



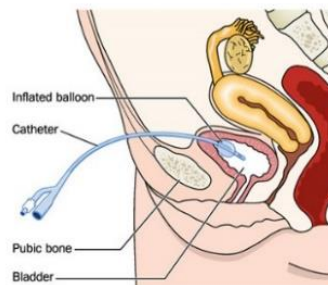
- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- Ensure that the person's staffing preference is applied to this procedure, as detailed in their NDIS LWB 5531 Personal Care - Plan.
- This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP must always be obtained and followed.
- This procedure should be read in conjunction with the [NDIS LWB 5600 High Intensity Daily Personal Activities - Procedure](#), [NDIS LWB 5501 Health and Wellbeing - Procedure](#) and in consultation with the person we support or their Suprapubic Catheter Support Plan/Protocol.

This information is intended as a guide only and may not be appropriate in all circumstances – instructions from an AQHP should be followed.

****The suprapubic catheter is always inserted and removed by a Registered Nurse or a Doctor****

The AQHP is to provide training in any catheter support required that is in the scope of practice of a Disability Support Worker (DSW).

Suprapubic Catheter



Suprapubic Catheter Support Procedure



Check

- Check and follow the person's Suprapubic Catheter Support Plan/Protocol.
- Check that the required equipment and consumables are available and ready for use.
- Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to their chosen level.
- Explain the procedure to the person and seek their consent to proceed.
- Check for any abnormalities, including bruising, injury or skin tears.



Support

Call 000 immediately if

- Urine output remains unusually low.
- There is persistent bleeding.
- There is no urine output.
- Urine is very dark and has an offensive odour.

In Spinal Cord Injury, **Autonomic Dysreflexia** can be related to a blocked urinary device.

This is a medical emergency, immediately call an Ambulance (000) and follow the person's care plan to alleviate symptoms. Do not leave the person alone.

Report all blockages to the registered nurse, as the catheter management and replacement may need to be reviewed.

Distended (swollen) or hyperactive bladder may be a result of a urinary tract infection, bladder or kidney stones, or a urological procedure such as inserting a urinary catheter. The bladder may become distended due to a blockage, the catheter not draining, infection or an enlarged prostate in males. **This is a medical emergency, and an ambulance should be called immediately.**

No urine in the drainage bag

- Check that the catheter has not become displaced. If this has occurred, **seek medical advice immediately. **Do not attempt to replace the indwelling catheter****
- The tubing from the catheter to the drainage bag may be kinked or blocked. Check all tubing. If blocked, replace the drainage bag and observe urine output.
- The person may be dehydrated. If there is no fluid restriction, encourage the person to drink one or two glasses of water to increase urine output.
- If there is still no urine flowing, call the community nurse or ambulance if the nurse is unavailable.
- If the person is in pain, call an ambulance.

Urine is leaking or bypassing the catheter.

- The tubing from the catheter to the drainage bag may be kinked.
- Check all tubing. If leaking remains, the catheter could be blocked, replace the drainage bag, and observe urine output.
- The balloon may have deflated, deteriorated or dislodged. Call the Registered Nurse to change the catheter or ambulance if the nurse is unavailable.

Urinary Tract Infection

- Report signs of a urinary tract infection immediately: urine may be cloudy, blood-stained, and have an offensive odour. The person may have a fever, chills, and sweating. Urine may be passed frequently with a burning sensation. **Seek medical advice immediately.**
- Wash your hands.
- Put on the correct personal protective equipment (PPE) before attending to the person or handling any catheterisation equipment. Refer to [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) for the correct PPE requirements.
- Actively involve the person in their support, as outlined in their plan, and to their chosen level.
- Select a private location free from distraction to perform the procedure per the person's choice and preferences.
- Maintain the person's dignity and privacy during the procedure.
- Gather the equipment:
 - Cleaning cloths
 - Warm water
 - Dressing pad, if required
- Assist the person to get into a comfortable position.

