary systems  
| | - normal bladder function and the factors which cause and contribute to urinary dysfunction  
| | - continence assessment, treatment and management  
| | - reasons for supra pubic catheterisation (RCN 2012) Catheter care (see section 7, page 21)  
| | - positive and negative aspects of supra pubic catheterisation (RCN 2012) Catheter care (see section 10, page 28)  
| | - infection control policies and procedures  
| | - common problems and complications associated with supra pubic catheter management and the appropriate measures (refer to catheter problem solving guide)  
| | - risks associated with long term supra pubic catheterisation  
| | - product choice, appropriate use and source of supply  

Training in all aspects of continence care (including urethral and supra pubic catheterisation) is available in NHS Lothian.
### Core competencies

Core skills should include:
- supra pubic catheter change and ongoing care of catheter and cystostomy
- subsequent observations of the patient following supra pubic catheter change
- ongoing care of the catheterised patient
- teaching the patient and/or carer regarding management of catheter

### 3. Description of treatment/practice under the protocol

| Patient assessment | Patient assessment must be carried out by a registered nurse (refer to Urinary Dysfunction section from the Adult Protocol). The decision to undertake a change of catheter should be taken following a full assessment of the patient’s condition by a registered nurse. Registered nurses will consider reasons for and decisions influencing catheterisation. Refer to (RCN 2012) Catheter care (see section 7, page 21). |
| Procedure for supra pubic catheter change | Refer to the following relevant document: Procedure for removal and reinsertion of a supra pubic catheter |
| Care planning and catheter management | Refer to (RCN 2012) Catheter care (see section 13, page 36). |
| Documentation | During all stages of the assessment, procedure and catheter management process the nurse must comply with the following documents:  
- Record Keeping: Guidance for nurses and midwives (NMC 2010)  
- Data Protection Act 1998 (Home Office 1998)  
- Clinical Documentation Standards (NHS Lothian 2010)  
- (RCN 2012) Catheter care (see section 4, page 13)  
- CAUTI bundle and patient urinary catheter passport  
- Catheter care plan – supra pubic |
| Information given to patient and/or carer | At all stages of the assessment, catheterisation and catheter management, the patient and/or carer:  
- will be informed of any outcomes of the assessment and treatment process  
- will be involved in decision making and care management, when possible  
- will be provided with written information where appropriate  
- will have a patient urinary catheter passport |
| Transfer of patients | When patients are transferred between care settings, all relevant information must be communicated to the appropriate healthcare staff to provide continuity of care (NHS QIS 2005, NHS Lothian Discharge Policy 2011). The patient urinary catheter passport should follow the patient. |
| Identifying and managing possible adverse reactions | Nurses must be aware of the risks and common complications of supra pubic catheterisation and must discuss them with the patient (and/or carer where appropriate). (Refer to catheter problem solving guide).

Information must be given to patients (and/or carers where appropriate) on possible complications and appropriate action to take. Daytime and out of hours contact telephone numbers should be given to the patient (and/or carers where appropriate) in writing.

Liaise with medical staff as appropriate.

Catheters and urinary drainage systems must be used in accordance with manufacturer’s instructions (MHRA 2013 and MHRA 2014).

Nurses must be aware of adverse effects of catheters and urinary drainage systems (refer to Continence Products section from the Adult protocol). |
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<td>Referral pathway for medical advice</td>
<td>Discuss specialist referral with medical staff for example urology where complications persist.</td>
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</table>
## Supplies of continence products

The nurse should be familiar with catheters suitable for indwelling supra pubic catheterisation and their appropriate use (refer to guidance on catheter selection). Please consult the continence nursing team if further advice on catheter selection is required.

The nurse should be familiar with urinary drainage systems and their appropriate use (refer to Continence Products section from the Adult Protocol).

Catheters suitable for supra pubic catheterisation and associated drainage equipment are available in the community via Continence Care Service and are ordered by community nurses.

Nurses working in hospital settings should be aware of local arrangements for ordering and supply of catheters and associated drainage equipment.

A week’s supply of equipment including a spare catheter should be given to the patient on discharge and the community nurse must be advised in advance of the patient’s discharge.

**A supra pubic catheter needs to be generally replaced within 30 minutes if removed or expelled. It is therefore essential to stock a replacement catheter in the patient’s home at all times.**

## Defective products

Any defective product should be reported to the Continence Care Service with a short narrative about the specific product plus the lot number. If available, a sample of unused product from the same packet or batch should be returned for testing. The manufacturer will investigate the defect and provide feedback to the Continence Care Service.
4. Management and monitoring

<table>
<thead>
<tr>
<th>Professionals involved in drawing up of protocol</th>
<th>All members of the Continence Nursing Team in NHS Lothian with acknowledgement to the original members of this protocol group.</th>
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<tbody>
<tr>
<td>Manager authorising protocol</td>
<td>Dawn Arundel, Clinical Nurse Manager.</td>
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<tr>
<td>Audit</td>
<td>Audits of the protocol will be conducted periodically in conjunction with the Continence Nursing Team.</td>
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<tr>
<td>Protocol date</td>
<td>2014</td>
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<td>Review date</td>
<td>2017</td>
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</tbody>
</table>
5. References


Medicines and Healthcare Products Regulatory Agency (2014) Managing Medical Devices Guidance for healthcare and social services organisations


NHS Lothian (2014) Policy for Obtaining Consent

NHS Lothian (2014) Safe Use of Medicines Policy and Procedures

NHS Lothian (2012) Delegation of Care Policy for Nurses, Midwives and Allied Health Professionals

NHS Lothian (2011) Discharge Policy


NHS Quality Improvement Scotland (2005) Best Practice Statement Continence - adults with urinary dysfunction


Nursing and Midwifery Council (2010) Record Keeping Guidance for nurses and midwives

Nursing and Midwifery Council (2010) Standards for medicines management

Royal College of Nursing (2012) Catheter care RCN guidance for nurses