Cleaning the Insertion Site

- Cleaning the insertion site is usually done twice daily.
- Remove and discard dressings if any are present.
- Inspect the site for redness, skin breakdown, swelling or discharge or leakage of urine around the area. Report concerns/changes to the Disability Support Leader (DSL) or On Call and **seek medical advice.**
- Hold the end of the catheter near the insertion site and wipe the tube with a clean cloth starting at the stoma end and working away from the stoma to remove crusting.
- Gently pat the area dry with a clean cloth.
- A dressing may be applied if this suits the person's choice and preference. However, the dressing will need to be changed to avoid the risk of infection if it becomes moist.
- Secure the tubing to the abdomen taking care not to kink or block it.

- Assist the person in adjusting any clothing and making themselves comfortable.
- Remove and dispose of your gloves and wash your hands.
- Remove the remaining PPE and rewash your hands.

Drainage System

- A closed drainage system should be maintained to reduce the risk of urinary tract infection. The prevention of urinary tract infections is critical. Prevention can be aided by using the correct hand hygiene and PPE whenever performing catheter support.
- The leg bag is usually worn under clothing and attached to the thigh with leg straps.

Leg Bag Placement



- If the person uses a wheelchair, it may be worn on the calf or hung on the wheelchair. Some people use a drainage bag cover to maintain dignity in the community.
- Empty the drainage bag as necessary. When the urine bag fills, it becomes heavier and may stretch the straps or become disconnected. Therefore, the drainage bag should be emptied when it is ½ to ¾ full. Never let the drainage bag become full.
- The leg bag should be emptied into a suitable container or directly into the toilet as per the person's choice and preference by opening the drain tap on the lower end of the leg bag. The type of drain tap may differ depending on the kind of leg bag used.

Emptying the Leg Bag



Attaching and Cleaning the Overnight Bag

- The larger overnight bag is attached to the leg bag by connecting the plastic tip on the tube to the drainage tap at the base of the leg bag. Do not remove the leg bag from the catheter; this will break the closed drainage system.
- Open the drainage tap on the leg bag to allow the urine to run into the overnight bag. Ensure the drainage tap on the overnight bag is in the closed position.
- The overnight bag should be placed on an appropriate stand below the level of the bladder to ensure it does not come into contact with the floor.

- The leg bag should remain strapped to the person's leg overnight to prevent it from pulling and becoming disconnected.

Drainage System



- When removing the overnight bag, ensure the drainage tap on the leg bag is closed.
- Empty the contents of the bag into the toilet. Record the amount if required.

Cleaning the Overnight Bag



- After each use, rinse the long-term overnight bag or re-usable leg bag with warm tap water and then soak for 20 minutes in sterilising or vinegar solution (1 part vinegar to 8 parts water) then hang to dry in a well-ventilated area out of direct sunlight.
- After each use, rinse the long-term overnight bag or re-usable leg bag with warm tap water, soak for 20 minutes in the sterilising solution, and then dry in a well-ventilated area out of direct sunlight.
- When hanging to dry, place the cover over the plastic tip on the tubing.
- Change the urine bag at least once a week or as the AQHP recommends.

Changing the Leg Bag

- Empty the contents of the leg bag into the toilet or container.
- Hold the catheter firmly in one hand and carefully disconnect the leg bag tube from the catheter.
- Continue to hold the catheter with one hand, remove the plastic cover from the new leg bag tubing and connect the tube to the catheter, taking care not to touch the ends of the catheter or tubing.
- Wipe the end of the catheter with an alcohol swab.
- Secure the leg bag to the thigh and close the tap.
- Place the used leg bag in a plastic bag and dispose of it in the general waste.



Report

- Record the urine colour, odour, and amount on the [NDIS LWB 5668 HIDPA Urine Output – Recording Chart](#)
- Record any abnormalities, including bruising, pressure injury, skin tags and haemorrhoids, in progress notes and organise for medical review of any abnormalities. See the [NDIS LWB Responding to Unexplained Bruising Suspicious Mark or Injury - Procedure](#)
- Report any concerns or issues related to the person’s catheter support immediately to the Disability Support Leader¹ or On Call and complete an i-Sight event.

For Further Guidance and Advice

Contact the AQHP who developed the person’s HIDPA Urinary Catheter Support Plan.

¹ All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.